



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

**Speaking notes  
for  
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President and CEO  
Mental Health Commission of Canada**

**To address the  
National Health Leadership Conference**

***Driving a Culture of Engagement, Innovation and Improvement***

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## Introduction

Thanks so much for your kind introduction and warm welcome. I'm delighted to be part of this important national conversation about how we can drive a culture of engagement, innovation and improvement in the health system.

Congrats to the conference organizers for choosing this focus for our discussions – and convening a first-rate conference, yet again.

I especially want to thank them for putting my talk ahead of Jessica Holmes. She'd be a tough act to follow!

If any of you have heard Jessica speak before, you know you're in for a treat! Even when she's taking about her own experience with mental illness, she finds humour in the midst of the pain.

While laughter is a wonderful coping mechanism, we all know mental illness is no laughing matter. That's why I am hoping that, by the end of this talk, you'll be convinced to endorse the Mental Health Commission of Canada's resolution to increase health care spending on mental health by two percentage points from current levels.

Today, I'll be talking about why investing in innovation and improvement in mental health is in the best interests of Canada's health system, the economy and society at large. And why the 6.7 million Canadians living with mental illness today need health leaders like you to up your game.

I intend to force you out of your comfort zone. I want you to face some of the uncomfortable truths about mental illness in this country. I'm here to urge real change.

But I want to state up-front that I do not mean to place responsibility on the shoulders of the health care sector alone. Mental health is a justice, education and housing issue. It's also a very real challenge facing corporate Canada and governments at all levels.

Finally, I'll outline why I'm keen to harness *your* passion and engagement. As thought-leaders, policy makers and influencers, I want you to leave here today feeling the same urgency about mental health that I do.

To provide inspiration for action, I point to progress already underway across the country.

Canada now has its first mental health strategy, *Changing Directions, Changing Lives*.

Our leadership around *Mental Health First Aid* has given more than 140,000 Canadians the skills and knowledge to better manage mental health problems in their own lives, or among family members, friends and colleagues.

*At Home/Chez Soi*, has successfully identified a means to house individuals with serious mental illness using the *Housing First* model – which makes better use of public dollars – steering participants away from expensive services like emergency rooms and police detentions – and lessening pressure on crisis centres and shelters.

At long last we have released critical data indicators around mental health as it affects children, youth, adults and seniors. They provide *you*, health care professionals and policy makers, with vital information to determine priorities and allocate spending.

And we have begun to make inroads into reducing the stigma associated with mental illness.

But more on that in a moment...

Finally, there is one piece of work I'd like to specifically highlight, because it will save you money, build healthier and more productive workplaces, and allow health care settings to serve as role models.

I'm talking about the world's first *National Standard for Psychological Health and Safety in the Workplace*.

While most initiatives have inherent pros and cons, there is literally no down side to implementing the Standard. But don't take my word for it. I point to our Case Study Project, which is setting out to prove, beyond a doubt, that the positive effect of creating psychologically healthy workplaces pays dividends.

The Case Study Project is aiming to demonstrate that mentally healthy workplaces benefit everyone – not just those experiencing mental health problems.

Stay tuned for those results, which we will be releasing this fall.

Our efforts are getting attention from big players, like Accreditation Canada. Our national workplace Standard is reflected in theirs, and the next review of their Human Capital and Leadership standards is an opportunity to make even greater inroads.

The work I've just outlined has only been possible by the strong and committed collaboration of our many partners. As a result, we've been rewarded with the federal government's vote of confidence. The Commission received a renewed 10-year mandate, beginning in 2017, in the latest Budget.

*Stigma in health care settings*

But I'm not here to brag about our achievements. I'm here to persuade, to incite and to innervate.

Because one of the places where we need to reduce stigma the most is in the health sector itself.

One of the big reasons that mental health is *only now* coming to the attention of the public and governments – and *finally* being put on the agendas of important meetings like this – is because of the damaging effect of stigma. Stigma still clings to all aspects of mental health and mental illness, and I believe it has negatively influenced the resources allocated towards promotion, prevention and treatment.

After eight years of intense research by the MHCC and its devoted partners, we are only starting to shed light on the tip of what I call the “stigma and discrimination iceberg.”

As any Newfoundlander, like me, knows, the iceberg season is upon us. The tips of those icebergs are magnificent and breathtakingly beautiful. But it’s what lurks beneath that poses the real danger.

Stigma is a bit like an iceberg. The work we’ve done reflects our progress – which I believe represents the glittering tip of the iceberg, or about 10 per cent of what we need to do.

But 90 percent of the challenges we face lurk deep below the surface.

Over the years, I’ve worked in different health care settings. I’ve witnessed stigma and discrimination repeatedly.

And, more often than we care to admit, those incidents take place in hospital or clinical settings. I know we can all think of examples of poignant tragedies – some made public, others that will never hit the newspapers.

No hospital wants to face the press after a person dies a preventable death in their emergency room.

But it isn’t only patients seeking treatment in our ER rooms who may be overlooked, or have their mental health problems dismissed. People in the health profession are also at risk.

In my opinion, hospitals, in particular, and health care settings, in general, are among the most toxic places to work in the country! And research backs me up.

Studies tell us some of the most deeply felt stigma originates with front-line healthcare providers. Up to two-thirds of people will not seek help for their mental illness, at least in part because of this.

To make matters worse, healthcare providers are actually among the worst offenders.

People with mental illnesses report feeling disrespected and discriminated against by the very individuals who are supposed to help them address their mental health concerns.

That’s right. As a nurse, I have been identified as one of the biggest barriers to people obtaining treatment for a mental health problem.

You see, stigma and the resulting behavior – discrimination – isn't an 'either you have it or you don't' proposition. It is more of a continuum. We are all products of society and I think that each and every one of us harbours stigmatizing beliefs.

It's just a matter of degree.

And self-stigmatization is just as damaging.

### **Healing the Health Sector**

I share this story with you because I feel it's so important to understand how these beliefs have resulted in mental health being the orphan of the health care system.

If someone is diagnosed with heart disease, cancer or diabetes, we're on it! Yet, when people are suffering depression, too often, they are told to stop whining, pull their socks up, and move on with their lives.

We don't suggest that people develop heart disease or cancer to get attention.

Can you imagine asking a diabetic, "Why don't you just make your pancreas work a little harder?"

But, while we're gathered here today for this meeting, 10 to 12 people will die as a result of mental illness. And the same number again tomorrow. And the day after that. Many of them will also have another chronic illness.

We now know there's a strong correlation between mental illness and other chronic conditions. We just don't know which comes first...the heart disease or depression? Mental illness or diabetes?

To ignore mental health is like overlooking the relationship between smoking and lung cancer.

We're all looking for solutions to pressing budgetary challenges. But I believe this is one place we have not yet looked.

### **Case for increased investments**

Right now, mental health accounts for just seven percent of all health spending in Canada. That compares to ten to 12 percent in Australia and the U.K.

And when we say we're currently spending seven percent, let's be clear – that's an average. I know for a fact that some provinces are spending even less.

Whatever the final figure, this small investment makes it nearly impossible to provide the services and supports people living with mental illness need. This results in an inability to get an appropriate

hospital bed or crisis treatment in an emergency room. It means people can't afford to see a psychologist or find a support network to help them transition from mental illness to mental health.

You have to ask why we invest so little, given the number of Canadians dealing with mental health challenges and the ripple effect on our families, workplaces, communities, economy and country as a whole.

Here's some sobering data to put all of this into perspective.

At any given time in Canada, 800,000 children aged 4 to 17 experience mental disorders that cause stress and impairment through to adulthood. The second leading cause of death among young people in this country is suicide.

By the time people reach 40, one in two Canadians will have had, or have, a mental illness. And we know that 70% of adults who suffer from mental illness experienced the first signs before the age of 18.

One Canadian in five – 6.7 million people – experiences a mental health problem or illness in any given year. That's more than the entire populations of Alberta, Saskatchewan, Manitoba and all three Northern Territories – combined! – or half of all Ontarians<sup>1</sup>.

Every week, half a million Canadians miss work due to mental health problems or illnesses.

Thirty percent of all work-related disability claims in Canada are attributed to mental illness. Short and long-term disability claims for mental health problems cost organizations double the amount they pay out for non-mental health related claims.

Overall, mental illness costs Canada's economy \$50 billion a year due to absenteeism, lower productivity, disability claims and medical services expenses.

And it will only get worse. By 2020 – in five years' time! – depression will be the second leading cause of disability on the planet, trailing only ischemic heart disease.

Care to hazard a guess what that will cost?

We've crunched the mental health numbers for the next quarter century. If nothing changes, by 2041, there will be over 8.9 million people in Canada living with a mental illness. This represents a 31% increase from 2011, even though the total population is only expected to grow by 26% over the same period.

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<sup>1</sup> Source: <http://worldpopulationreview.com/countries/canada-population/>

I've heard it over and over again, budgets are tight. Everybody's back is to the wall. We're all doing more with less. There's just no money to take on anything more.

But can we really afford to ignore mental health any longer? Future budgets will be eaten up by largely preventable problems if the right interventions and supports aren't in place now.

Does it make sense to keep putting mental illness on the back burner?

If you're looking for a definition of insanity, one of the greatest minds of all time once made the astute observation that, *"Insanity is doing the same thing over and over again and expecting different results."*

While Albert Einstein may not have been referring specifically to mental illness, the argument still stands.

The lack of capacity, interventions and coordination of care, along with real problems of access, are a perfect storm of gaps and risk factors.

The way I see it, we can pay now – or we will pay later – with compound interest.

We can, and have to, do better.

Going from seven to nine percent is not an insurmountable challenge if we're truly committed to innovation and improvement.

In fact, about six months ago I was at a private dinner for about 50 hospital CEO types. I was asked if I could say a few words about mental health and took advantage of the chance to make my case for increasing health spending.

I said that, when I meet them again next year, I want to hear that they've increased spending on mental health to at least eight percent.

When I sat down, the person next to me whispered. "I had no idea we were spending so little on mental health."

Someone else leaned over and added, "You should have set the bar higher. You should have urged us to increase spending by three percent – not just one."

This just reinforces that, with awareness, there's a new willingness. And if there's a will, there's a way.

So I urge all you to dig deep and do better. Recognize mental health for the crucial issue it is – and allocate accordingly.

## **Conclusion**

Of course, as I mentioned at the beginning, I'm not suggesting this is solely your issue. There's no question we need to go beyond health policy makers, health system administrators and healthcare workers to succeed. We have to find ways to engage other government departments and the private sector.

But I'm absolutely certain it is worth the effort.

Help me to do this, and we'll make a world of difference in the lives of our families, friends and colleagues – ourselves.

Help me do this and you'll create healthier working environments for Canada's health workers so you can successfully drive a culture of engagement, innovation and improvement in the health system.

Help me do this and you'll be rewarded with an inspiring, fun and funny presentation by the very talented Jessica Holmes.

Lots less nagging and way more laughs.

Listen carefully, as she has a very compelling story to tell.

Jessica.....