



Commission de  
la santé mentale  
du Canada

**Speaking Notes for Louise Bradley**

**President and CEO**

**Mental Health Commission of Canada**

**For the Canadian Mental Health Association (CMHA) Annual Conference**

**Calgary, AB**

**October 23, 2014**

**CHECK AGAINST DELIVERY**

Good morning ladies and gentlemen.

I want to acknowledge some very familiar faces and good friends to the Mental Health Commission of Canada, whom I see here today.

In particular, I'd like to thank.....

This is an incredibly exciting time to be working in the mental health field in Canada.

Strengthening our collective voice...what a wonderful theme. And, while I believe we do have a collective voice, that wasn't always the case.

Less than 10 years ago, Canada was the only country among the G-8 without a mental health strategy.

Remarkably, in the course of the last decade, we have emerged as an international leader.

How did this happen?

Renforcer notre voix collective... Quel thème pertinent! Mais rappelons-nous que même si nous pouvons parler collectivement aujourd'hui, cela n'a pas toujours été ainsi.

Il y a moins de dix ans, le Canada était le seul pays du G-8 à ne pas avoir de stratégie en santé mentale.

Or, au cours de la dernière décennie, nous sommes parvenus à nous hisser au rang de leader mondial en santé mentale.

Comment expliquer cette progression?

I think it is due to the creation of *Changing Directions, Changing Lives*.

As many of you here know – through your own contributions to Canada's strategy, it was a long, intensive undertaking. But by consulting with thousands of Canadians we began the process of working together.

Now, please do not mistake this for a smooth, non-controversial love in!

But we persevered and it became, and remains, the collective voice of Canada.

And there began our journey.

When you look at Canada's *Charter of Rights and Freedoms*, it is a document we hold in the highest esteem – because it articulates our values as a people, and our aspirations for this country.

For our community – mental health professionals and, especially, people with lived experience, and their families – the Mental Health Strategy is *our* charter.

It has set our country on the right course. But is it enough to simply tick off that box and smugly proclaim "Now our job is done!"?

Of course not! We have a great deal of work to do.

The bar is moving, but it's not moving far enough, or fast enough.

We all know the statistics:

That one in five Canadians will experience a mental problem or illness in his or her lifetime.

That 70 percent of mental illness begins in childhood.

That 3,900 Canadians die by suicide each year.

I've been using those statistics for seven years.

Well, you know what?

I am tired of those statistics.

I want to be able to deliver better news.

And everyone here deserves to hear better news.

Many of you are front line service providers. And you know – better than most – the mental health budget is straining at the seams. Of all the money spent on health care in Canada, only seven percent goes to mental health.

My colleagues tell me they are facing the same situation I did some 15-20 years ago as a hospital administrator. They still hear that old refrain "Do more for less."

We know there is no health without mental health – and everyone agrees it's extremely important and is linked to other chronic illnesses...but even so...we're told, can you please improve it...without it costing more!

We've been told to tighten our belts so often there's no room left for a new hole.

Renforcer notre voix collective... Quel thème pertinent! Mais rappelons-nous que même si nous pouvons parler collectivement aujourd'hui, cela n'a pas toujours été ainsi.

Il y a moins de dix ans, le Canada était le seul pays du G-8 à ne pas avoir de stratégie en santé mentale.

Or, au cours de la dernière décennie, nous sommes parvenus à nous hisser au rang de leader mondial en santé mentale.

Comment expliquer cette progression?

So, we can remain content to watch the needle move an inch at a time.

Or we can stand together, strengthen our collective voice, and accelerate the change.

I believe we are standing at a crossroads. Now, more than any other time in the history of mental health in Canada, we have a chance for real and sustained change.

My good friend Peter Coleridge and I discuss this during our regular and frequent chats: We cannot continue to work in silos. And make no mistake, silos exist today. It seems unless we pay considered attention to working together, our natural instinct is to *not* work together. I won't even begin to try to figure out that phenomena.

So it's nice to say, and even believe, we speak with a collective voice, but do we really?

A collective voice may mean putting our own wishes and desires secondary to what is best overall.

And I am happy to say that I see and hear about many people who are doing exactly that.

But whether you are a paid staff member, or a CHMA volunteer, you deserve credit for the progress we are making.

And now to complicate this even more, who exactly are we talking about? The answer may well be "the mental health community", but who is part of that community?

Is it the health care sector only? I don't think so. Each and every one of us has a role to play; whether that is housing, education, justice or corporate Canada.

We can no longer balance responsibility for mental health and mental health transformation on the health care sector alone.

Last week I spoke about mental health in the workplace and as I left the meetings I said to a colleague, "Try Gregor and Barclays."

So we go from influential business leaders to up and coming leaders in health care, banking, justice, and so forth.

That is why I am so excited about "Headstrong" the name of the Commission's stigma and youth initiative.

Headstrong is an ambitious effort to reach out to young people from across the country.

Our research shows that if we want to eradicate stigma, we can be most effective by targeting a few key groups.

In addition to focusing efforts on healthcare providers, the media and in the workplace, our upcoming initiative centres on educating young people.

Extensive research tells us that one of the best ways to do this is through contact-based education. So, in a few short weeks we'll be bringing 100 young people together in Ottawa for workshops and discussions.

Above all, though, we will be giving them the chance to interact with people with lived experience of mental illness. Because we *now* know it is the best way to alter harmful attitudes and behaviors.

We don't just want to tell kids that recovery from mental illness is possible.

We want to *show* them – through the experience and examples of their peers.

It is our hope they will return home and share this knowledge – not only among their schoolmates, but also with their families and friends.

Knowledge is the best tool we have to combat the harmful effects of stigma. And we know that for most Canadians, mental illness begins in youth. If we can intervene early, the chances of recovery are that much greater.

Which is why I am so delighted by the number of local CMHA branches helping to coordinate the outreach efforts once these students return home.

In addition, partnering CMHAs will also be supported in hosting regional summits. These will bring together schools and other community members in a bid to share a message of hope and recovery.

La connaissance est le meilleur outil dont nous disposons pour combattre les effets pervers de la stigmatisation. Nous savons aussi que, chez la plupart des Canadiens, la maladie mentale s'installe dès l'enfance. Quand on intervient tôt, les possibilités de rétablissement se multiplient.

Je me réjouis donc de savoir que les sections locales de l'Association canadienne pour la santé mentale aident en grand nombre à coordonner les activités de démarchage auprès des étudiants.

En outre, les sections participantes de l'Association qui tiendront des sommets régionaux bénéficieront d'un soutien. Ces sommets réuniront des écoles et d'autres membres des communautés qui transmettront un message d'espoir et feront la promotion du rétablissement.

Of course, many of you know Laureen MacNeil, executive director of CMHA Calgary and host of this year's excellent conference.

She is incredibly proud of her affiliation with Headstrong. To quote Laureen, "Not only are we benefitting from the Commission's evidence-based research, we are also taking this opportunity to collaborate across branches."

Laureen and her colleagues at CMHA Edmonton and CMHA Lethbridge have come together to figure out how to involve other branches across the province.

This is truly a model of collaboration.

The good news is that even if your CMHA isn't directly partnering with Headstrong, you can still access Webinars and toolkits to help you host a summit – practical things – like tips on how to train a compelling speaker, for example.

I'm also very happy to tell you that we are brainstorming and planning for other ways in which to mentor and develop emerging leaders. It is after all they who will be on this podium in ten years' time to announce the dramatic change in the statistics I quoted earlier.

All of you here have influence in your respective communities – never underestimate that. That is why the Commission is calling on your support – not only with Headstrong – but with other key initiatives as well.

A number of you have been involved in #308Conversations, our call to action for Members of Parliament to host suicide prevention discussions in their communities.

We are hearing wonderful feedback – particularly from Members who collaborated with their local CMHA or mental health organization.

Why?

Because you are uniquely placed to offer the local context that forms the foundation of any community based model of suicide prevention.

In recognition of this fact, we are making our #308Conversations “event-in-a-box” available online for any mental health organization or community group that would like to host one.

I had the privilege of attending one such conversation in Milton, Ontario. I joined the Hon. Lisa Raitt, Minister of Transport, and Member of Parliament for Halton, for a fabulous exchange of ideas. A group of concerned community members gathered at the local Chamber of Commerce.

From a mother who had lost her son to suicide, to a corrections officer who sees daily the toll of mental illness – not only on those incarcerated, but also among his colleagues suffering from PTSD – to a school teacher...we had a conversation that was, at times painful, but that resulted in ways of finding and sharing ideas to grapple with the issue of suicide within a small community.

While we are all seeking answers to these infinitely complex challenges, there is one thing I know for sure.

CMHA is part of the solution.

To that end, I would like to issue a challenge.

Many local CMHA branches have taken the step of signing the Commission's Recovery Declaration. The Recovery Declaration affirms that those living with mental illness can, and should, be actively engaged in their own journey of well-being. Beyond this, it means ensuring that everyone is treated with dignity and their fundamental rights are respected.

While signing the document is largely a symbolic act, it's a means to show all Canadians what professionals in the field have long-understood: that recovery begins with hope.

If you haven't done so already, I urge you to go back to your offices and read through it. I think you will find it embodies what we, as mental health professionals, have known for years.

It's a way to raise our voices, in an effort accelerate the change we want to see.

You may be asking yourselves, "How else can we work together, most effectively, to further the goals of the Strategy?"

Because I think we all agree that we can't, in good conscience, allow it to sit and collect dust.

At the Commission, we have been giving this matter a lot of thought.

We want to breathe fresh life into the Strategy.

It's time to up the ante.

We've created knowledge through research.

Now it's time for action. We need to leverage our collective strength. We need to let governments know that raising the investment in mental health to match the numbers seen in the UK and Australia would give Canada the opportunity to make even greater strides.

If we don't, the threat to our economy is very real.

If current patterns continue, by 2041 there could be as many as 9 million Canadians living with a mental health problem or illness.

If that were to happen, governments and the private sector could be looking at costs as high as \$2.5 trillion. What a legacy to leave our leaders to come!

Mental illness is the number one cause for short- and long-term disability in Canada. This a problem we cannot afford to sideline.

So, aside from dollars, what do we need, as a community, to charge ahead? How do we continue to improve the lives, and outcomes, for people living with mental illness?

One of the things we've been working on at the Commission is a provincial and territorial scan.

That's basically a policy wonk's way of saying we've been looking at how the Strategy is working across the country.

We're figuring out where recommendations are being implemented, and where there are gaps.

We've discovered that promising practices are flourishing from coast-to-coast-to-coast.

As someone who has worked in forensic mental health, I have a keen interest in mental health and the justice system.

As a Newfoundlander, I was proud to learn that CMHA Newfoundland is the only Canadian agency with an office in a prison. The In-Reach Program is funded by the Justice department, and delivered by

CMHA. It's modeled after a program from the UK. Essentially, if an inmate has a diagnosed mental illness, he receives intensive case management. To date, about 55 inmates have participated. From my point of view, one of the most compelling aspects of this model is that care extends to at least one year beyond the individual's release.

Crucially, it also links to housing.

And our own *At Home/Chez Soi* research project has shown very clearly the critical role stable housing plays in recovery from a mental illness.

That program, which was the largest study of its kind in the world, offered housing to chronically homeless individuals with mental illness – before treatment, counselling or anything else.

If you ask participants, many will tell you their journey towards recovery began the moment they stepped over the threshold of their own home.

I met Joe Hatch this summer. A Winnipeg resident and former *At Home* participant, he told me the benefits of being stably housed were apparent right away.

After a misdiagnosis and a 12-year downward spiral, a stay in a psychiatric hospital led to Joe's participation in *At Home*.

He describes it as the lucky break that changed his life. For Joe, having a home resulted in improved health, both physical and mental, gainful employment, and independence.

In fact, in the last six months of the study, across all five demonstration sites [Vancouver, Winnipeg, Toronto, Montreal and Moncton] over 60 percent of Housing First participants were housed all of the time. For treatment as usual participants, that number is cut in half.

With this hard evidence in hand, Canadian cities can now move with confidence towards embracing a Housing First approach.

That's why the Commission is currently supporting 18 communities with Housing First training and technical assistance. We have also developed a toolkit to assist *all* communities interested in implementing this approach.

Local CMHA branches are ideally positioned to help. I encourage you to download that toolkit, and discover how you can support these efforts in your community.

*At Home/Chez Soi* tells us that Housing First makes better use of public dollars, steering participants away from expensive services like emergency rooms and police detentions, and lessening pressure on crisis centers and shelters.

This is an incredibly good news story – for all Canadians.

In short, innovation in the provision of mental health services is alive and well.

Take CMHA British Columbia's Bounce Back Program – another promising practice we identified in our provincial and territorial scan.

This evidence-based program is designed to help adults experiencing symptoms of mild to moderate depression, low mood, stress, or anxiety.

I am very encouraged to see these kind of leading-edge mental health resources in play across all the provinces and territories.

Our evaluation is telling us that work is being done to advance the strategy, from Newfoundland to British Columbia.

But in addition to mapping out progress and opportunities, we are also putting our finger on the pulse of emerging issues.

We live in a fast-paced world. And the new challenges we face don't slow down and give us the time to catch up.

So in order to meet them, we have to do a lot of thinking on our feet.

We're also of the mind set at the Commission that many brains are better than one.

So we're going to conduct interviews with key stakeholders and engage with political representatives to try to identify the most pressing emerging challenges.

The result will be a comprehensive, inclusive and decisive plan.

We're calling it the Mental Health Action Plan.

It will articulate the most urgent issues. It will point to the existing gaps.

Just as the Strategy set the tone for the last decade, the Mental Health Action Plan will guide us through the next one.

There is no doubt that this is a bold and ambitious plan. And, just like the Strategy, it will rely on thousands of voices.

It will help to ensure Canada retains the leadership status we have worked so hard to earn.

Notre monde évolue rapidement. Les nouveaux défis qui se présentent à nous sont toujours plus nombreux et nous manquons de temps pour y faire face.

Pour affronter ces enjeux, nous devons réfléchir en ayant les pieds bien ancrés dans la réalité.

À la Commission, nous pensons aussi que deux têtes valent mieux qu'une.

Nous allons donc mener des entrevues avec des acteurs clés et rencontrer des représentants politiques pour tenter de cerner les enjeux émergents les plus pressants.

Il en résultera un plan d'action global, inclusif et décisif.

Ce sera notre « plan d'action en santé mentale ».

La Stratégie a donné le ton durant la dernière décennie. Notre plan d'action encadrera nos démarches dans les prochaines années.

Il ne fait nul doute qu'il s'agit d'un plan audacieux et ambitieux. Tout comme la Stratégie, il se construira grâce à des milliers de voix.

Il fera en sorte que le Canada conserve le statut de leader qu'il a acquis à force de travail acharné.

None of this is going to be easy. But it needs to be done.

I can't tell you exactly what the Mental Health Action Plan is going to look like.

But I am confident that it will reflect our values, and unite our vision. Even more than this, the Action Plan will set out goals that are measurable. It will focus our efforts, and spell out deliverables.

We can't be content with the status quo. We need to take the shared responsibility of mental health, and divvy up the tasks that lay ahead.

The Plan will help to address the mental health needs of Canadians now – and in the years to come.

I firmly believe that we have a responsibility to pave the way, as best we can, for our mental health leaders of the future. We need to identify them, and provide mentorship that will ensure they do not repeat our mistakes, but rather learn from them.

I want to come to a CMHA conference in 10 years and hear from an impassioned young voice that the statistics have changed.

That things have improved. That greater strides have been made. And not just inch by inch. But by leaps and bounds.

We are standing at a cross-roads.

The future has never been brighter.

It's ours to seize. But we have to be brave. We have to be bold. And, above all, we have to be the change we want to see.

Thank you.