



# **Homelessness and Mental Illness: We Can't Address One without the Other**

**Remarks by Michael Howlett, CEO  
Mental Health Commission of Canada**

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## **Introduction**

It's great to be back in Calgary, the home of the Grey Cup Champion Stampeders and the Mental Health Commission of Canada.

Calgary was chosen to be the head office for the Mental Health Commission of Canada because we wanted to draw on the energy and commitment of the *'Heart of the New West'*.

An example of that energy and commitment was demonstrated just last month with the creation of the new Mental Health Centre for Research and Education at the University of Calgary. I would like to commend the U of C, Alberta Health Services and the Hotchkiss Brain Institute for joining forces to establish this important new centre.

The Mental Health Commission was created following a recommendation from the Senate Committee chaired by Michael Kirby, who now chairs the Commission. In May 2006, the Senate Committee produced the first-ever national report on mental health, called *Out of the Shadows at Last*.



Less than a year later, Stephen Harper and his federal government provided funding for the Mental Health Commission and we were up and away. The first meeting of our Board took place in Calgary, Sept. 10, 2007.

In the past 15 months, much has been accomplished. You would expect that -- because Calgary is known as a place where things get done -- and done quickly. I'd like to share some highlights of this past year with you.

### **A Little Bit about the Mental Health Commission of Canada**

We've created an organization and hired staff. We've established eight advisory committees with representatives from across the country to guide research in their area of expertise.

We've begun the hard work of developing a national mental health strategy for the country. Canada is the only G8 country without one! This national strategy will provide a comprehensive framework that takes into account Canada's unique and often frustrating jurisdictional realities.



The national strategy will be useful and practical. Our Chair likes to say that it must be “just inside the outer edge of political feasibility.” There is no sense in producing a strategy that is theoretically perfect but politically impossible to implement.

We know we’ll need the support of the provinces to implement the strategy. We’ve taken a page out of Alberta’s practices and are starting to work in consultation with all the stakeholders, including the provinces, to ensure we have a strategy that is embraced by all Canadians.

Another major initiative of the Commission is our anti-stigma campaign. During our Senate Committee consultation, people living with mental illness told us that the stigma and discrimination they face from the people closest to them – particularly family, friends and co-workers – often hurts them more than the disease itself.

Stigma, including self-stigma, creates a major barrier to accessing treatment, maintaining employment, and living a full life within the limitations imposed by the illness.



Our anti-stigma campaign is taking a multi-pronged approach that includes education, direct contact with people living with mental illness, and challenges to discriminatory policies and practices in organizations and governments.

Our initial focus is on two target groups:

- One: Children and youth – because 70% of mental illnesses in adults have their onset during adolescence or childhood.
- Two: Health care professionals – because people with mental illness tell us they experience stigma and discrimination from service providers in the healthcare system.

We know it will take some time for the Commission to make a difference. People don't change their attitudes overnight, and changing their behaviour will take even longer. The Commission has been funded to tackle the issue of stigma and discrimination for at least a decade.



## **Homelessness**

Another major area of concern to the Commission is the large population of homeless mentally ill. Homelessness across Canada is growing at an alarming rate. Here in Calgary, homelessness has risen a staggering 650 per cent in the last decade ... 650 per cent. There were 3400 homeless people two years ago, compared to 4000 today. Heading into a recession, we can only expect this situation to get worse.

Homelessness is very expensive. According to a report by Simon Fraser University, the University of B.C. and the University of Calgary, each homeless person in B.C. costs taxpayers \$55,000 a year in health, corrections and social services.

The report argues that if housing and support were offered to these people, it would cost the system much less -- just \$37,000 a year, a saving of \$18,000, or 33%, per person per year.



About half of all people who are homeless also suffer from a mental illness. It's impossible to treat their mental illness in isolation. We must help them to meet their other needs, particularly housing. A person who is homeless and mentally ill must have a safe place to live and some continuity in their life in order to effectively access health services and mental health treatments.

Calgary has done remarkable work in dealing with homelessness. My congratulations to you!

Last December the community-based Committee to End Homelessness launched the Pathways to Housing Program as part of its 10-year strategy to end homelessness. This program helps homeless people struggling with mental illness and addictions find a place to live -- eliminating the cycle of hospitalization followed by discharge to the street. This is an exciting project -- and it is made even more so by the involvement of the city's movers and shakers and corporate heavy-weights.

The Commission is also involved in addressing the problems of the homeless mentally ill. In February, the Federal Government gave us 110



million dollars for research to determine how to most effectively help the homeless mentally ill, including improving access to primary health care and to housing.

We're setting up five demonstration research projects across Canada. Each project is focusing on a distinct population among the homeless mentally ill. The projects will run simultaneously over a four year period.

Collectively, the projects will develop a body of evidence that will enable Canada to lead the world in providing services to homeless people living with mental illness.

We look forward to collaborating on these projects with a variety of partners: provincial and municipal governments, regional health authorities, service providers and service users.

We're also interested in ways we can partner with your Committee to End Homelessness, as we have in other communities. For example, in Vancouver, we're partnering with a private sector group, the Streets to Home Foundation.



## **Mental Illness in the Workplace**

In addition to our particularly Canadian values as a civil society where we support and help each other, there are also compelling economic reasons to address mental health issues. I've already talked about the high cost of providing mental health services to homeless people. Those costs are borne by taxpayers and must be reduced.

Employers also pay a high cost to deal with mental health issues. Mental health in the workplace is an issue that business leaders, such as yourselves, can't afford to overlook.

Mental illness and addiction are significant causes of disability in Canada, the United States and Western Europe. Of the 10 leading causes of disability worldwide, five are related, in one way or another, to mental disorders.

Mental illness strikes men and women in their prime working years. In fact, 20 to 25 percent of the labour force is affected by mental health issues – that's one out of every four to five employees! No other illness has such an impact.



The economic price tag of mental illness in the workplace is skyrocketing. In 2002, it was estimated that mental health and addiction cost Canada 33 billion dollars a year in lost output and redundant wage costs. But only five years later, in late 2007, mental disorders and addictions cost this much in Ontario alone.

Four out of five employees with mental health issues are not being treated at all. Can you imagine their level of productivity? Mental health issues are the cause of nearly half the time off that employees take for ALL illnesses during the year.

There is even greater time lost in the form of 'presenteeism' – not absenteeism – presenteeism -- time on the job that is not used efficiently.

We're seeing the full spectrum of mental health issues – from burn-out to depression to short-term disability – and then to long-term disability – all with limited intervention by the health care system.

These costs, both hidden and direct, can only escalate in the future if nothing is done about them now.



Most companies understand their role in the community and, in recent years, have developed a strong commitment to social responsibility. Dealing with mental health issues in the workplace should become part of that commitment to social responsibility. It's the right thing to do.

However, if you don't want to do it because it's right – do it because it's a good business decision that will save you money.

Studies by the Mental Health Commission and the Global Business and Economic Roundtable on Mental Health and Addiction have shown that better case management for employees on short-term disability for stress or mood disorders can lead to a quicker return to work – 15 days earlier, on average.

The savings in disability insurance and other costs are two to four times greater than the cost to implement the improved case management – savings that directly impact your bottom line.



Furthermore, the early detection of depression has also been shown to limit -- and in many case actually eliminate -- lost time for employees with this illness.

Let me repeat. It is in the business interest of companies to improve the mental health of their employees. Greater employee sustainability means greater organizational and business sustainability – a key consideration in these troubling times.

**(Insert personal story here)**

### **Social Movement**

There's another way that you can demonstrate your leadership in combating mental illness -- encourage participation in the volunteer movement the Commission will launch in the second quarter of 2009.

A major funder of mental health research, the Canadian Psychiatric Research Foundation and the Commission recently announced they were joining forces to create a single charitable organization called Mental Health Partnerships of Canada. We hope this national charitable



organization will capture the hearts of Canadians everywhere – not to mention their pocketbooks, too.

This union will create a charity for mental health on a scale with other chronic disease charities such as breast cancer, diabetes and heart and stroke. A national charity is critical if we want to keep mental illness out of the shadows. We hope other mental health charities will join our partnership in the coming months.

In addition to the charitable organization, the Mental Health Commission will launch a social movement that we hope will attract thousands of volunteers at the grass roots and local community level across Canada. These volunteers will help raise contributions to address mental illness. Equally important, our thousands of volunteers – called Partners for Mental Health – will keep the issue of mental health in the forefront of people’s minds.

The Senate Committee report that created the Commission was called *Out of the Shadows at Last*. The Commission will only be successful if it is able to keep mental health out of the shadows *forever*. Our Partners for Mental Health will play a pivotal role in achieving this objective.



Our Partners for Mental Health will also have an important role in creating the political will to support and implement programs and initiatives to improve the lives of people living with a mental illness and their family caregivers.

We're taking our cue from the Breast Cancer, Diabetes and Heart and Stroke volunteer movements. Volunteers for those organizations have established a strong presence on the political agenda. They're successful at keeping their cause – their disease -- in the public eye. Partners for Mental Health must do the same.

In addition to raising money, volunteers in other disease oriented organizations, volunteer in health institutions -- they mount campaigns to persuade government to increase funding for treatment and research -- and they do everything they can to ensure that the public never loses sight of their concerns. Our Partners for Mental Health will do the same.

Since the Commission was established, many Canadians have asked us what they can do to help. We anticipate there will be thousands of



Canadians who want to help keep mental health *out of the shadows forever*.  
Now we'll be able to offer them a variety of ways to achieve that objective.

I hope everyone in this room joins this movement. Join up – and encourage your family, friends and employees to join, as well, after it is launched next May.

With the help of each and every one of you, we can turn the words of Roy Muise into a reality. Roy is a person living with a mental illness who testified before the Senate Committee in Halifax. He challenged all Canadians with these words:

*“To the people of Canada, I say welcome us into society as full partners. We are not to be feared or pitied. Remember, we are your mothers and fathers, sisters and brothers, your friends, co-workers and children. Join hands and travel together with us on our road to recovery.”*

Thank you.