

Michael Howlett's Luncheon Address
Mental Health Forum, Moncton, NB
October 30, 2008

[Welcome/Introductions]

Good afternoon, and thank you for inviting me here today. I am very pleased to be part of the mental health care review process in New Brunswick. A process that demonstrates the insight and leadership of the people in this province involved in strengthening the mental health system. But first, let me give you a little background on myself and why I am part of the Commission.

Bon après-midi et merci de m'avoir invité à m'adresser à vous aujourd'hui. Je suis très heureux de prendre part au processus d'examen des soins de santé mentale au Nouveau-Brunswick, processus qui témoigne de la perspicacité et du leadership des intervenants de cette province pour renforcer le système de santé mentale. Mais d'abord, permettez-moi de me présenter un peu et de vous expliquer pourquoi je suis membre de la Commission.

I joined the Mental Health Commission of Canada in spring of this year. As with my previous role, for the last five years, leading the Canadian Diabetes Association, I took on this challenge because of a personal connection. Mental health issues have touched my life in many ways.

When Commission Chair Michael Kirby asked me to consider the role of President and Chief Executive Officer of the Commission, I was headed for retirement. But the more I learned about the people, the issues and the Commission's visionary plans, I could not turn my back on the opportunity to help improve the system of mental health care in Canada. The truth is, I am terribly concerned about the future of this country. We lag so far behind many other industrialized countries when it comes to helping people with mental health problems.

But there's hope. We are at a turning point. A point at which new energy, funding and ideas for mental health are generating a great deal of momentum.

Il y a toutefois de l'espoir. Nous en sommes maintenant à un moment décisif, un moment où de nouvelles sources d'énergie, de financement et d'idées génèrent un dynamisme remarquable.

This province is a prime example. The work and consultation going on in New Brunswick is tremendous:

- To strengthen your mental health system;
- To promote recovery and well-being; and
- To improve the quality of life of people with mental health problems and illnesses.

The Mental Health Commission of Canada supports the work that is going on in New Brunswick to strengthen your mental health system. In fact, the work that you are doing is very much aligned with the strategic direction of the Commission, and today, I'll explain how.

La Commission de la santé mentale du Canada appuie les efforts déployés au Nouveau-Brunswick pour renforcer votre système de santé mentale. En effet, votre travail va dans le sens de l'orientation stratégique de la Commission. Et aujourd'hui, je vais vous expliquer comment.

[Mandate of the Mental Health Commission of Canada]

The Mental Health Commission of Canada was established in March of 2007. It came from a recognition that people with mental illnesses have the right to obtain the services and support that they need. They have the right to be treated with the same dignity and respect that we give everyone who is struggling to recover from any form of illness or disease.

We recognize that mental health is more than the absence of illness. We recognize the importance of feeling well, of positive and supporting relationships,

of having access to the necessities of life, of having a place to live and feeling part of a community. As such, we have a number of roles at the Commission:

- To be a catalyst for the reform of mental health policies and improvements in service delivery;
- To act as a facilitator, enabler and supporter of a national approach to mental health issues;
- To work to diminish the stigma and discrimination faced by Canadians living with mental illness; and
- To disseminate evidence-based information on all aspects of mental health and mental illness to governments, stakeholders and the public.

[MHCC Key Initiatives]

We are addressing our responsibilities through our key initiatives:

An Anti-stigma / Anti-discrimination campaign: : The Commission is launching a major, national, 10-year anti-stigma and discrimination reduction campaign.

La Commission lance une importante campagne nationale contre la stigmatisation et la discrimination, qui s'échelonne sur dix ans.

This is the largest systematic effort to reduce the stigma of mental illness in Canadian history. Our vision is of a Canadian society that values and promotes mental health and wellness and is free from discrimination. We are in the process of developing the first stage of our anti-stigma, anti-discrimination campaign around two critical groups:

1) Children and youth - because 70 percent of adults living with a mental health problem or illness say the onset occurred before they were eighteen.

2) Health care professionals - because it's at the front lines of health care where

people seeking help say they first experience discrimination.

A national strategy for mental health : Canada is the only G8 country without a national strategy to address mental illness. Which is why we are working with all members of the mental health community to help develop this strategy.

Le Canada est le seul pays du G8 ne disposant pas d'une stratégie nationale de lutte contre la maladie mentale. Voilà pourquoi nous collaborons avec tous les intervenants du milieu de la santé mentale à la mise au point de cette stratégie.

We recognize that service delivery is under provincial jurisdiction. Our aim is to work with provincial governments to ensure that the national mental health strategy is practical and useful in all regions of the country.

At the same time, the Commission also aims to develop a unifying vision. And to encourage the adoption of Canadian and international best practices. In the first phase of strategy development, we will set out the broad goals for what a transformed mental health system will look like, with a clear focus on recovery and well-being. A draft will go out for public consultation in the coming months. In the second phase, we will focus on *how* to achieve these broad goals, across each sector and constituency.

Homelessness & mental health research: Those of us here today know that there is a high prevalence of mental illness and substance abuse – seventy to eighty percent - and chronic physical health conditions among the homeless.

In February of this year, the federal government announced one hundred and ten million dollars to undertake five research demonstration projects in Vancouver, Winnipeg, Toronto, Montreal and Moncton. Over five years, we will develop a body of evidence that will allow Canada to become a world leader in providing services to homeless people living with mental illness.

En février de cette année, le gouvernement fédéral a annoncé le versement de cent dix millions de dollars pour la tenue de cinq projets pilotes de recherche, soit à Vancouver, à Winnipeg, à Toronto, à Montréal et à Moncton. Sur une période de cinq ans, nous établirons un ensemble d'éléments probants qui permettra au Canada de devenir un chef de file mondial en matière de prestation de services aux personnes sans-abri qui vivent avec la maladie mentale.

From the project, we will gain a better understanding of the impact and prevalence of mental health among the homeless. We will develop an accessible knowledge-base. And we will develop best practices and effective approaches to improving mental health among homeless people, including unique solutions for diverse ethno-cultural groups.

Because Moncton is a site for our homelessness research project, I'd like to elaborate on this site. Moncton, one of Canada's fastest growing cities, has a shortage of services for Anglo and French mentally ill. Our approach in Moncton demonstrates the vision, of people like our Chair Michael Kirby, starting to take form in the communities. This site is unique because, of the five cities that were chosen, Moncton is the only one that is medium in size. We can't forget that homelessness is not just a big city issue.

I'd like to take a moment to introduce to you, the project coordinator of the Moncton project, Claudette Bradshaw. She's no stranger to many of you, and certainly won't be by the time this project is fully underway.

The site in Moncton has already brought together a tremendous spirit of partnership between the federal and provincial governments. The non-profit sector and local landlords. Service providers and the research community. This visionary approach – combining research with service delivery – is so unique. This is research that has immediate impact on the front line. So far, all of the

players have been eager to support New Brunswick's role in a very important nation-wide project, and we are all keenly looking forward to the results.

Our 4th Initiative is the Knowledge Exchange Centre: We are creating an internet-based system to allow governments, service providers, researchers and the general public to access evidence-based information about mental health and mental illness. And to enable people across the country to engage in a variety of collaborative activities.

Nous nous affairons à créer un système sur Internet qui permettra aux gouvernements, aux fournisseurs de services, aux chercheurs et au grand public d'avoir accès à des renseignements factuels sur la santé mentale et la maladie mentale. Le système offrira en outre la possibilité aux gens de partout au pays de participer à toute une gamme d'activités conjointes.

In order to support our four key initiatives, we have formed eight advisory committees, working on a total of 24 different projects. The advisory committees are: Children and Youth; First Nations, Inuit, and Métis; Workforce, Mental Health & the Law; Service System; Family Caregivers; Seniors and Science. The role of the committees is to provide advice to the Board and to support the Commission in keeping it engaged with the broader stakeholder community. You can find more details about the projects on our website, www.mentalhealthcommission.ca

I know that the needs of youth who are living with mental illness and involved with the justice system is very much on the minds of New Brunswickers. And that this is one of the driving forces behind your mental health system review.

Je sais que les besoins des jeunes qui vivent avec une maladie mentale et qui ont des démêlés avec la justice sont très présents à l'esprit des gens du

Nouveau-Brunswick. Et qu'il s'agit d'un des éléments qui ont donné l'impulsion à l'examen de votre système de santé mentale.

The Commission's Mental Health and the Law advisory committee has a number of projects underway. One project will review procedures involving those found not criminally responsible. To help ensure that 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 youth and adults.

[Work in New Brunswick]

As I mentioned earlier, the Commission is a catalyst – what we propose will only be as effective as what is adopted by the various jurisdictions in Canada. However, in the case of New Brunswick, you are already leading the way.

Comme je l'ai dit précédemment, la Commission n'est qu'un catalyseur – nos propositions seront efficaces seulement dans la mesure où les diverses administrations du Canada les adopteront. Cependant, ici, au Nouveau Brunswick, vous montrez déjà la voie.

Your history includes a system with greater balance between community and in-patient care. And now that you have heard more about the work of the Mental Health Commission of Canada, the synergies will be apparent.

You have recognized the need to demystify mental illness and reduce stigma.

Vous avez reconnu la nécessité de démystifier la maladie mentale et de réduire la stigmatisation.

You understand the need to bring mental illness out of the shadows forever. That the stigmatization of mental illnesses can cause more suffering than the diseases

themselves: the ripple effect of discrimination, which can lead to unemployment and lack of housing. It can lead to reluctance - and worse - inability, to access treatment and medications.

You have recognized the need for a balanced care system.

Vous avez reconnu la nécessité d'un système de soins équilibré.

A system that ensures that individuals can access appropriate services in their community, while still having access to more intensive interventions if required.

This is an issue that is close to my heart. I lost my oldest brother to a mental health system that did not support him within his community. When he was just 16, my brother was placed in a mental health facility where he spent the remainder of his days until he died at age 66. My mother never saw him again. My father, no matter where in the world he was, stayed in contact with him, but my brother was essentially lost to our family. I have to wonder how things would have been different if my brother had been able to deal with his mental illness in an environment where his family and his community were able to, and even encouraged to help.

You have recognized the need to align efforts across government departments.

Vous avez reconnu la nécessité d'harmoniser les efforts dans l'ensemble des ministères.

It's important that we ensure that government services required by people with mental illnesses are better coordinated. That no one "falls through the cracks" between different parts of the system.

You have recognized the need to de-criminalize mental illness.

Vous avez reconnu la nécessité de décriminaliser la maladie mentale.

It is no longer acceptable that people end up in jail without treatment, only to be released back into a recurring cycle.

The fact that you – the people working toward better mental health care in New Brunswick – recognize and are addressing all of these things, illustrates why you are leaders.

[Conclusion]

This is why I feel so confident and so hopeful. This is a time for leadership, innovation and energy in mental health care across Canada. By working together, the Mental Health Commission of Canada, and the province of New Brunswick, can look forward to stronger mental health care and healthier Canadians across the country.

Voilà pourquoi je suis si confiant et optimiste. Le temps est venu de faire preuve de leadership, d'innovation et d'énergie en ce qui concerne les soins de santé mentale dans l'ensemble du pays. En travaillant ensemble, la Commission de la santé mentale du Canada et la province du Nouveau-Brunswick peuvent s'attendre à de meilleurs soins de santé mentale et à une amélioration de la santé de la population canadienne.

The Commission can't do this alone. Good mental health is everyone's responsibility. I commend you for your role. I encourage you to continue on your path... as leaders in mental health care. Thank You. Merci.