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National Child and Youth Mental Health Day

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Good morning and thank you for inviting me to the third annual National Child and Youth Mental Health Day.

I applaud the theme you have chosen: Stop the Silence: Our Mental Health Matters.

Children and youth and their families and friends MUST break the silence that shrouds mental health because the health of young people matters to ALL of us.

To me, this day is both celebratory and sobering. Today we'll hear from many people who will talk about the magnitude of the problem related to the mental health of children and youth. They'll tell you why we have to act on this problem now, and what will happen if we don't. We are facing a daunting health issue.

At the same time, I want to congratulate today's organizers and participants for making this a day of hope . . . for breaking the silence and adding your voice, your ideas and your solutions to improving mental health in our communities. I want to acknowledge all the people—of all ages—who have had the courage to say “we can change” and “our children and youth deserve to be mentally healthy.”

While the seriousness of the situation with respect to child and youth mental health must not be underestimated, there are glimmers of hope and small signs of progress. There's growing attention being paid to mental health issues by governments across the country, as well as in the media and amongst the general public. We now have what is perhaps a once-in-a-generation opportunity to make real progress.

To do that we need to send consistent messages about mental health and mental illness.

In preparing my remarks for you today, I came across a speech I gave in Vancouver several years ago about the plight of children and youth in Canada who are living with mental health problems and illnesses.

I was struck by how little the situation has changed. The facts tell the same story in 2009 as they did in 2002.

Then – and now – between 15 and 25 per cent of our children and youth experience at least one mental health problem or illness. These range from depression and anxiety to eating disorders and substance abuse.

Then – and now – once a child or youth is faced with a single mental health disorder, chances are they will also be challenged by a second one.

Then – and now – only one in six children and youth with a mental health problem or illness will be adequately diagnosed, often not until long after the onset of symptoms. Only one in six children who are diagnosed will receive treatment.

Then – and now – suicide is the second leading cause of death among Canadian adolescents. This is the third-highest rate amongst OECD countries.

What does this say to you?

I think it says our world is a complex and often confusing one. It constantly and continually places new and exacting pressures on our children.

These difficult economic times add even more pressure. In Windsor, Ontario for example, children have become “hidden casualties” in the wake of the city’s rising unemployment and financial uncertainty.

The number of children and adolescents in Windsor who are suicidal has nearly tripled since the downturn.

The Windsor Regional Children’s Centre has seen an influx of kids with no previous mental health problems who are suddenly experiencing severe anxiety, depression or acting out. And the kids who already had mental health problems? Their conditions are made all the more difficult under the pressures of this new stress.

We’re seeing children and youth feel responsible when their parents lose their jobs or can’t pay bills.

This problem is not unique to Canada. The World Health Organization estimates 20 per cent, one in every five, of

the world's children and teens have mental health problems and disorders. Furthermore, a survey in 2008 by the World Federation for Mental Health found more than 50 million people worldwide suffer from serious mental illnesses. "When all of the parents, siblings, spouses and children connected to these individuals are considered," the Federation says, "it is easy to see how far the shadow of mental illness is cast."

The analogy of a shadow is something that resonates with the Mental Health Commission of Canada.

The Commission grew out of the most extensive consultations on mental illness ever conducted in this country. The consultations formed the basis of a Senate Social Affairs Committee report that I chaired called "Out of the Shadows at Last."

The report looked at mental illness from the perspective of both the mental health system, and the overall healthcare system in Canada. The need for such a report was obvious: Canada is the only G8 nation that doesn't have a national mental health strategy. The only one. Without such a strategy, the efforts to help people affected by mental illness have been largely fragmented and ineffective.

In March 2007, this began to change when the federal government formed the Commission. I always like to point out that it was the first time Canada's federal government had taken such decisive, major and enduring action to deal with mental health across the country. And, I should also add, the Commission's slogan is "out of the shadows—forever."

I know I've painted a rather bleak picture, which isn't to say our country doesn't have ANY mental health programs and services for children and youth. In provinces, territories and communities across Canada, you'll find excellent examples of mental-health care, programs, support and passionate experts, including a number right here in Halifax and Nova Scotia.

For example, Nova Scotia has had a provincial mental health steering committee since 2001 and in 2007, the committee updated its strategic direction to promote,

maintain and improve mental health services.

The Children's Mental Health Network in Ontario has a youth engagement project called The New Mentality, which is a youth-driven network that promotes mental health and works to provide a system that best meets the needs of children and youth.

British Columbia has a school-based program to prevent anxiety.

At best, however, Canada has a patchwork of mental health programs, and the care and treatment someone receives in Truro can be vastly different from what's available in Whitehorse. We need mental healthcare that's consistent, effective and readily available right across the country. We cannot continue to shunt aside children, youth and adults who need help, and who could be contributing to our communities and adding to the fabric of our society.

When I was working on the *Out of the Shadows* report, I heard many stories about what people went through to find help for their child's mental illness. The words of one mother really stand out to this day:

Trying to get help is a frustrating, lonely journey. Most people make many, many calls in an effort to get help. When you finally find something that looks hopeful, you get on a ten month waiting list... it is like showing up in emergency with a broken bone and being told, yes, it is really broken, so try and do what you can with it and we will see you in ten months.

The Mental Health Commission is working to change this. But we can't do it alone. We are a "national" body but not a "federal" one. We operate at arms-length from the federal government, although we have considerable support and funding from it.

Our approach is collaborative. We have the support of all of the provincial and territorial governments except Quebec. We also have the support of many groups and stakeholders across Canada. Our main task with all of

these groups is to develop a mental health framework for Canada centred on the notion of “hope” and “recovery.”

For the vast majority of people living with a mental illness, recovery is possible, especially for children and youth. In 2008, Dr. Kellie Leitch, the Chair of Pediatric Surgery at the Children's Hospital in London, Ontario, completed a report called *Reaching for the Top*. That report says 70 per cent of childhood cases of mental health problems can be solved through early diagnosis and interventions. Not controlled, not managed, but solved.

We need to tear down the barriers to child and mental health care. Guess what one of the major barriers to identifying and treating child and youth mental health is? It's not just underfunded programs, a shortage of services and caregivers or long wait times. It's also parents. Forty per cent of Canadian parents say they would be embarrassed to seek out help if their child needed mental health care.

The stigma of mental health is so powerful it often stops children and youth from trying to find help—from anyone.

As a nation, as parents and as caregivers, we clearly must do better for our children and especially because 70 per cent of all psychiatric disorders emerge in adolescence.

Treating these disorders can be life-changing. Treatment decreases emotional and behavioral problems, helps children and youth do things the rest of us may take for granted, like looking forward to each day, hanging out with friends, going outside in the sun or smiling at someone we see on the street or in a hallway at school. Treatment also keeps children and youth from getting tangled up in law and helps them learn more in school.

To explain what happens when mental illnesses in children and youth are left untreated, I'm going to borrow some words from one of the country's leading experts on children and mental health, Dr. Stan Kutcher who is the Sun Life Financial Chair in Adolescent Mental Health at the IWK Health Centre right here at Dalhousie University.

“If left untreated,” he says, “mental disorders can impede

all aspects of health, including emotional well-being and social development, leaving young people feeling socially isolated, stigmatized, and unable to optimize their social, vocational, and interpersonal contributions to society.”

Less than a year ago, at a speech I gave in Toronto, I said there was a very real danger that this mental health crisis will become a permanent state of affairs.

Today I am more optimistic. As I said earlier, we are seeing glimmers of hope and signs of progress.

The Commission itself has made impressive strides forward. We have developed a framework for a national mental health strategy. We recently completed a draft vision for what a transformed mental-health system in Canada should look like and conducted extensive public consultations across our country. The framework looks across the spectrum of mental health programs, supports and policy.

We are also conducting the world’s largest research study on mental health and homelessness. We’re currently setting up demonstration projects in five cities. In each city, we’re focusing on a distinct group of homeless people living with mental illness. For example, in Winnipeg we’re helping urban Aboriginals with mental illness and in Vancouver dealing with mentally ill people who struggle with substance abuse and addictions.

One of our biggest undertakings is a national 10-year anti-stigma and anti-discrimination initiative. It is the largest systematic effort to reduce the stigma of mental illness in Canadian history. It is much-needed and long overdue.

We’ll start by focusing on two groups: children and youth and caregivers. We’ve chosen to focus on children and youth because we want to make it easier and more acceptable to seek out help and treatment. We also know that for many people, mental illness begins at a young age and when detected and treated early it can be more easily solved or better managed.

By also focusing the first phase of this initiative at health

care professionals, we hope to significantly reduce the stigma and discrimination from where people seeking help say they experience it the most: at the frontlines of our health-care systems.

A third Commission initiative is the creation of a Knowledge Exchange Centre to give mental-health service users, stakeholders, researchers and scientists across Canada an easy way to share knowledge and exchange information.

And we have eight advisory committees that are working on 24 projects ranging from mental health in the workplace and in the legal system to children and youth.

The mental health of children and youth is something we've been working particularly hard at. Our Child and Youth Advisory Committee has developed a well-thought out and comprehensive work plan. The plan recognizes the mental health of our young people as essential to the well-being of Canadians and is based on giving children and youth equal access to health care and resources. Our committee has been bold and ambitious—status quo is not an option.

To date we've funded a number of projects recommended in the committee's work plan. One is a youth reference group, which is headed by Joe Leger, a young singer/songwriter from Nova Scotia who has "broken the silence" of his mental illness.

Joe and his group have tremendous promise and potential as they will bring a youth perspective to our organization and help us "translate" what we say into a language youth can identify with. The group is a meaningful way youth can be involved in our Child and Youth Advisory Committee's activities and processes and it will play an important role in our anti-stigma campaign.

I've already mentioned Dr. Stan Kutcher, and am pleased to say he's been working closely with the Commission for some time as a member of our Child and Youth Advisory Committee. Right now, he's leading a group of writers to draft what we call our "Evergreen" document, a future vision for child and youth mental health in Canada.

Dr. Kutcher is looking at and evaluating child and youth mental health strategies from around the world to create a vision that is viable and effective in Canada. We expect his team's vision will be completed in time for the next National Child and Youth Mental Health Day in 2010.

Recently, we committed \$275,000 in funding to school-based mental health and addictions services project. This project is headed by Dr. Ian Manion who is the executive director of the provincial Centre for Excellence in Child and Mental Health in Ottawa. This project is a priority for the Commission's mental health strategy and is aimed at providing schools in Canada with a variety of ways to deliver mental health and addictions services, including services dealing with mental health promotion and mental illness prevention.

We have also funded a child and youth mental health project for self-stigma. Its goal is to help overcome the stigma young people living with mental illnesses feel about themselves. As well, we have dedicated funds to two projects involving children and youth and our Knowledge Exchange Centre. All three of these projects are priorities designed to create, validate and share information and activities.

All of these efforts are just a beginning. We know there's a tremendous amount of work to do. And we hope you'll lend a hand in breaking the silence, in finding solutions and support -- and in helping children and youth across our country be mentally healthy for life.

Partners for Mental Health

- Let me broaden the issue of building collaborative teams to help address the issue of mental health:
 - The stigma and discrimination;
 - The shortage of community-based services;
 - The scarcity of early diagnosis and treatment for children;

- We need to develop the will, among all Canadians, to attack this issue;
- If we look at what other diseases have done when faced with the scarce problem, we can learn a lot;
- A national organization of volunteers has been created. These volunteers do many different things. They raise money; they volunteer in health institutions which serve the people who suffer from the disease; they mount campaigns designed to persuade government to increase funding for the disease; and they keep the disease very much in the public eye;
- None of this happens in mental health. The result has been that mental health has always remained in the shadows;
- If mental health is to be brought "Out of the Shadows FOREVER", we must duplicate for mental health the kind of volunteer organization which exists for breast cancer, diabetes, heart and stroke, and many other diseases;
- The Mental Health Commission of Canada intends to create a national organization of mental health volunteers, called Partners for Mental Health;
- By creating a national movement of community-based volunteer organizations, and by providing fertilizer and water in the form of infrastructure support, we will enable a grass roots movement to grow and flourish. It is this community-based movement which will be free to lobby governments and the private sector for improved services for people living with a mental illness;
- But governments can't do everything. We can't look to Ottawa or Edmonton or City Hall to solve a problem the size of the mental health problem;
- Each of you in this room will need to help us implement our vision, and to improve mental health services for all Canadians, particularly children;

- The first thing you can do is to tell your friends and neighbours how important it is that mental health services be improved. Tell them about the crisis, educate them and try to arouse their emotions about the cause of improving children and youth mental health services;
- The second thing you can do is to join our national mental health movement when it is launched. Use the movement as a way to become an *active* supporter of mental health. Become a partner with us in our Partners for Mental Health movement;
- The Commission can be a catalyst. But only YOU can make the Commission successful;
- Let me remind you of the words of Margaret Mead: "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."
- With the help of each and every one of you in this room I believe – truly believe – that we can turn the words of Roy Muise into a reality. Roy Muise is a person living with a mental illness who testified before the Senate Committee at its hearings in Halifax. He challenged all Canadians in 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 with us and travel together with us on our road to recovery."

- All of us associated with the Commission – all members of the board, advisory committees and staff – have taken up this challenge. I ask each of you to do the same. Together we will succeed.