



PRESENTATION TO THE HOUSE OF COMMONS STANDING
COMMITTEE HUMAN RESOURCES, SOCIAL DEVELOPMENT AND THE
STATUS OF PERSONS WITH DISABILITIES

THE HONOURABLE MICHAEL KIRBY, CHAIR

MENTAL HEALTH COMMISSION OF CANADA

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Mr. Chair...Committee members, I am delighted to appear before you today to discuss the work of the Mental Health Commission of Canada. I am especially pleased to have this opportunity to talk about a subject I care very passionately about—helping people living with mental health problems and mental illness to lead meaningful and productive lives. In order to accomplish this goal, we must improve mental health services and supports in Canada, which have been neglected by our health system for far too long.

I am joined today by several senior staff members of the Commission, who will assist me in answering any questions you may have about the work the Commission is doing.

Joining me today are Dr. Jayne Barker, Director of Policy and Research and the lead on our Mental Health and Homelessness Research Demonstration Projects. Jayne is also responsible for administering our eight Advisory Committees.

Dr. Howard Chodos is the Director of the Mental Health Strategy and Michael Pietrus is Director of the Anti-stigma / Anti-discrimination Initiative and Director of Communications.

This year 7 million Canadians will experience a mental illness. Just imagine--that is one person in five. Some experts estimate the figure is even higher at one in four. That person could be a colleague at work, a neighbour or a family member.

Many of the people those numbers represent won't get help. That's because either the services aren't available or worse yet they are too ashamed or afraid to come forward because of the stigma associated with mental illness. Stigma is one of the major barriers preventing people from seeking treatment. Stigma and discrimination exact a huge personal toll on people with mental health problems. In fact, many of these people tell us that the stigma they face from family, friends and co-workers is worse than the effects of their mental illness.

Mental illness alone costs the Canadian economy an estimated \$33 billion a year. That's about half of Ontario's annual budget. More hospital days are used by people in hospital due to a mental illness, than by cancer and heart disease combined.

Disability from mental illness represents anywhere from four to 12 per cent of payroll costs in Canada. Mental health claims,

especially for depression, have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada.

More importantly, people living with mental illness have the right to obtain the services and supports they need. They have the right to be treated with the same dignity and respect as we accord everyone struggling to recover from any form of illness.

The Mental Health Commission of Canada grew out of the most extensive consultations on mental illness ever conducted in Canada. The consultations formed the basis of a Senate Social Affairs Committee report, which I co-authored. That report, published in May 2006, was called “Out of the Shadows at Last.”

The report looked at mental illness from the perspective of both the mental health system and the total health care system in Canada. One of its key recommendations was the creation of the Mental Health Commission of Canada. Less than a year later the federal government provided funding for the Commission. We held our first board meeting in September 2007, only 20 months ago.

The MHCC is a non-profit organization with a mandate to focus national attention on mental health. We are not a service provider, but a catalyst. The Commission is funded by the federal government, but operates at arm’s length from the government. It has the support of all provincial and territorial governments except Quebec.

The Commission has been tasked with undertaking four key initiatives:

- Creating a mental health strategy for Canada
- Conducting Mental Health and Homelessness Research Demonstration Projects
- Developing a 10 year Anti-stigma / Anti-discrimination Initiative
- Establishing a Knowledge Exchange Centre

At the same time, the Commission has eight Advisory Committees, which provide advice to the Commission's Board and support to our key initiatives.

Our Commission is working closely with governments as well as stakeholders to develop a national mental health strategy centred on the notion of "hope" and "recovery."

Contrary to a popular misconception surrounding mental illness, recovery is possible for the vast majority of people who live with mental illness. They can become fully functioning citizens and family members. They can lead full and rich lives within the limitations imposed by their illness, just as people live with asthma, diabetes and epilepsy.

We want to offer Canadians with mental illness real hope and real solutions. We're doing that in several ways.

We have developed a framework for a mental health strategy. The Commission 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 on this vision. Howard's team visited 13 cities across Canada and met with a wide cross section of stakeholders. More than 1300 Canadians also participated in an online consultation which just concluded a few weeks ago.

The framework looks across the spectrum of mental-health programs, supports and policy, recognizing the reality of Canadian federalism. It is sensitive to the fact that the delivery of publicly funded health care is a provincial / territorial responsibility and any national strategy must be tailored to that reality.

The framework is based on eight broad goals.

1. The hope of recovery available to all
2. Action is taken to promote mental health and well-being and to prevent mental health problems and illnesses
3. The mental health system is culturally safe, and responds to the diverse needs of Canadians
4. The importance of families in promoting recovery and well-being is recognized and their needs are supported

5. People of all ages have equitable access to a system with appropriate and effective programs, services and supports that are seamlessly integrated around their needs
6. Actions are based on appropriate evidence, outcome and measured and research is advanced
7. Discrimination against people living with mental health problems and illnesses is eliminated, and stigma is not tolerated
8. A broadly based social movement keeps mental health issues out of the shadows—**forever.**

We are also conducting another first...the largest research project of its kind in the world studying mental health and homelessness.

In the February 2008 budget, the federal government committed \$110 million to the Commission to undertake a series of research projects over a five year period. We're currently setting up demonstration sites in five cities across Canada (Vancouver, Winnipeg, Toronto, Montreal and Moncton.) In each city, we're focusing on a distinct group of homeless people living with mental illness. For example, in Winnipeg the target group is urban Aboriginals. In Vancouver we're focusing on people who struggle with substance abuse and addictions. A total of 2225 homeless mentally ill people will participate in the study, with 1325 of those individuals

receiving housing and support services. The remainder will receive the regular services that are available in the test cities. We are using the “housing first model” as a foundation for this initiative.

Our third initiative, the 10 year Anti-stigma / Anti-discrimination campaign, will be the largest systematic effort to reduce the stigma of mental illness in Canadian history. It is one of our toughest jobs.

It’s very difficult to change people’s attitudes and behaviours. Stigma is seen as one of the major hurdles preventing people with mental health problems from seeking the help that would enable them to lead full and productive lives.

We know from experience in Australia, New Zealand and elsewhere that a sustained, multi-year anti-stigma campaign can change public attitudes.

Initially, the Commission is targeting two groups in the first phase of the plan — children and youth and health care providers.

Children and youth, because more than 70% of adults living with a mental illness had the onset of their illness before they reached 18 years of age.

Health care providers, because many people living with a mental illness feel disrespected and discriminated against by frontline health care professionals.

The last initiative on our list is the creation of a Knowledge Exchange Centre. The Commission will be building a web based site that will give mental health service users, stakeholders, researchers and scientists across Canada an easy way to share knowledge and exchange information. The Commission is presently researching content, technology platforms and the issue of financial sustainability. As you can imagine, a project of this scale and scope can be extremely costly.

The Commission's eight Advisory Committees are working on 24 projects which are integral to the Commission's key initiatives. They range from developing a vision for child and youth mental health, to developing tools to assess how the law currently affects the human rights of people with mental health problems.

Poverty has a direct impact on the lives of people with mental health problems.

Mental illness doesn't discriminate. It affects people of every age — every walk of life — rich and poor. But we know its impact on lower income Canadians is especially severe.

The Canadian Community Health Survey reports that the lower a person's socioeconomic status, the greater the likelihood they will have a major psychiatric disorder.

The Mental Health Commission is determined to fulfill its mandate so that all Canadians living with mental health problems and mental illness will have a better quality of life than ever before. To keep mental illness out the shadows forever, the Commission plans to create a national volunteer program, called Partners for Mental Health. Partners will be a social movement that keeps public attention focused on mental health. Partners will also give every Canadian the opportunity to become involved in the mental health issue, thereby supporting their friends, co-workers and family members who suffer from mental illness.

As our work unfolds, we will need the support of all Canadians, particularly all parliamentarians, if we are to keep mental health out of the shadows forever. I hope that all of you will help us.

Thank you.