

## The Healthcare Interview: Michael Kirby breaks down barriers to better mental health care

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Senator Michael Kirby: "We are moving forward. Would I like to be moving faster? Of course I would. But on the other hand we've come a hell of a long way."

Michael Kirby has a distinguished history as a crusader for change in Canada's health-care system. During his tenure as head of the Standing Senate Committee on Social Affairs, Science and Technology, no fewer than 11 reports were produced, including a seminal 2002 report—commonly known as the Kirby Report—co-authored with fellow senator Dr. Wilbert Keon that controversially recommended increasing competition in the health system.

In May 2006, the committee issued "Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada." After retiring from the Senate, Kirby was appointed chair of the newly formed Mental Health Commission of Canada in 2007, and set out to devise the country's first national mental health strategy.

Senator Kirby has also held numerous senior appointments in the civil service. From 1980 to 1983, he was secretary to the Cabinet for federal-provincial relations and deputy clerk of the Privy Council. In this capacity, he was deeply involved in the negotiations that led to the patriation of the Canadian Constitution and the adoption of the Charter of Rights and Freedoms.

**Q: Trace your journey from the Senate's 2002 report on Canadian health care to the 2006 "Out of the Shadows" report. How did you become particularly interested in mental health?**

A: In 1999, I was chair of the Senate banking committee and had been chair of that for quite a while. David Dodge, who is a longtime friend, became Deputy Minister of Health in Ottawa. We had been meeting four or six times a year to chat about the state of the world. In one of the conversations he said clearly the health-care system was in need of reform, but it was such a political hot potato that no one who was elected could take it on because of the huge amount of criticism they would take, no matter what they proposed.

He asked me to switch over from chairing the banking committee to chairing the Senate social affairs committee and in so doing to taking on a study of the medicare system. That took a bit of arranging but that is what happened.

That led to the 2002 (Kirby) report. Of course, by the time that report was released David Dodge had moved on to be head of the Bank of Canada.

In 2003, the members of committee had an in camera meeting (to look at what they wanted to do in medicare), and Joan Cook, a senator from Newfoundland, said she thought we ought to do mental health because that system wasn't working very well.

She gave the example of the firsthand experience she had when her daughter became very depressed after her father, Joan's husband, died suddenly. Joan talked about the difficulty of getting help for someone with an eating disorders.

Then, someone talked about their sister-in-law having schizophrenia and all of the difficulty they had dealing with the mental health system. And somebody else talked about having a nephew commit suicide, and so on.

**Q: You would think they, being senators, would be able to get the best mental health care.**

A: I'm not sure I would assume that, but I would certainly assume their perceptions on the system would be pretty accurate because they wouldn't be snowed by a complicated bureaucracy.

It finally came to me, and I said I had a sister who became severely depressed in her late 20s, then anorexic and then attempted suicide. During a 10- year period I was really a patient advocate. The good news is that with the right combination of help she recovered and she was able to live a reasonably normal life. She went back to university, got her masters degree and ended up managing homes for the developmentally challenged in Ottawa.

Two things struck us as a committee. One was we were totally stunned that everybody had an example of trauma. We figured the odds would have been against that because nobody talked about mental health.

The second thing that struck us was here was this group of people who had spent three years doing the other study and we had become pretty close. We had all talked to each other, as you do with friends, but we had never talked about the mental health of the family. The light came on: We are not immune from the stigma of mental health.

That was a huge revelation and the long and short about how we got started on mental health.

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**Q: Tell how you then became a leader for mental health awareness. What impact did "Out of the Shadows" have?**

A: This was the first national report on mental health and I got noticed more in some senses as an advocate because nobody had ever stood up and talked about reform for the mental health system. We had stepped into a void.

The (mental-health) system isn't a system at all but a series of independent silos largely unconnected, desperately needing to be reformed in the sense of being simpler to navigate for people with a mental

illness. It was terribly under-funded, but we also said don't put money in until you restructure the system.

We recommended a specific amount of money and how to raise it, but we said half the new money should go into supportive housing. As we closed institutional beds, the intent had been to open beds in the community. We opened some beds but clearly not enough. A lot of people being kicked out of institutions ended up on the street and many, frankly, ended up in prison.

We converted the streets and prisons into the asylums of the 21st century and that is just outrageous. The policy decision was correct in that community-based services were better than institutional but that implies you will actually have the community-based services.

So there was a set of recommendations on what needed to be done, a set of recommendations on how much money was needed and a proposal to create the commission. Our position on why you needed the commission was that unless you created a national focal point to keep this issue alive, keep it in the media, keep it before the public, the report and its consequences would just, over time, disappear back into the shadows.

**Q: Less than two years later a Conservative prime minister had funded the commission and appointed a Liberal partisan to head it up. Why?**

A: You would have to ask the Prime Minister that. I don't think this is a partisan issue.

Before the report was out I went around and talked to every provincial and territorial government. It didn't matter if I was talking to a Conservative, an NDP or a Liberal, they all agreed, creating a national focal point. When the federal government decided to create the commission I had taken early retirement from the Senate. My suspicion is the Prime Minister asked, "Will Kirby do it?" I honestly believe that's what happened.

I had two or three conversations with Mr. Harper before that on the health-care system. The Conservatives agreed (with the findings of the 2002 report) that it didn't matter who supplied the services, that the role of government was essentially as an insurance company and so on.

So they asked, "Why not ask the guy who had the idea?" because they knew I would run it totally nonpartisan.

**Q: Were you given a free hand to create and set up the Mental Health Commission in 2007?**

A: The government accepted the report's recommendations on the setup of the commission. I personally picked 11 of the directors. In four weeks I got 500 applications for 11 spots. I put together a board with a whole lot of very able people. Everyone was appointed for their own unique reasons (and to act independently). They have done one hell of a job.

**Q: What has been accomplished so far?**

A: We were given three very specific goals, exactly as the Senate committee recommended:

- 1) Do Canada's first national mental health strategy; we have a framework we are publishing.
- 2) Create an anti-stigma awareness campaign. We launched our anti-stigma campaign in September, after talking to other people in the world to see what worked and what didn't work.

3) Create a knowledge exchange centre. You have to be careful on IT projects that you don't blow your brains out, so we've gone slowly, but we are in the process of hiring a director.

**Q: What other projects will you be focusing on in 2010?**

A: In the spring of 2008, the government gave project funding (to study) those who are both homeless and have mental health issue. We are trying different things in different places but the study, (being done) in six cities, is methodologically sound so we will be able to compare the results in various places.

In April or May, we will work to create a national social movement for mental health the same way as exists for lung cancer or breast cancer, or heart and stroke or diabetes. We are building very sophisticated communications systems so individuals who join up and become a partner for mental health will not only be able to communicate with us but also with people in other parts of the country, so we can have a very connected, grassroots movement.

**Q: Is that last point—a grassroots movement—critical?**

A: In the end you can't get the type of change you want without strong local support, which is exactly what the breast cancer movement has done.

A: Yes, we are moving forward. Would I like to be moving faster? Of course I would. But on the other hand we've come a hell of a long way.

It's probably going to take a decade from the creation of the commission until mental health is firmly in the public consciousness and won't return to the shadows.

My gut instinct is there are a lot of people interested in participating in mental health issues. A lot of people come up after a speech and say, "What can I do to help?" So I'm optimistic we'll be able to recruit a lot of people.