Speaking Notes for Louise Bradley

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Mental Health Commission of Canada

Asia Pacific Economic Cooperation Workshop to Promote Innovative Collaborations in Mental Health

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I am delighted to be here today. It is an honor to be in the company of so many champions of mental health.

This is my first visit to China. When I started out as a mental health nurse some thirty years ago, I never would have imagined that my work would bring me half way around the world.

Times are changing. Slowly but surely.

And, I’m so glad to see, mental health is finally getting its rightful place on the public policy agenda.

Firstly, I would like to congratulate APEC for convening this workshop. By boldly prioritizing mental health, APEC is taking an important step in addressing this global challenge.

Now, I come to you from the Mental Health Commission of Canada. But I believe that no matter where we live in the world, we share many of the same goals.

At the Commission, we influence change by bringing together the best and brightest minds in the mental health community.

We are a non-profit organization charged with transforming the Canadian mental health landscape through partnerships and collaborations.

In fact, our work echoes the goals of this workshop.

In 2011, the World Economic Forum reported that mental problems and illnesses will cost the global economy US$16 trillion between 2010 and 2030.

This is a staggering statistic. But it is more than a statistic. The associated human suffering can’t be tallied up so neatly.

Yet, annual spending on mental health – worldwide – is less than US$2 a person.

So, as an international community, how do we address this challenge?

A challenge that poses a threat – not only to our wellness – but to the health of our economies.

Well, I believe that mapping a course toward our shared vision for the future is an excellent place to start.

But we can’t work alone. A coordinated approach, across all levels government, the private sector, health professionals – and most significantly, people with lived experience of mental illness themselves – is essential.

So too is sharing information across borders.

To work in collaboration will allow us to achieve our vision more quickly: to enhance quality of care, to improve recovery outcomes, and to change deep-seated, stigmatizing attitudes.

Today, I am going to focus my remarks on mental health and the workplace. Because when we talk
about the burden of mental illness, we cannot ignore the serious economic implications.

Workplaces are central to our lives. Many of us spend more time with our colleagues than we do our families.

In our knowledge economy, a nine-to-five is the exception, not the rule.

The CEO of Canada’s largest bank calls today’s brain-based economy, “an economy of mental performance – where our people are expected to think, be creative, promote good relationships, and be innovative.”

Any roadmap towards a brighter future for mental health must acknowledge the crucial role the workplace has to play.

Mental health at work needs to be accorded the same level of importance as physical health and safety. To put it simply, hard hats and steel-toed boots just aren’t enough anymore.

To quote Bill Wilkerson, Co-Founder of the Global Business and Economic Roundtable on Addiction and Mental Health, “the business case for mental health is fundamentally a challenge of asset management.”

The asset being, of course, the “cognitive ability, cerebral skillsets, emotional intelligence, resilience and mental health of managers and employees up and down the organizational chart.”

In 2013, the Mental Health Commission of Canada launched the National Standard for Psychological Health and Safety in the Workplace – the first of its kind in the world.

The Standard is a voluntary set of guidelines, tools and resources focused on promoting employees’ psychological health and preventing psychological harm due to workplace factors.

It can be applied no matter where you work: in an office, as a first-responder, in a power plant.

The Standard aims to enhance productivity, boost recruitment and retention, and improve risk management and financial performance.

It is also crucially important to reducing the stigma that so often compounds mental health concerns.

The Standard has piqued the interest of 15 countries, so we know this is a challenge Canada does not face alone.

We have seen uptake in Australia, where the Standard was licensed to a charitable organization – the Tristan Jepson Memorial Foundation – which strives to decrease work related psychological ill-health in the legal community.

We’ve seen interest from the American Psychological Association, and the National Institute for Psychological Safety and Health in the United States.

Given the attention the Standard has received, both in Canada, and globally, we have undertaken a key initiative to further advance it.
We don't just want to tell you the Standard works. We want to show you.

The Case Study Project, underway now, is documenting how Canadian employers from all sectors are implementing the Standard. We are following the progress of 43 organizations over a three year period.

This innovative approach is a model of public-private collaboration. The funding for the Case Study comes from government and from committed private sector partners.

These case studies will hone our approach to work place mental health. They will identify challenges, barriers and best practices, as well as costs and benefits associated with the Standard.

The metrics of the Case Study Project are four-fold.

We are looking at the steps employers are taking on the path to implementation.

We are evaluating employee feedback.

We are monitoring the costs associated with implementation - for example, salaries, programs, materials, consultations etc.

And, finally, we are assessing changes observed in performance indicators - like absenteeism, presenteeism, turnover, benefit utilization, disability rates, incident reports and so on.

Essentially, the Standard is central to prevention and early detection - which are key to successful recovery.

But these goals are only possible in an environment where the topic of mental health is open for discussion.

If workers fear that the admission of a mental health challenge may limit their career, they are more likely to stay silent.

This is an outcome we simply cannot afford. If current patterns continue, by 2041 there could be as many as 9 million Canadians living with a mental health problem or illness.

If that were to happen, governments and the private sector could be looking at costs as high as $2.5 trillion.

And that is in Canada alone.

Given our global financial situation, none of our countries can continue to assume this kind of financial risk.

In its new report, Making Mental Health Count, the Organization for Economic Cooperation and Development (OECD) assesses that the direct and indirect costs of mental illness can amount to 4 percent GDP.

The costs associated with lost productivity due to mental health related concerns are very real. They aren't limited to health care, social services and income support.
Workplaces are also feeling the strain.

In 2011, mental illness cost Canadian employers more than $6 billion.

We’re talking about the days when people aren’t able to come into work because they are too depressed or anxious, for example — and those days when they do go to work but aren’t able to function properly.

And we’re talking about the losses that occur when people are absent for long periods of time, or have to leave the workforce altogether.

Mental illness is the number one cause for short- and long-term disability in Canada.

That is why the business community has welcomed the development of the Standard with such enthusiasm.

And there is every reason to be hopeful.

More than 18,000 copies of the Standard have been downloaded – for free – by organizations in Canada, and around the world.

Over the last 18 months, implementation has begun in dozens of workplaces, and thousands of workers are realizing the benefits..including employees at the Mental Health Commission of Canada.

By adopting the Standard ourselves, we are taking steps to ensure our staff have the support, tools and resources to safeguard their own mental health and well-being.

But to fully address mental health in the workplace, and beyond, we need the influence and innovation – and, let’s face it, deep pockets – of the business community.

Take Bell Canada for example, one of the largest telecommunications companies in our country. They were a key funding partner in the creation of the Standard.

Bell CEO George Cope went so far as to say, quote, “Every business in Canada should pick up the Standard and adopt it.”

Beyond their commitment to the Standard, Bell is also a champion for mental health on a larger scale.

Leveraging the celebrity status and lived experience of Olympian Clara Hughes, they have fast-tracked a pan-Canadian conversation around mental health.

Their Let’s Talk campaign, has raised over five million in the last five years. This money has been funneled directly back into mental health programs and services.

Another terrific example is Great West Life – key funders of the Case Study Project.

This leading Canadian insurance company has built The Centre for Mental Health in the Workplace, an online resource providing valuable, and free!, information to help employers create healthier work places..and healthier profit margins.

What the work done by Bell and Great West Life shows us is that regardless of sector – whether it’s
insurance or telecommunications – there are creative ways to innovate around mental health.

Mental health is a shared responsibility. Ultimately, everyone has a role to play.

APEC is uniquely positioned to raise awareness, and to support capacity building efforts – both regionally and locally.

I can think of no better place to foster a meaningful, far-reaching dialogue.

I believe a collaborative, innovative and inclusive approach is the future of mental health.

APEC’s road map will help us get there.

Thank you.