

Michael Kirby takes your questions

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Mental health is one of the most pressing problems for us to deal with as a country, as a people and as individual Canadians, former Liberal senator Michael Kirby writes in Saturday's Globe essay. There is no health without mental health. One out of five of us is living with a mental illness. But most people are too embarrassed to admit it. That is because of stigma.

Stigma consists of the negative ways in which people living with mental illness are labelled, he writes. This labelling is so pernicious that people living with mental illness are often seen as nothing more than the illness itself. In fact, the Greek word stigma means a mark or brand, by which an animal or slave could be identified. When we classify people by their illness, we dehumanize them.

In 2006, the committee on social affairs, science and technology, of which Mr. Kirby was chair, produced the first national report on mental illness, *Out of the Shadows at Last*. The report included heart-wrenching stories about the impact of stigma and the shame that people living with mental illness suffer.

Only by making it completely acceptable to discuss issues relating to mental illness in public, can we ever hope to fully eradicate the scourge of stigma, he writes.

Canadians must join this movement and encourage their friends, neighbours and fellow workers to bring mental health issues out into the open, to talk about them and volunteer for mental health causes, he writes.

What do you think? Would you like to know more about how to erase the stigma surrounding mental illness? Would you like to learn more about what Mr. Kirby heard on his travels around the country? Do you have any ideas?

We were pleased to have Mr. Kirby join us Monday at noon ET for a live discussion. Your questions and his answers are posted at the bottom of this page.

As a member of the Senate from 1984 to 2006, Mr. Kirby was the chairman of the standing senate committee on social affairs, science and technology, which studied the health-care system and produced the 2002 report, entitled The Health State of Canadians -- The Federal Role.

Under his leadership, the committee also produced the first-ever national report on mental health, mental illness and addiction, Out of the Shadows at Last.

Editor's Note: globeandmail.com editors will read and allow or reject each question/comment. Comments/questions may be edited for length or clarity. HTML is not allowed. We will not publish questions/comments that include personal attacks on participants in these discussions, that make false or unsubstantiated allegations, that purport to quote people or reports where the purported quote or fact cannot be easily verified, or questions/comments that include vulgar language or libellous statements. Preference will be given to readers who submit questions/comments using their full name and home town, rather than a pseudonym.

Christine Diemert, globeandmail.com: Thanks for joining us today. Before we begin with reader questions I'd like to ask more about your suggestion of a national organization that would work toward changing attitudes and behaviour surrounding mental illness in Canada. You mention illness-specific groups for breast cancer and diabetes as examples, with a national organization of volunteers and grassroots support. But what does it take to get something like that off the ground? Do you need one very rich benevolent donor or one very well known patron? Mental illness has so many variations, how can you organize under one umbrella?

Michael Kirby: To launch the national social movement for mental health does require some money initially. Some of this money will come from the Mental Health Commission budget but we will also be seeking a very small number of patrons, either individuals or corporations, to help us launch the organization later this year. I am very optimistic on the basis of initial discussion that we will be able to find the patrons.

If people want the commission to contact them as soon as the movement is launched, please send your e-mail address to mpietrus@mentalhealthcommission.ca.

Marvin Ross from Dundas, Ontario writes: It can be very difficult legally to have a delusional patient comply with treatment in this country. Even when patients do not have insight into their illness (often due to the anosognosia associated with schizophrenia), we still allow them the right to refuse treatment. As Dr. Fuller Torrey points out in his writings, this can lead to homelessness, incarceration, violence and victimization. Will your commission look at our legislation and the examples of some of the European countries like the Netherlands and Norway who seem to be doing so much better than we are?

Michael Kirby: It is obviously critical that we balance the general privacy rights of Canadians with the need to ensure that individuals, who need help, get help. One of the difficulties with current legislation is that it assumes an individual is capable of making an informed choice. In cases where this is not true, legislative changes need to be made to ensure that people get the help that they actually need, even if they think that they do not need it.

The law advisory committee of the Mental Health Commission is examining the legislative changes which are required.

Annick Aubert from Toronto, Ontario writes: What do you say for those of us who have been in careers nearly all our lives? It is 28 full years for me. Have I treated him badly all these years? Am I not on duty 24/7, without recognition? encouragement? His last hospitalization was in 1998, he is on ODSP, and may be will be entitled to a supplement for his newly diagnosed diabetes, may be.... He has never collected any extra money for moving relocating or eye glasses or dentures. I top up his allowance each and every day. ...

Michael Kirby: Family members are in most cases the principal caregiver for people with a mental illness. Helping family members cope is one of the principal objectives of the mental health commission. It is why we have established a special advisory committee on family caregiver issues.

Today governments have failed to recognized, particularly in the tax system, the enormous contribution given by family caregivers and how much money their contributions save the public health-care system. Family care givers are essentially full-time unpaid health-care workers. The commission will find ways to help them.

K. Allen-Shepherd from Toronto, Ontario writes: It shouldn't be a wonder why many suffering from a mental illness can't work. How can anyone find a job where acceptance of this sort of disability is company policy? Fear and confusion most often follow an admission of bi-polar or depression conditions. Who wants to risk hiring a 'nut job?' What choice should a sufferer make on a resume or job

application and disclose their illness truthfully and risk being abruptly eliminated from the list of eligible candidates; or keep the secret to get the job and collect a regular income until an issue arises and they're fired, again?

Michael Kirby: The reality is that many people, indeed most people, with a mental illness are capable of working. It is essential that we change the attitudes of employers and co-workers who continue to believe that every individual with a mental illness is either dangerous or incapable of being productive. It is encouraging that several leading Canadian employers are adopting new policies with respect to employing individuals who are living with a mental illness. These policies recognize that someone living with a mental illness can be a productive member of society even if minor accommodations need to be made in the workplace.

The public sector in general and governments in particular are the largest employers in the country. The mental health commission is encouraging them to become model employers with respect to mental health and to put into place our proposals for handling employees who suffer from a mental illness in such a way that these employees can continue to work and contribute to the government.

Molly Ware from Pasadena, NL writes: Thanks to the Globe and Mail for this series. And special gratitude to Michael Kirby for the report 'Out of the Shadows at Last' and his work as chair of the Mental Health Commission. Also thank you for taking comments today. As a parent of a young person with schizophrenia, I'd like to commend Jesse Bigelow and his family for telling their story. One of the difficulties of being open about having a loved one with a psychotic mental illness is not only the fact of stigma but also the condition of 'anosognosia' which was referred to in Andre Picard's Thursday article. If your young person does not easily recognize that he is ill, how can you monitor the taking of medications and the development of an understanding of the signs and symptoms of relapse. It is a long process which will take years of trial and error and patience from all involved. No parent can survive it without community supports and education.

As these illnesses tend to develop during the very time when young people are trying to become independent, this adds to the complicated parent/caregiver dynamic. How do you think targeting youth as suggested in the mental health commission's education campaign will help families in their struggle towards recovery?

Michael Kirby: The anti-stigma campaign will be a success if we are to stop another generation of Canadians from having the same negative attitudes toward mental illness that exist among Canadians today. It will help that child or youth

with mental illness be able to keep friends and gain support from sympathetic peers.

The most under serviced part of the mental health system involves children and youth with a mental illness. Therefore developing new plans and strategies to help them and their family caregivers will in many ways be the most important part of the national mental health strategy which the commission has been charged with developing.

Jung Frau from Switzerland writes: Mr. Kirby, I applaud the efforts of people like you to shine the spotlight on mental health treatment, which is long overdue. However, stigma to my mind is not the problem facing the mentally ill. Getting well is the real problem. ... And rather than just hearing people's tales of woe, why not hear about successes from those who have figured it out? Thank you.
Ruth Anderson Geneva, Switzerland

Michael Kirby: You are correct, it is critical that we publicize positive stories about people who are successfully living with a mental illness. Indeed that is why in my article I stress the importance of the anti-stigma campaign featuring people who are successfully living with their illness. These positive examples are critical to ultimately getting Canadians to change their attitudes and to stop regarding everyone with a mental illness as a hopeless case.

Elaine Mordoch from Canada writes: Firstly thank you very much for your work to date. I am a nurse researcher who is interested in children of parents with a mental illness. I have completed a grounded theory study with children who live with a parent with mental illness and am currently beginning a study to elicit parents' perspectives on their experience with mental illness and parenting. Based on some of my findings, I would like to see more holistic organization of services for this population, inclusive of parenting support and specialized outreach for children living with a parent with a mental illness. There are missed opportunities to promote family functioning, reduce risks associated with parental mental illness and much more that can be done to optimize the potential of children in these circumstances. The fragmentation of services, i.e. child and family and psychiatric services, promotes fear of apprehension which limits efforts to reach out to parents and children. I am aware that Australia is working on resources for children and families. How will Canada proceed?

Michael Kirby: Again this question emphasizes the importance of putting additional resources into child and youth mental health. The interesting point made in this question is that sometimes the issue a child learning to live with a mentally ill parent rather than the other way around. This is the situation which

the commission will have to address in its strategy with respect to children and youth

Victoria Arsenualt from Halifax, NS writes: I would like to erase the stigma around mental illness. I would like to be able to talk about our son, who has a mental illness, and not be afraid of what the reaction would be. But how do we do that?

Michael Kirby: Your comment clearly illustrates why an anti-stigma campaign is needed.

The precise objective of the anti-stigma campaign which the mental health commission will be undertaking is to sufficiently change attitudes among Canadians so that you and people like you will no longer have to fear talking to friends neighbours and co-workers about the mental illness of a member of your family.

We need people like you who can join the upcoming campaign.

Diane Cizek from Burlington, Ontario writes: Dear Mr. Kirby, I am fully supportive of the Mental Health Commission and of your willingness to invite people with mental illness into the campaign. I have suffered a lot from mental health problems, and I would like to be part of the current of change towards the mentally ill. What role is there for me to play in the government's initiatives to improve the plight of the mentally ill?

Michael Kirby: See my comment above about getting involved. To contact the commission with an interest in working with us go to [our website](#) or e-mail us directly info@mentalhealthcommission.ca

Lester Biddle from Toronto, Ontario writes: To Michael Kirby I'm concerned about the absence of communications channels to members of the Canadian Mental Health Commission. To date, there is only a general voice number and e-mail address. My communication to that e-mail address returned a response amounting to 'we'll see what happens' and no official privacy policy. Office staff will filter all communications and decide what happens to them.

The CMHC already seems to be taking on the face of yet another heavily bureaucratized institution with too many self-important, corporate ladder-climbing executives at the top. I am really worried that the CMHC will fade into relative obscurity over time except for media opportunities and fundraising, thereby missing the opportunity to make a real change. In my view, the CMHC should be something like a parliament for the voices of Canadians living with mental illness.

Will the public be allowed to have direct access to key CMHC members? Will you be more than just another club of elite corporate and academic bureaucrats?

Michael Kirby: Thank you for comment on the difficulty of accessing members of the commission and its staff. Based on your comment I will ensure that all procedures are reviewed because we must be open and accessible. Indeed one of the reasons why the senate committee report was so successful is because we conducted public hearings from coast to coast to coast and encouraged individuals to contact the senate committee through the committee's website. The commission must be equally accessible.

Elizabeth Templeton from Hamilton, Ontario writes: Dear Senator Kirby: I have always held you in the highest regard throughout your senatorial career for your humanist approach to the posed laws standing before the senate. It appeared to me that you did give each proposed law a 'sober second look' for which the red chamber was designed.

What would you suggest would be the appropriate actions for someone (average Canadian citizen - no special influence anywhere) who is interested in seeing the 12 steps outlined in Saturdays' Globe and Mail implemented?

I am a consumer of mental health services here in Hamilton at St. Joseph's hospital outpatient clinic. At the outpatient clinic; Community Psychiatric Services, I chair a client centred support team (C.A.S.T.) to get some of the same messages across to fellow patients that were spoken of in the series - you are not alone, help is here, more than one combination of both therapy and/or drugs may be necessary to continue on the road of recovery. I am also involved in Peer Support community here in Hamilton.

Thank you for your valuable time and continued efforts in reducing the shame and stigma of mental illness in our communities. Thanks also to The Globe and Mail for bringing forth the topics of mental health, addictions and corrections to a population that are or who have access to Canadian power brokers who can affect change in these very important areas of concern for all Canadians. Kindest Regards, Elizabeth Templeton

Michael Kirby: Your question illustrates why the mental health commission will organize a national mental health movement. There are thousands and thousands of Canadians like you across the country who want to help improve the mental health system but who feel voiceless and powerless to do so. I believe that by enabling these individual Canadians to coalesce into a national movement we will be able to ensure that all governments develop the political will to improve services to the mentally ill Canadians.

Carol MacDougall from Stratford, Ontario writes: Have you come across information on the importance of young people's attachment to parents/caring adults throughout childhood and adolescence as prevention for some mental health issues? Can this be included in the Mental Health Strategy that is being drafted for Canada--esp. increasing the capacity of parents/caregivers to maintain strong attachment to their children (the importance of raising awareness about this and of putting resources in place when this is a struggle, e.g. during separation/divorce)?

Michael Kirby: It is critical that children whose parents are separating receive counselling help. This will be part of our child and youth strategy.

Jodi Cohen from Canada writes: I don't have a question but I very much want to pass on a note of huge respect and appreciation to The Globe and Mail for this tremendous series and Senator Kirby for his work in mental health. As an active volunteer with the Canadian Mental Health Association, I have been particularly thrilled to see this kind of exposure. Battling stigma, having conversations around mental health and promoting understanding and compassion are very significant wins. Thank you so very much. Jodi Cohen, Calgary

Michael Kirby: I completely agree with your comment. This series by The Globe and Mail has provided the opportunity for thousands of Canadians to learn the real truth about mental illness. The mental health commission strongly applauds The Globe for this extraordinary work.

Worried mom from Etobicoke, Ontario writes: I have a 17 year old with learning disabilities, a mood disorder and anxiety who spent a year in a residential treatment centre and now we are having difficulties getting a school to accept her before she turns 18. She wants to get her high school credits - to whom do we turn? Please do not print my name as I work with children in my community. Thank you.

Michael Kirby: You should call the Ontario branch of the Canadian Mental Health Association. The phone number is 1-866-531-2600. [This link](#) on the [association website](#) will direct you to policy on education.

Marnin Heisel from London, Ontario writes: Mr. Kirby, Thank you very much for taking the lead in helping to address the issue of mental health in Canada and for making quality mental healthcare the concern of the Federal government (e.g., the Kirby commission report 'Out of the Shadows at Last' and the Canadian Mental Health Commission). I have one question. The WHO tells us that suicide- a leading cause of preventable morbidity and mortality and of unspeakable emotional pain-claims over 1,000,000 lives worldwide annually. In Canada,

nearly 10 people die by suicide every day; as many as potentially 100 times that number engage in self-harm behaviour.

We have among the world's leading experts on suicide and suicide prevention, leading intervention scientists and clinicians, top public health scientists and policy analysts, social scientists, educators, care providers, and a thriving survivor network. Canadians helped the U.N. and WHO mount a conference in Banff in 1993 leading to the call for nations worldwide to develop national policies for suicide prevention. Many countries worldwide have now done so (including England, Ireland, Australia, New Zealand, and the U.S.). Canada is one of the last leading first-world nations NOT to have a national suicide prevention policy. This despite the fact that the Canadian Association for Suicide Prevention (nearly 4 years ago) released a self-funded document 'The CASP Blueprint for a Canadian National Suicide Prevention Strategy' outlining how such a national policy could be developed. To date, this document has inspired provincial and community-level suicide prevention strategies, and yet, no national strategy exists.

How will the Canadian Mental Health Commission help our nation's suicide prevention experts and survivors develop a suicide prevention strategy separate (but companion to) a Canadian Mental Health Strategy? Thank you very much for your thoughts and again for your leadership! Dr. Marnin Heisel

Michael Kirby: The mental health commission will work with experts to develop a suicide prevention strategy particularly for children and youth. Suicide is the second largest cause of death among Canadians aged 15 to 24, second only to motor vehicle accidents. Moreover the suicide rate among first nations youth is five times the national average. It is critical that Canada adopt an aggressive anti-suicide strategy in order to reduce the needless waste of lives among our young people.

Christine Diemert, globeandmail.com writes: Thanks for your time Mr. Kirby. We had a lot of questions and I apologize to anyone we didn't get to. Before we close, do you have anything you'd like to add?

Michael Kirby: The e-mails today have clearly established the importance of creating a national mental health movement in order to improve the current dismal state of services for the mentally ill particularly children and youth. I hope that all of the readers of The Globe series will join that movement when it is launched later this year.