



Commission de  
la santé mentale  
du Canada

Mental Health  
Commission  
of Canada

**Speaking Notes  
for  
The Honourable Michael W. Wilson  
Chair, Mental Health Commission of Canada**

**For delivery at the  
International Initiative on Mental Health Leadership (IIMHL)  
2015 Conference**

***“Accelerating Change Toward Mental Health, Well-Being  
and Inclusion”***

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## INTRODUCTION

Thank you so much for your kind introduction, Louise. Believe me, the pleasure in becoming a part of the Mental Health Commission of Canada (MHCC) is all mine. I am honoured to join this outstanding organization.

And, I am proud to talk about the work of the Commission before this great conference with so many successful and energetic activists and leaders from IIMHL and IIDL.

I have watched from a distance since the Commission's launch. I have consistently been impressed with the high calibre of work it has undertaken and the tremendous progress it has achieved in such a short time.

Louise is a typical Canadian – too polite to brag. However, I can tell you that she has made the Board of Directors and Commission staff extremely proud. We were delighted when she received the 'Innovator Award' from the Canadian College of Health Leaders earlier this summer. In addition to the many ground-breaking initiatives she has spearheaded, she was recognized for encouraging future mental health pioneers.

Mme Bradley possède ce trait tout à fait canadien : elle est trop polie pour se vanter. Toutefois, je peux vous assurer qu'elle a fait la fierté et le bonheur du conseil d'administration et du personnel de la Commission lorsqu'elle a reçu le Prix pour le leadership innovateur du Collège canadien des leaders en santé, cet été. En plus des nombreuses initiatives novatrices qu'elle a menées, c'est sa mobilisation de futurs chefs de file en santé mentale qui lui a valu cet insigne honneur.

When Louise accepted that award, she spoke about the loss of her dear friend, Mar-Cha, who took her own life after a courageous battle with depression.

Many of us working in the mental health field are bound by loss, me included.

I was first exposed to mental health issues when I was a Parliamentarian. While few spoke publicly, behind closed doors I was astounded at how frequently I heard about tragic stories linked with mental health problems and illnesses. It was also through this work that I began to comprehend the damaging results of under resourcing for mental health.

Nous sommes nombreux, dans le domaine de la santé mentale, à avoir vécu la perte d'un être cher, et j'en suis.

J'ai commencé à faire la promotion de la santé mentale comme membre du Parlement. Même si peu de gens en parlaient ouvertement, j'étais consterné de constater que des histoires tragiques étaient si souvent liées à des problèmes de santé mentale. C'est à cette époque que j'ai commencé à comprendre les résultats désastreux du sous-financement de la santé mentale.

Prior to politics, I did volunteer work for a number of organizations. It struck me that there was no problem finding people to do charitable work for groups like the Canadian Cancer Society. Back then, there were about 45,000 volunteers in my home province of Ontario alone.

But the same could not be said for mental health organizations. In fact, at that time, I didn't know a single person who volunteered in the field of mental health. And I also knew of very few people living with mental illness although my experience was telling me that there were many out there who weren't talking about their challenges. So I decided to invest my time there.

I became familiar with the devastating impact of mental illness on a very personal level shortly after. My son, Cameron, battled mental illness for a long time. He died by suicide in 1995 when he was only 29 years old.

From that time forward, I redoubled my efforts in the hope of sparing other families the kind of pain we endured. Advocating for mental health resources gave me a purpose. It gave me a time and a place to talk about Cameron in a way that could help others.

And what I've learned through this work is that there are many, many people who are equally motivated to make meaningful change.

In fact, one of the reasons I agreed to head up the MHCC is because it is powered by a remarkable team of committed individuals who are dedicated to the cause. A team that has been instrumental in transforming Canada's mental health landscape over the past eight years.

Less than a decade ago, Canada was anything but a mental health leader. In fact, our nation was the only G8 country without a mental health strategy.

That changed following the release of the landmark report produced by a Senate Committee led by Michael Kirby. Called *Out of the Shadows At Last*, the report called

for leadership, innovation and energy in mental health care. It underlined that the need is great, but the rewards are greater. And that it takes all of us to make it happen.

L'une des raisons qui m'ont poussé à présider le conseil de la Commission est l'équipe extraordinaire de personnes dévouées qui dynamise cet organisme. Une équipe qui a grandement contribué à transformer les horizons de la santé mentale au Canada au fil des huit dernières années.

Il y a moins de dix ans, le Canada était tout sauf un leader en santé mentale. En fait, nous étions le seul pays du G8 qui n'était pas doté d'une stratégie en matière de santé mentale.

La situation a changé après la publication du rapport historique d'un comité sénatorial présidé par Michael Kirby. Intitulé *De l'ombre à la lumière*, ce rapport réclamait du leadership, de l'innovation et un dynamisme nouveaux en matière de soins de santé mentale. On y lisait que les besoins étaient grands, mais que les récompenses l'étaient encore plus. Et que nous devons tous mettre l'épaule à la roue pour connaître du succès.

Thankfully, the federal government of the day did not let that report gather dust.

With all party agreement in Parliament, Prime Minister Harper announced the establishment of the MHCC at this very conference, back in 2007, when Canada last hosted the IIMHL.

Louise and her staff deserve tremendous credit for the vision they have brought to the task and the many ground-breaking initiatives the MHCC has driven. They have demonstrated, repeatedly, that improving mental health care in Canada isn't just the right thing to do. It's a smart social and business solution.

Perhaps equally critical, they have proven that change is possible – and inevitable – when people work for a common cause.

One of the best things about this organization is that it's built on a model of collaboration. It creates an opportunity for everyone's efforts – both inside and outside the mental health system – to bring about lasting change. Every project shepherded by the MHCC has involved the best and brightest in our mental health community, and beyond.

Thanks to this partnership approach, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*, has provided Canadians with a blueprint to transform Canada's mental health system. The recommendations born from the *Strategy* are delivering concrete outcomes that are making a difference to the lives and livelihoods of millions of Canadians.

Take the example of the MHCC's *National Standard for Psychological Health and Safety in the Workplace*. It is helping to address the roughly \$51 billion annual loss to Canada's economy resulting from mental health problems on the job.

Right now, the Commission is following 40 Canadian companies, large and small, across all sectors, who are on the road to implementation. This Case Study Project is showcasing their leadership and measuring their progress.

The interim findings will be announced shortly, but what I can tell you today is that the inroads we are seeing are very promising. By bringing the topic of mental health to the boardroom table, these companies are going a long way to addressing the challenge of mental health at work.

Grâce à cette approche concertée, la stratégie en matière de santé mentale pour le Canada, *Changer les orientations, changer des vies*, a fourni aux Canadiens un plan pour la transformation du système de santé mentale du Canada. Les recommandations émises dans la *Stratégie* génèrent à présent des résultats tangibles qui changent la vie de millions de Canadiens.

Prenez l'exemple de la *Norme nationale sur la santé et la sécurité psychologiques en milieu de travail* de la Commission. La *Norme* s'attaque aux pertes de quelque 51 milliards de dollars pour l'économie canadienne causées par les problèmes de santé mentale en milieu de travail.

À l'heure actuelle, la Commission étudie le cheminement de 40 entreprises canadiennes – de toute taille et de tous les secteurs – qui mettent en œuvre la *Norme*. Ce projet de recherche sous forme d'étude de cas mesure leurs progrès tout en faisant montre de leur leadership.

Les résultats provisoires seront connus sous peu, mais je peux d'ores et déjà vous assurer que nous réalisons des percées qui s'annoncent très prometteuses. En introduisant le sujet de la santé mentale dans la salle du conseil, ces organisations prennent le défi de la santé mentale au travail à bras le corps.

Every day, half a million Canadians miss work for psychiatric reasons. By age 40, one in two Canadians will have had a mental illness or a mental health problem.

These workers cover the entire spectrum of the labour market – people in white collar positions, sales 'n service and blue collar jobs.

The challenges facing workers with disabilities are especially acute. According to the 2012 Canadian Survey on Disability, almost 92 per cent of people with mental health-related disabilities reported at least one other type of disability. These include learning, developmental, memory, sensory and physical disabilities.

We know that close to \$29 (\$28.8) billion dollars are spent each year in this country on disability income support. Of that, close to a third (\$9.6 B) is earmarked for people living with a mental health problem or illness. Mental illness is the fastest-growing category of disability insurance claims in our country.

The MHCC's *Aspiring Workforce* project has identified innovative practices in the areas of education, income and employment to help people living with serious mental illness to secure meaningful jobs or a sustainable income.

The Commission is developing a national network to facilitate dialogue and the sharing of promising practices among social businesses that employ people with mental health problems or illnesses.

What we are seeing, as we begin to address the challenge of mental health more broadly – as a society – is that mental health and physical well-being are intrinsically linked.

Therefore the IIMHL and the IIDL are, in fact, a natural pairing. We have a lot to learn from each other, and I believe our successes will be redoubled through collaboration.

Le constat qui nous apparait lorsque nous traitons la problématique de la santé mentale de manière globale, comme société, c'est que la santé mentale et le bien-être physique sont intrinsèquement liés.

Conséquemment, l'IIMHL et l'IIDL vont de pair. Nous avons beaucoup à apprendre les uns des autres, et j'espère que nos réussites respectives seront multipliées grâce à notre collaboration.

I know, for example, that I have learned a great deal from observing one of Canada's most admired disability advocates – born and bred right here in British Columbia.

Many of you may be familiar with Rick Hansen, who harnessed his extraordinary talents as “The Man in Motion”. In 1985, Rick pushed his wheelchair out of Vancouver, and didn't stop until two years later...after wheeling his way around the

world. He raised \$26 million dollars, and went a long way in proving the limitless potential of people with disabilities. And, he is still going strong.

When I think about Rick's vision for changing attitudes and breaking down barriers, I draw many parallels with the mental health community.

Educating the public at large remains one of our greatest responsibilities.

That's why the MHCC is striving to make an impact beyond the jobsite.

More than 150,000 Canadians have been trained to respond to mental health crises at home and in their communities through the *Mental Health First Aid (Canada)* program.

And, going one step further, we have developed adaptations of the program specific to Canadian priorities, such as youth, northern peoples, First Nations and Inuit communities, veterans and seniors.

Another area where the Commission has demonstrated leadership is through encouraging Canadians to get comfortable talking about mental health. It's the first step towards addressing the stigma associated with mental illnesses and frequently the hardest hurdle to overcome.

The MHCC's *Opening Minds* program brings research-based, anti-stigma activities to support health care providers and promote public education in the media, workplaces and schools. It makes it clear that we can and must defeat the stigma that has blighted people's attitudes and fed the discrimination that too many have endured.

Plus de 150 000 Canadiens ont été formés pour réagir à des épisodes de crise de santé mentale grâce à des cours suivis à domicile et dans leur collectivité dans le cadre du programme de Premiers soins en santé mentale Canada.

Mais nous allons plus loin. Nous avons aussi élaboré des versions de ce programme répondant à des priorités canadiennes, notamment les jeunes, les habitants des régions nordiques, les Premières nations, les Inuits, les anciens combattants et les aînés.

La Commission a également fait preuve de leadership en encourageant les Canadiens à se sentir à l'aise de parler de santé mentale. Il s'agit de la première étape à franchir pour s'attaquer à la stigmatisation associée à la maladie mentale, et souvent le plus gros obstacle à surmonter.

Ainsi, le programme Changer les mentalités propose des activités de lutte à la stigmatisation fondées sur la recherche afin d'aider les professionnels de la santé et de promouvoir l'éducation du grand public par le biais des médias, des milieux de travail et des écoles. Il démontre clairement que nous pouvons et devons éradiquer la stigmatisation qui a pourri les attitudes et nourri la discrimination que trop de personnes ont subie.

Programs like HEADSTRONG, which Louise spoke about earlier, make it safe to talk about topics that were taboo for too long and to enable young people to seek the help they need.

As IIMHL members, you are likely familiar with – and take full advantage of – a wide range of tools and applied policy resources developed by MHCC that are geared to the needs of people of *all* ages. Just as we benefit from your hard-won knowledge.

One of the Commission’s most recent projects is a series of indicators that reveal the landscape of the mental health of Canadians.

*Informing the Future: Mental Health Indicators for Canada* tells us how well – or poorly – the health system is responding to our mental health needs.

The indicators reflect mental health across the lifespan for children and youth, working-age adults and seniors.

L’un des plus récents projets de la Commission a pris la forme d’une série d’indicateurs dressant un portrait de la santé mentale des Canadiens.

Le document *Tracer la voie de l’avenir : Indicateurs de la santé mentale pour le Canada* décrit dans quelle mesure notre système de santé répond – ou ne répond pas – à nos besoins en santé mentale.

Les indicateurs reflètent la santé mentale tout au long de la vie, des enfants aux aînés, en passant par les jeunes et les adultes en âge de travailler.

They detail mental health results in different settings, and report on various aspects of services and supports used by people with mental illness.

The MHCC also recently launched new *Guidelines for Recovery-Oriented Practice in Canada*. They're part of a larger pan-Canadian initiative to support recovery-oriented policies and practices across the mental health system.

The initiative includes the recovery declaration, a tool to facilitate dialogue, along with an online inventory of over 1000 recovery resources and the new *Guidelines for Recovery Oriented Practice*.

In addition to these latest guidelines, the MHCC has already developed guidelines for seniors care, family caregivers support, youth services and police training.

Récemment, la Commission a également procédé au lancement du *Guide de référence pour des pratiques axées sur le rétablissement au Canada*. Cet ouvrage s'inscrit dans une initiative pancanadienne plus vaste visant à faciliter l'adoption de politiques et de pratiques axées sur le rétablissement à l'échelle du système de santé mentale.

En plus du *Guide de référence*, cette initiative inclut la déclaration d'engagement envers le rétablissement, un outil conçu pour favoriser le dialogue, ainsi qu'un inventaire en ligne de plus d'un millier de ressources relatives au rétablissement.

La Commission a aussi élaboré des lignes directrices sur les soins aux aînés, le soutien des proches aidants, les services aux jeunes et la formation des policiers.

If you attended last year's conference in Manchester, you heard about the encouraging results of training programs to improve interactions between police and people living with mental health problems. Vancouver's own former Chief of Police, Jim Chu, was at the helm of the Canadian Association of Chiefs of Police (CACP) during this pivotal time.

This year, the MHCC took the matter one step farther, urging the CACP to put the mental resiliency of police officers themselves on the agenda. In fact, the MHCC had a key role at a conference in February that was solely dedicated to promoting the mental health of police service personnel. In a workplace where stoicism is the cultural norm, this was a huge accomplishment.

Not only has the MHCC made mental health a priority among law enforcement, we have also focused considerable energy on ramping up mental health awareness among healthcare providers themselves. As a former nurse and hospital administrator, Louise is a credible voice in the battle against stigma that we are waging in our hospitals and health care settings.

En février dernier, la Commission a joué un rôle central lors d'une conférence vouée exclusivement à la promotion de la santé mentale chez les employés des services de police. Dans un environnement de travail où le stoïcisme est la norme culturelle, on parle d'une réalisation remarquable.

Non seulement la Commission a-t-elle élevé la santé mentale au rang de priorité parmi les forces policières, mais nous avons également déployé

des efforts considérables pour sensibiliser les professionnels de la santé eux-mêmes à la question de la santé mentale. Comme ancienne infirmière et gestionnaire d'un hôpital, Mme Bradley est une voix crédible dans la lutte contre la stigmatisation que nous menons dans les hôpitaux et les centres de soins de santé.

But the root of each of these successful projects are partnerships. Partnerships with communities, businesses, voluntary organizations, advocates, our international friends and colleagues and, most crucially, people with lived experience of mental illness.

Our most recent undertaking, the development of the Mental Health Action Plan for Canada, is yet another example of an initiative born from collaboration. As we look ahead to the Commission's future, the Action Plan will help inform our priorities.

Notre plus récent projet, l'élaboration du Plan d'action sur la santé mentale pour le Canada, est un autre exemple d'une initiative fondée dans la collaboration. Nous pourrions désormais nous tourner vers ce Plan d'action pour établir les priorités de la Commission.

It's been a truly consultative process, much like the Strategy itself was. It will reflect the many thousands of voices of advocates, professionals, caregivers and people with lived experience who want to accelerate Canada's progress on mental health over the next decade.

Just as essential to our collective success are the leaders, from all walks of life, who step up and support the crusade.

The fact that there's growing awareness of mental illness in this country is a tribute to corporate campaigns like "Let's Talk" – a nationwide media initiative led by Bell Canada that uses celebrity endorsements to promote the need to speak openly and frankly about the issue.

Just two days ago, I participated in a celebration of the 5<sup>th</sup> anniversary of the Let's Talk campaign. Bell's CEO, George Cope, announced a 5-year extension of the company's support which could increase its total commitment to mental health to over \$125 million.

And there is further progress.

The fact that police departments now train their officers in mental health is a reflection of the leadership of Canadian Association of Chiefs of Police and the Canadian Association of Police Boards.

The fact that the business community is providing mental health programs to workers is a further example of the leadership required to turn great research and great programs into even better results for our citizens.

There are many more examples that I could mention, but the list is too long to capture them all.

From health practitioners and patients . . . to labour groups, educators and student organizations . . . to all levels of government and taxpayers . . . Canadians are talking, and doing something, about mental health issues.

## FUTURE DIRECTIONS

We are off to an extraordinarily good start, thanks to the hard work of the MHCC team and their partners and collaborators across the country. However, there's still much more to do.

As I take on the role of Chair of MHCC, I want to help steer this organization towards a new chapter. Because I believe so strongly in the foundation it has helped to build across our country. And in the progress we are seeing across the globe.

As a former Ambassador, I know how critical it is to engage in international collaboration. We can't possibly expect to excel without learning from, and sharing lessons with, our partners around the world.

But when I look around this room, I see my peers. Seasoned professionals who have dedicated a lifetime to bringing about meaningful change. But people whose well-earned retirements are rapidly approaching.

While I am incredibly grateful for these efforts, what happens next?

Our countries can't afford to lose momentum after we've worked so hard to get this far.

Our future success depends on the energy and creativity of a new generation of leaders. So we need to place a premium on cultivating their talents.

These leaders can arrive on our doorstep from just about any sector.

Some may be young entrepreneurs, wishing to stem the tide of financial loss associated with mental health problems and illnesses.

Nos succès futurs sont tributaires de l'énergie et de la créativité dont feront preuve les chefs de file de demain. Nous devons nous assurer de cultiver leurs talents.

Cette nouvelle génération de leaders peut provenir d'à peu près n'importe quel secteur.

Il pourrait par exemple s'agir de jeunes entrepreneurs souhaitant mettre fin aux pertes financières causées par les troubles mentaux et les maladies mentales.

Or who recognize the largely untapped potential of people with disabilities, including mental health problems, who have so much to offer to our labour market as it adjusts to an aging workforce.

Others may come from the sporting community, like Clara Hughes, a Canadian Olympic gold-medalist – a medalist is both the summer and winter Games - and a very effective champion of mental wellness.

I could point to many more sectors. Whatever area they represent, we need more young people to take the lead in the movement for mental health for all.

Something we need to think about is the legacy we leave to the next generation of champions.

Aside from the crucial role of leadership, I think there's another important lesson to share. That's the necessity of patience and persistence.

I have been around the mental health field for two decades now and can attest to the dramatic changes that have taken place. But success doesn't happen overnight.

For instance, about a dozen years ago, I was asked by a former federal health minister if I would be an adviser on mental health as I had some policy ideas related to the federal workforce. The federal public service is the largest employer in Canada.

But, it has taken time. We are finally seeing the fruits of these efforts. In her most recent report to the Prime Minister, the current Clerk of the Privy Council – who is responsible for the public service – identified mental health for all federal government employees as one of her top three priorities for the coming year. She has also committed to implement the *National Standard for Psychological Health and Safety in the Workplace* across the government.

Il a fallu du temps, mais nous récoltons enfin les fruits de nos efforts. Dans son plus récent rapport au Premier ministre, l'actuelle greffière du Conseil privé, responsable de la fonction publique, a énoncé la santé mentale comme l'une de ses trois principales priorités pour l'année à venir. Elle s'est également engagée à mettre en œuvre la *Norme nationale du Canada sur la santé et la sécurité psychologiques en milieu de travail* pour l'ensemble des activités gouvernementales.

Another example is my work with the Centre for Addiction and Mental Health. I began working with one of the Centre's initial directors, two decades ago, to establish a foundation to support mental health investments.

As recently as the late 1980s and early 1990s, it was difficult to get people to join the board. The problem was that nobody wanted to explain what the Centre was engaged in, or why they were supporting it. You know . . . the old stigma thing.

It took perseverance, but today, we have a corporate-sponsored building and a board of financial supporters whose names are listed on the doors as donors. They include some of the biggest names in business, sport and philanthropy who now proudly stand up for mental health, with their names prominently displayed on a donor board in the main lobby.

As recently as five years ago, we were still struggling with our fundraising efforts. Then, on a single day, Bell Canada announced a \$10 million donation. That's the largest amount of money ever given by a corporation to a mental health hospital in Canada.

That same night, a sell-out fundraising dinner raised another \$900,000 – almost as much as we had raised altogether in the previous three annual dinners. A dozen years earlier, we couldn't even have held a dinner.

That night was a validation of the work of so many people. And it was a pivotal moment for me personally.

It reaffirmed my commitment to do everything I can to make sure the next generation of mental health champions inherit a world with less stigma, more compassion and greater resources.

Patience and persistence may seem inconsistent with the ‘accelerating change’ theme of this meeting. But I’m convinced they go hand in hand.

La patience et la persévérance peuvent sembler incompatibles avec le thème de cette réunion, qui est l’accélération du changement. Pourtant, je suis convaincu qu’ils vont de pair.

Patience doesn’t mean giving up. Because persistence pays off.

Incremental change adds up to massive change over time. It’s like watering a plant. If you give it light and nourishment, the plant develops deep roots and the flowers eventually bloom.

Look no further for proof of the payback of persistence than the Mental Health Commission of Canada itself.

After eight years of accelerating change, the MHCC’s mandate was winding down and the Commission faced an uncertain future. Despite this challenge, leadership and staff within the organization persevered with the important work that needed to be done and pressed the government hard for renewal.

So when, in April of this year, the MHCC received the good news that our mandate would be renewed for another ten years, we moved quickly to plan our strategy for the Commission to take full advantage of the extended opportunity.

When I think about what the Commission has accomplished in the last decade, I feel immensely hopeful about what we can do in the next.

It's premature to talk precisely about where we will go from here, as we're in the midst of developing our long-term strategy and work plan.

But one thing is sure.

The Commission will continue to work closely with its partners to fast-track Canadians' access to innovative mental health approaches and address emerging mental health issues.

We will also continue to look to our international partners for ideas and inspiration.

Something else you can count on. We will continue to openly share our knowledge and best practices with global leaders, like you, as we strive to create a better world for people living with mental illness and achieve mental health for all.

We look forward to working with you as we advance this important shared goal. It is an exciting opportunity for us all.

Thank you.