Children's Mental Health is Everybody's Business

An Address by

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To

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Thank you.

This is now the second time I have had the honour to address the Empire Club. The title of my previous talk back in February, 2006, was "Curing Canada's Sick Health Care System." Many of the issues that I spoke about at that time were based on a report that had been produced in October 2002 by the Senate Committee that I chaired.

In May 2006, our Committee released another major report, this time on mental health, mental illness and addictions. It is as a result of that report, called *Out of the Shadows at Last,* that I stand before you today. For the first time in Canadian history, a report has shone a national spotlight on mental illness and mental health issues.

Two months ago, I was asked by the federal government to chair a new Mental Health Commission whose task is to make sure that mental health issues never again return to the shadows in this country.

I will focus today on one critical task that faces us in this regard – ensuring that the mental health of children and youth is given the attention it deserves – but let me first say a few words about the significance of the creation of the Mental Health Commission of Canada.

One in five Canadians will experience a significant episode of mental illness over the course of their lifetime. Yet, it has been estimated that only one third of the people who could benefit from professional consultation for mental health issues actually get to see someone who could help them.

Can you imagine the public outcry if this were the case with any other illness – if, say, only one third of the people needing cancer treatment actually received it!

This has to change.

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

The good news is that for the vast majority of people living with mental illness recovery is possible. When I speak of recovery I do not necessarily mean cure. In fact, recovery will mean different things to different people.

For many, recovery will mean finding a way of living a satisfying, hopeful, and productive life even with limitations caused by their illness; for others, recovery will indeed mean the reduction or complete remission of symptoms related to mental illness.

There is widespread agreement across the mental health community that recovery must be the goal of the mental health system.

The Mental Health Commission of Canada

Transforming the organization and delivery of mental health services and supports so that it promotes recovery is a long term project. It is also an extremely urgent one because of the many decades of neglect suffered by the mental health sector, and because of the real discrimination inflicted daily on people who experience mental health problems.

During its mental health study, the Senate Committee was told repeatedly by people living with mental illness that the suffering they experienced on account of the stigma they encountered was often worse than the suffering caused by their illness itself – particularly when this stigma comes from family, friends and co-workers.

Until public attitudes towards people living with a mental illness change; until they are accepted without having the label "mentally ill" attached to them, our work will not be done.

Over the years, governments have rightly shut down the old psychiatric asylums. But they never fully put in place the necessary community-based services to replace the institutional hospital beds that had been eliminated.

The result has been that our prisons and homeless shelters have become the "asylums" of the 21st century. This is intolerable in a country as rich as Canada!

The creation of the Mental Health Commission marks an important step forward in redressing this neglect, in combating ignorance and in fighting stigma and discrimination.

The federal government has agreed to fund the Commission, and all the provinces and territories have enthusiastically supported its creation. The Commission has also been endorsed by all mental health stakeholder communities.

Structurally, the Commission will be a national body, not a federal one. It will operate at arms length from all levels of government. Government will be represented on its Board, but the majority of directors will come from the non-governmental sector. No single interest will be able to dominate the functioning of the Commission.

The mandate given to the Commission follows precisely the proposal that was contained in *Out of the Shadows at Last*. First and foremost, the Commission will become the national focal point for making progress on mental health issues.

- It will be a catalyst for the reform of mental health policies and improvements in service delivery;
- It will act as a facilitator, enabler and supporter of a national approach to mental health issues;

The role of the Commission is not to replace governmental and non-governmental initiatives, but to add value to efforts that are already underway. At the same time, the Commission will undertake a number of key tasks that, currently, no one is in a position to perform.

1. First, the Commission will conduct a 10-year campaign against the stigmatization of mental illness and against all forms of discrimination faced by people living with mental illness;
2. Second, the Commission will build a pan-Canadian Knowledge Exchange Centre that will allow people living with a mental illness, their families, caregivers, service providers, researchers, government policy makers and the general public to access evidence-based information about mental health and mental illness and to enable people across the country to engage in a variety of collaborative activities;
3. Finally, the Commission will facilitate a process to develop a national mental health strategy for Canada.

Canada is the only member of the G8 not to have a national mental health strategy. This sends out a terrible signal to people living with mental illness and their families – it tells them "you don't matter." It also means there is no national focus to the debate on mental health issues and no possibility of a coordinated attack on mental health problems.

Canada also lags well behind countries like Australia and Scotland in our efforts to educate the public on the nature of mental disorders. These countries have shown clearly that attitudes towards mental illness can be changed, and that the right kind of public campaign can help these attitudes to change. Hence the need for a sustained, multi-year anti-stigma effort by the Commission.

The third task – to build a knowledge exchange centre – will fill an important vacuum. There is currently no easy way for researchers to share information across the many disciplines that touch on mental health issues, nor is there an easy way for people to

engage with others who have a common interest. The knowledge exchange centre will be both a source of information and a medium of interaction.

Accomplishing the Commission's tasks will require the cooperation of people across the country – those who are affected by mental health issues, and those who are trying to find ways to improve the lives of the hundreds of thousands of Canadians living with mental illness.

Children and youth mental health concerns us all

Mental health has often been described as the orphan of the health care system. Children and youth mental health has also rightly been called the orphan of the orphan. It is long past time for this neglect to be redressed.

Let me give you an idea of just how serious the situation is and how many young people – and their families – are suffering unnecessarily:

- Last month, a study by Sunnybrook Health Sciences Centre found that almost 50% of Canadian adolescents aged 15 to 24 who are depressed and suicidal are not accessing mental health services;
- 15% of those who suffer depression commit suicide;
- According to UNICEF, Canada has the third worst record for suicides among adolescents 15 to 19;
- In North America, suicide is the leading cause of death among 15 to 24 year olds, second only to fatal accidents.
- Amongst our aboriginal population the rate of self destruction of children is five to six times that among non-aboriginal children;
- Depression, as a disease, is getting younger. The Ontario Health Study showed 10.2 percent of boys ages 4 to 11 experienced anxiety or depression;

- Girls, mirroring the results of women, had higher rates of depression, at 10.7 percent at ages 4 to 11.

Children with serious mental illness rarely have access to hospital beds. In many large urban centres in Canada, there is not a single pediatric psychiatric unit. If there were no medical beds for children with childhood leukemia, heart problems, or other medical problems, we as a society would be outraged.

For the most part, however, we do not even recognize that there is a problem for children with serious mental illness. So, our children wait and suffer... in silence.

And even when they try to tell us something is wrong, it is often too easy to dismiss their cries for help. How many of us – as parents, family members or friends – have heard the following, or something similar, from young people we know and love:

- "Nobody could possibly understand how I feel."
- "If people knew what I was thinking they would say that I'm mental."
- "If I don't hit something, I'm going to explode."

Yet, how many of us would recognize the symptoms of mental distress? Would we know who to turn to? And even if we knew what kind of services or support to look for, would they be available in our community?

Underlying the neglect of children and youth mental health – and of mental health issues in general – is the widespread stigma that prevents young people from speaking out and often leads families to avoid seeking help.

One example: Simon Davidson and Ian Manion of the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO in Ottawa, found that 63% of youth indicated that embarrassment, fear, peer pressure, and/or stigma are major barriers to young people seeking help for mental health problems.

Their work also revealed that over 75% of young people listed either "no one" or "friends" when asked who they are likely to speak to about mental health concerns. Not family, and certainly not health care professionals.

And it is not just the kids who are affected by the stigma that goes with mental illness. A survey released at the beginning of May by Kinark Child and Family Services, Ontario's largest children's mental health centre, found that 38% of Canadian adults said they would be embarrassed to admit that their child or teen had a mental illness, such as anxiety or depression.

Moreover, one of the surprises we encountered during the Senate Committee study was that health providers themselves are heavily marked by the influence of stigma. Many people living with mental illness told our Committee that they had direct experience of stigmatization by service providerrs within the health care system itself.

When young people do seek care it is most often provided by primary care physicians. Unfortunately, family doctors receive little training, and even less support, for diagnosing or treating mental health problems among children and youth. They are constrained by a system that favours short encounters with patients and is not conducive to understanding complex, and often overlapping, mental health issues.

We also know that co-morbidity is the norm – if a young person has one mental health disorder, more than likely there will be another disorder that is also present. These co-morbid and concurrent issues include learning and school-related problems, substance use problems, developmental issues and risk-taking behaviour.

Early intervention is one of the keys to reducing the burden of mental illness. In fact, the importance of early intervention cannot be overstated. When symptoms of distress or illness first appear in a child or young person, it is essential that family caregivers, health professionals and educators intervene immediately.

Moreover, these interventions must be sustained, where necessary, through the transition into school, and on into adulthood. The goal must be an integrated, seamless continuum of care.

What we have today is a fragmented system in which various service providers each operate in their own silo. In this respect, young people face a particular challenge when they turn 18 and face being transferred from the youth system to the adult system. This transition can be a difficult one, with a serious risk of gaps in service for young people in real need. Our current system is not integrated and cannot guarantee a seamless continuum of care.

Problems can and do arise even prior to enrolment in school. The pre-school years present two challenges. The first is to identify and provide services to those children who are living with, or who are at risk of developing, mental illness. The second is to manage effectively the transition from early childhood into the school system.

We then need to ensure that our schools are better equipped to handle children's mental health issues than they are now. The school is the natural habitat for kids. For six or eight hours a day it is where they are, it is where their parents often come, and it is where you can deal with problems in collaboration with the teachers. We therefore need a major move of mental health services from their present locations in most communities into the schools.

The way services are organized often dictates that children and youth will not use them very effectively. Witnesses told the Senate Committee that it was difficult getting children and their families to feel comfortable coming to the hospital. However, when mental health services were offered in the schools, people felt much more at ease. These services need to be delivered by trained mental health professionals, not by already overburdened teachers.

It is not only our kids who suffer from a dysfunctional system. A huge burden falls on those who love and care for them – mothers, fathers, brothers, sisters... families. Parents in this country who have a child suffering from serious mental illness almost always go through a highly stressful time simply seeking help for their child.

They go the family doctor, they see a pediatrician, they may or may not see a psychiatrist, they may see a psychologist, they may see a social worker. But they inevitably spend months, if not years, looking for help. In the process, they often receive dubious advice from well-intentioned, but uninformed, health practitioners.

There is nothing more stressful and isolating for parents than caring for a mentally ill child, especially if that child is in crisis.

Furthermore, from a purely economic point of view, the productivity of these parents inevitably deteriorates. And this makes the mental health of children and youth the concern of business.

Mental health in the workplace

Of course, mental health at the workplace involves many additional dimensions beyond the stress that employees may face as a result of coping with their children's mental health issues. There are many reasons why mental health at the workplace is the business of business.

Consider the facts:

- The value of lost productivity in Canada that is attributable to mental illness alone was estimated at $8.1 billion in 1998. If substance abuse is taken into account as well, that estimate grows to a loss to the economy of some $33 billion annually. This corresponds to 19% of the combined corporate profits of all Canadian companies, or 4% of the national debt;

- Of the ten leading causes of disability worldwide, five are mental disorders: unipolar depression, alcohol use disorder, bipolar disorder, schizophrenia and obsessive-compulsive disorder.
- Depression, anxiety disorders and substance abuse are concentrated among men and women in their prime working and earning years. Over the last few years, the number of disability claims for mental disorders has been soaring. According to the Health Insurance Association of America they doubled in the five years between 1989 and 1994.
- In Canada, short- and long-term disability related to mental illness accounts for up to a third of claims, and about 70% of the total costs.
- The costs of mental disorders in the labour force in Canada fall mostly on employers and employees through their payment of short and long term disability premiums, payroll and out-of-pocket expenses.

In short, poor employee mental health costs business a great deal of money. Moreover, the evidence is accumulating that there are huge gains to be had from investing in improving mental health at the workplace.

Preliminary data from a large sample of Canadian employees suffering from mental illness indicate that the there is a fourfold rate of return on investments in improving mental health in the workplace and facilitating the return to work of employees. This is because employees return to work sooner and employer's disability costs go down.

So, investing in improving employee mental health is indeed good for business.

Moreover, we now live and work in a knowledge-based economy in which 85% of the new jobs coming on stream demand primarily cerebral rather than manual skills.

This is an economy where – as the CEO of one steel company put it – "the brains, not the backs, of my people do the heavy lifting for my company."

In a brain-based economy, the mental health of the workforce is critical. There are two overlapping trends that must be understood.

The first — the growing importance of knowledge, and of brain-based skill sets generally, to economic performance — provides a major positive incentive to address mental health issues in the workplace.

The second — the demands imposed by an investment-driven, globally competitive economy — reinforces the first trend in many ways, but is also the source of significant risk factors for mental illness in the workplace, in particular by increasing the level of stress placed on employees.

The evolution of the economy has thus produced a new and costly convergence — the advent of a brain-based economy at the same time that brain-based disorders are becoming the principal cause of disability in the labour force.

There is therefore a strong and compelling business case to be made for making the workplace an environment that is conducive to mental health – the payback in greater productivity and lower benefit costs will far outweigh any investment that may be required.

Conclusion

But mental health is also the business of all Canadians. It is in the interest or every single one of us – as citizens of a country that is committed to the fair and equal treatment of all its citizens – to help people living with mental illness to live meaningful and productive lives.

This is the task to which the Mental Health Commission will devote itself over the next ten years. As we set out on this journey, I need your support. People living with mental

illness across this country are counting on all of us to work together so that they have the services they need to improve their lives – whatever their age, wherever they live.

As Roy Muise, a person living with mental illness who is a certified peer counsellor from Halifax and helps organize peer support groups across the country, told the Senate Committee:

> *To the people of Canada, I say welcome us into society as full partners. We are not to be feared or pitied. Remember, we are your mothers and fathers, sisters and brothers, your friends, co-workers and children. Join hands with us and travel together with us on our road to recovery.*

I hope – passionately hope – that everyone in this room will heed this call.

Thank you.