

Mental Health is the Business of Business – and of all Canadians

Address by

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Mental Health

To

The Vancouver Board of Trade

Vancouver

May 8, 2007

Check Against Delivery

Introduction

I am wearing two hats today – as Chair of the Mental Health Commission of Canada that was announced in the recent federal budget, and as Chair of the Global Business and Economic Roundtable on Addiction and Mental Health.

There are also two messages I hope you take away with you. First, that mental health at the workplace is the business of business. Or, put slightly differently, it is in the economic interest of employers to work actively to improve the mental wellbeing of their employees.

The second message is that mental health issues are the business of all Canadians, and that mental health cannot be allowed to remain the orphan of the health care system.

If I repeat these messages during my remarks today it is because I feel passionately about both of them.

The idea for a mental health commission was contained in a Senate Committee report released a year ago called *Out of the Shadows at Last*. For the first time ever this report shone a national spotlight on mental health and mental illness. I chaired the Senate Committee that produced the report and then, two months ago, I was asked by the federal government to chair the Commission whose task it is to make sure that mental health issues are never again returned to the shadows in this country.

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.

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 as we accord to everyone struggling to recover from any form of illness.

Recovery from mental illness is possible

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 wide agreement that recovery must be the goal of the mental health system.

Working toward a recovery-focused system is a complex undertaking. It will require coordinated action by governments at all levels, and at each level there are multiple ministries, agencies or departments involved. Unfortunately, as we know all too well, inter-departmental coordination within one level of government is notoriously difficult to achieve; inter-governmental coordination between different levels of government is even harder.

Placing the interests of people living with mental illness at the centre of our concerns, and building a system that truly promotes recovery, will also mean getting tens of thousands of providers – from both inside and outside the formal mental health care system – to work together.

Some of these people are paid within the public system and others not. Some have professional credentials while others do not. There are also literally hundreds of thousands of unpaid caregivers – some of whom, no doubt, are in this room – who devote themselves to helping their friends and loved ones.

However, we cannot allow government silos or the diversity of the mental health stakeholder community to undermine efforts to reform the system, and improve the lives of people living with mental illness.

The Mental Health Commission of Canada

Transforming the organization and delivery of mental health services and supports 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 on people who experience mental health problems.

Over the years, governments have rightly shut down the old psychiatric institutions. 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 Commission marks an important step forward in redressing this neglect, in combating ignorance and in fighting discrimination.

Mental health is an area where some progress has been made in improving federal-provincial relations in the health sector. Concretely, 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 the mental health stakeholder communities.

Structurally, the Commission will be a national body, not a federal one, and 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 the proposal that was contained in *Out of the Shadows at Last*. First and foremost, the Commission will become the national focal point for the discussion of mental health issues.

- It will be a catalyst for 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;
- It will work to diminish the stigma and discrimination faced by Canadians living with a mental illness, and their families;
- It will partner with other groups to educate all Canadians about mental health and increase mental health literacy in Canada;
- It will encourage research so as to develop the quality, evidence-based, information needed for the effective planning and delivery of the whole spectrum of mental health services;
- It will disseminate objective, evidence-based information on all aspects of mental health and mental illness to governments, stakeholders and the public.

The role of the Commission is not to replace governmental and non-governmental initiatives, but to help add value to efforts that are already underway. There are also a number of things that have been explicitly excluded from the Commission's mandate: it will not provide mental health services, nor will it monitor or evaluate mental health service delivery by any government.

The Commission will, however, undertake a number of key tasks that, currently, no one is in a position to perform.

1. First, it will conduct a 10-year campaign against the stigmatization of mental illness and against all forms of discrimination against people living with mental illness;
2. Second, it will build a pan-Canadian Knowledge Exchange Centre that will allow governments, providers, researchers 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, it 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 does not mean that the quality of the care is significantly inferior here compared to these other countries – in fact, the international comparison produced by the Senate Committee indicated a common pattern of neglect across all the countries we looked at.

The problem with not having a strategy is twofold. First, it sends out an awful signal to people living with mental illness and their families – it tells them “you don’t matter.” It confirms in government policy the reality of the neglect they experience every day. Second, it means there is no national focus to the debate and no possibility of a coordinated use of national resources.

We also lag well behind countries like Australia, and New Zealand in our efforts to educate the public on the nature of mental disorders. It has been shown that attitudes towards mental illness can and do change, 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.

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 these 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.

Mental health at the workplace

Recovery is also about hope.

As business leaders you can either make the contemporary workplace into a beacon of hope or you can let it languish as a source of despair. One of the Senate Committee witnesses put it well:

Therein we have one of the fundamental paradoxes we face today: Work is good for your mental health and work can make you crazy.

One thing is certain. Making our workplaces more mental health friendly will have an enormous economic impact – both on the economy as a whole, and for every individual business that promotes the mental health of its workforce.

Consider the facts:

- The value of lost productivity in Canada that is attributable to mental illness alone has been estimated at some \$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 affective 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 actually doubled 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.

Mental health and the economy

Now think about the shape of the world in which we live, and of the changing nature of its economic engine. Few would quarrel with the idea that the knowledge-based economy has arrived – not when you realize that 85% of the new jobs coming on stream demand cerebral and not manual skills.

We now have a brain-based economy where the cognition of people has become not only the ignition of innovation, but also the key to workplace performance. 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.”

Several business surveys indicate that CEOs now spend as much, or more, time on “people and workplace” issues as they do on financial issues. They also show that employee morale and well-being are a leading indicator of financial performance.

Most new jobs today demand brain-based skills and not the manual ones that were so important to previous generations. In a brain-based economy, the mental health of the workforce is critical; mental health issues must become front and centre in the economic affairs of our country.

In this regard, two overlapping trends have been highlighted by the Global Business and Economic Roundtable on Addiction and Mental Health.

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.

In an economy based on the mental performance of employees, the capacity to think, concentrate and innovate is critical. The evolution of the economy has 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 will outweigh any costs that may be incurred.

The way forward

This new reality is increasingly recognized at the highest levels of corporate Canada. Watson Wyatt Worldwide found that 58% of managers say mental health problems are their number one workplace concern.

There are good examples of major corporations that have launched mental health strategies right here in Vancouver. Coast Capital Savings is one. Lloyd Craig, president and CEO of Coast Capital Savings, has launched the BC Business and Economic Roundtable on Mental Health and has been quite literally a hero in this province for his fundraising efforts on behalf of UBC. But beyond that, as an employer, Lloyd and his colleagues are walking the talk by introducing a mental health strategy and program for his workplace. I applaud this.

I also commend the BC Provincial Health Services Authority for its leadership in developing a mental health strategy for its own employees. As well, for the first time, the National Quality Institute has incorporated mental health into the criteria for its healthy workplace award.

Last February, Ambassador Wilson convened a special roundtable to explore Canada-US cooperation on mental health issues. This led to the first US-Canada Forum on mental health and productivity. A second forum will be held in Ottawa in November and Canada Post – an employer in action for mental health – will host this event.

The duty to accommodate the return to work of employees recovering from mental illness through job modifications is a shared one. Both employers and trade unions have an important role to play, and it is absolutely critical that neither employers nor employees treat the promotion of mental health as a bargaining chip.

In Ontario, the Workers Safety and Insurance Board and the Canadian Union of Public Employees have worked out a provision in their collective agreement for cooperative

action in support of the mental health of WSIB employees. This is an excellent model for others.

The Canadian Association of Chiefs of Police, the RCMP, the Ontario Provincial Police and major metropolitan and local police services are also developing mental health strategies for their employees and places of work.

More generally, there are an increasing number of resources available to assist employers in promoting mental health at the workplace. For example, last year the Roundtable published a Business and Economic Plan for Mental Health and Productivity. It was developed through national consultations involving literally hundreds of health professionals, managers and union members.

The plan is a practical, comprehensive and easy-to-access tool. The Plan:

- outlines a series of specific steps for CEOs to take in order to deal with the rising rates of mental disabilities in the workplace;
- spells out how line managers can be held accountable for getting their people back to work;
- documents examples of how to accommodate the return to work of employees;
- contains guidelines for investors and boards of directors to support or stimulate management efforts to promote mental health;
- describes what good and bad stress are – a critical distinction often blurred by popular misunderstanding of what constitutes a real risk to employee health – and sets out a comprehensive stress management policy.

Elsewhere, the Canadian Institutes of Health Research launched a research initiative in 2004 that focuses on mental health in the workplace. There is an active committee of insurance executives and scientists – chaired by the CEO of the Roundtable – that is working to engage corporations in this research initiative.

I am delighted to report that findings from this initiative funded by Great-West Life, Manulife, Sun Life, Standard Life and Desjardins Financial Security will be reported at a conference on mental health in the workplace on May 18th that has been organized by the Institutes of Health Research and is hosted by Simon Fraser University.

Promoting mental health and wellbeing at the workplace is no longer merely a nice perk that some employers will offer their workforce. It is the key not only to gaining a competitive advantage by having the most productive workforce possible, but it is also necessary to simply having an adequate workforce at all.

As the population continues to age, it is those employers who are most in tune with the need to establish and maintain a healthy work/life balance who will attract the best and the brightest to their ranks.

Mental health is the business of all Canadians

There is much to do – this is where my two hats fit nicely together.

The new Mental Health Commission is not meant to take over the work that is being done by thousands of people across the country. Rather, it will be a catalyst: a catalyst to reform mental health service delivery; a catalyst to bring people together to exchange lessons they have learned and to share best practices; a catalyst for the dissemination of reliable information.

The Knowledge Exchange Centre that the Mental Health Commission will run will be at the centre of this new synergy. It will, for example, be a meeting place where the multiple dimensions of mental health at the workplace can be addressed.

The Commission will also incorporate a number of advisory committees in order to tap into the extensive experience of the many different communities and constituencies

concerned with mental health. The workplace advisory committee will be able to ensure the Commission hears the concerns that are particular to the worlds of both employers and employees.

But information will also move in the other direction. The Commission will be able to infuse each sector, each set of particular interests and concerns, with a national, and even a global perspective.

Even more important, Commission initiatives such as its 10-year anti-stigma campaign will have an impact on every Canadian – not only those who are touched by mental health issues or working in the mental health sector.

As I said at the start of my remarks, mental health is the business of business. But it is also the business of all Canadians. This means that business leaders also wear two hats. As employers, it is in your immediate self interest, in the interest of your bottom line, to promote mental health and well-being at the workplace.

But it is also in your interest 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, whether or not they happen to work for you.

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 will need your support. People living with mental illness across this country are counting on all of us to get the job done.

As Roy Muisse, a person living with mental illness who is a certified peer counsellor from Halifax and helps organize peer support 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 urge everyone in this room to heed this call.

Thank you.