

IMPACTS OF MENTAL HEALTH

Tom Shand – January 26, 2010 – Chronic Offenders Conference, Edmonton, Alberta

Ladies and Gentlemen,

It is a pleasure to speak with you today and shed some light on mental illness and the impact it has on our society.

There is no way in the next 20 minutes or so to deliver a comprehensive *Mental Health 101* lecture, nor is it my intent to try and speak to all of the many challenges mental illness presents to your line of work. I am confident that, through the two days here, you will hear many interesting perspectives in that regard.

My small part in the program will be to try and describe the parameters of the mental health problem in Canada and to touch on some of the approaches being taken to improve the situation, particularly here in Alberta.

In so doing, I should disclose that my remarks are not from a clinical or other health professional perspective, but rather as a person who advocates for those living with mental illness, both as Executive Director of the Alberta Division of the Canadian Mental Health Association, and as Chair of the Alberta Alliance on Mental Illness and Mental Health. Over the past three-and-a-half years, through these positions, I have had the opportunity for exposure to the plight of those living with mental illness and also to participate in trying to come up with what I think are best described as common sense solutions – although what seems like common sense to many of us now has certainly not often been the case in the rather sad history of treatment of mentally ill people in our country.

In my short time on this watch, there has been tremendous progress in advancing the mental health agenda, including the formation of the Mental Health Commission of Canada, which you will hear more about later. And, in Alberta, no less significant have been the steps forward in working cooperatively with the courts and law enforcement.

To paraphrase Commission Chair Michael Kirby, “Canada’s streets and prisons have become the asylums of the 21st century.”

This is not a statement to be taken lightly, and not so much a condemnation of our justice system, but rather a reflection of many years of misinformation, poor directions and inadequate resources dedicated to dealing with mental illness.

So why is this – who is to blame and what can be done? In short, there is no simple solution or easy answers. It would be easy to blame the healthcare system, but that, too, would be too easy and largely miss the mark.

Those working in the mental health field do tremendous work with relatively little resources. They need more support and to be funded equitably to physical illnesses.

But what has been even more underestimated and largely neglected, is that most of the work needing to be done pertaining to mental illness does not even fall within the health portfolio. It has been estimated that only 30 per cent of the costs of mental health are actually within health, and the balance are largely in what we have referred to as the social determinants of health, including: justice, employment, housing, children and family services, seniors, and the list goes on.

Simply put, our governments are not structured well to address such multi-faceted problems. Another enormous barrier is the stigma relating to mental illness. People would rather not talk about it and basically have kept the problem in their proverbial closets.

We need to create strategies to cross departmental lines and also to address stigma.

Change is coming in that regard, only with the emergence of the Mental Health Commission of Canada, but it can be seen changing almost daily in the knowledge and attitudes of politicians and gradually in that of their constituents.

We see it in the emergence of such entities as the Canada Post Foundation, which has established mental health as its first priority; and we see it here today with professionals from many walks of life eager to learn more about how we can find solutions to this shared problem.

We can no longer ignore the implications of so pervasive a problem.

So how big is it? Well, for the sake of consistency, let me use Mental Health Commission statistics. In its most recent estimates, it has said that “this year alone more than seven million Canadians will experience a mental illness. That’s one in five people and about 700,000 Albertans.

It is further estimated, that one in two people will experience a mental health issue of some degree at least once in one’s lifetime.”

I'm not going to ask people to raise their hands if they have experienced a mental health problem, but I think you get the idea. The statistics can be debated and change depending on what is encompassed in the classification, but there is no denying that the issue is huge and also costly not only for individuals and their families but also our economy.

Again to use Commission statistics, the cost of mental illness to the Canadian economy is estimated at \$33 billion per year or roughly a thousand dollars for every Canadian. And this does not reflect the loss of people's ability to flourish when, while not having mental illness, they are not in good mental health.

So who are these people? Some are receiving treatment in hospitals or mental health facilities but, in Alberta, this only accounts for about 9,000 people per year – who are classified as “formal patients” requiring treatment under the Mental Health Act. This is only a little more than one per cent of those estimated to have an incident of mental illness during the course of a year.

In addition, it is also easy to identify the homeless, of whom perhaps 80 per cent live with a mental illness and most also deal with addiction issues. And addictions are not restricted to the homeless and destitute. A recent estimate of those identified as living with a diagnosed mental illness in either Calgary or Edmonton, showed that one-third also had a substance abuse problem.

To a large extent, historically our mental health systems were set up to keep the public safe from that small number of people with severe mental illness, and to keep them safe from themselves. In fact, it was just recently in Alberta that the criteria for admitting a patient for formal treatment was expanded from the danger criteria, which you hear regularly in shows like *Law and Order*, to include deterioration of one's health or mental health.

In other words, the greatest priority was protection. Treatment would then be given, but recovery was pretty much not considered.

Accessibility to treatment and hope for recovery are essential if we are to help people to live the best possible quality of life and to contribute positively to our society and life in our communities.

Fortunately, advances are happening as we speak. And I would be remiss to not point out some of the very positive examples of how that is happening – right here in Alberta.

Homelessness is being addressed with a 10-year plan to eliminate homelessness in Alberta – a plan being driven by the major municipalities, including Mayor Mandel of Edmonton. Housing First is also being adopted as a philosophy of choice, where the first priority is to get people off the streets and into safe, secure accommodation, without which there is little realistic chance of effective treatment.

Individuals are being dealt with more holistically, particularly recognizing that mental illness and addictions are often co-existing and both need to be treated. In Alberta, Alberta Health Services has just completed a draft strategy for this combined emphasis on addiction and mental illness. In the past, it has not been unusual for those with addictions to be refused mental health treatment until their addictions had been dealt with and visa versa. Alberta was not the first province to go in this direction, and hopefully the days of people being refused treatment because they don't fit in the box of those providing the treatment will soon be in the past across Canada.

Community Treatment Orders are now in effect in Alberta, as they are in some other provinces. This allows some individuals to be treated in the community instead of in formal facilities. The intent here is to not only improve the quality of life for the individuals but to also put an increased onus on improving support services and accessibility to treatment in our communities. Again, the emphasis is on treatment, as early as possible, to enhance the potential for recovery.

And, as you will hear more about from other speakers, there is tremendous cooperation taking place between health, police and justice to try and keep people living with mental illness out of jail and into treatment. Two major programs that serve this function in Alberta are the PACT (Police and Crisis Teams) and the Diversion programs. PACT sends mental health workers out with police on certain crisis calls, in an effort to treat the problem, rather than sending mentally ill people to jail for minor offences or to emergency wards, where the waiting times for both the individual and the police are often ridiculously long. It has been a great success in Edmonton and is now being expanded.

The diversion program is equally important, as it allows individuals living with mental illness to obtain treatment rather than spend time in jail. It was piloted in Calgary, Lethbridge and St. Paul and is now being expanded to other locations in Alberta, including Edmonton.

We will also soon see treatment of those with mental illness in Alberta prisons being taken over by Alberta Health Services, which should improve the continuity of care for individuals not only within the institutions, but also as they move in and out from them. It is also hoped that, with this improvement in the consistency of treatment, more people will be successful in recovery and less likely to reoffend.

It should also be noted that without proper supports and treatment, people with mental illness are also far more likely to become victims of crime.

These programs are tremendous not only for the work that they do, but because they reflect a better understanding of the full dimensions of mental illness and the ability of our systems to work together to better serve the needs of our society.

The incidence of mental illness in Canada has already reached pandemic proportions and an incredible amount of work is left to be done before mental illness is treated on a par with physical diseases. However, I am confident that we have turned a corner and are moving in the right directions to increase both understanding and treatment of mental illness both here in Alberta and across Canada.

Thank you for your attention and for your efforts in improving our society, particularly for those individuals living with mental illness. I hope these few minutes have been of interest to you, and I hope you enjoy the rest of the conference.

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