

## **ADDRESS TO PEI Members of the Legislative Assembly**

**NOVEMBER 18, 2009**

**IT IS BOTH A PRIVILEGE AND A PLEASURE TO HAVE THE OPPORTUNITY TO ADDRESS YOU THIS MORNING. I AM PROUD TO HAVE MARITIME BLOOD COURSING THROUGH MY VEINS, AS MY MOTHER WAS BORN AND RAISED ON ANOTHER ISLAND YOU MAY HAVE HEARD OF: CAPE BRETON. I HAVE MORE CAPE BRETON COUSINS THAN YOU COULD SHAKE A STICK AT – AND A NUMBER OF THEM HAVE HAD STICKS SHAKEN AT THEM AT VARIOUS TIMES.**

**I WANT TO SPEAK WITH YOU TODAY ABOUT A MATTER THAT IS 3Ps: PROVINCIAL, POLITICAL, AND ULTIMATELY PERSONAL.**

**WHEN WE TALK ABOUT MENTAL ILLNESS, IT'S EASY ENOUGH TO MARGINALIZE IT TO THE 1% OF CANADIANS WHO EXPERIENCE OFTEN DISABLING ILLNESSES LIKE SCHIZOPHRENIA, AND EVEN THEN THE SUBSET OF THOSE PEOPLE WITH SCHIZOPHRENIA WHO ARE SEEN SLEEPING ROUGH AND HALLUCINATING ON DOWNTOWN STREET CORNERS. WE LOOK AND SAY, "WELL, THAT'S REALLY SAD, BUT IT'S NOT ME".**

**BUT STOP AND THINK FOR A MOMENT. THE BEST AVAILABLE CANADIAN EVIDENCE, MATCHED BY MANY COUNTRIES AROUND THE WORLD, TELLS US THAT 1 IN 5 CANADIANS EACH YEAR EXPERIENCES SOME FORM OF MENTAL ILLNESS – AND THERE IS A WIDE RANGE, FROM DEPRESSION AND ANXIETY**

**THROUGH EATING DISORDERS, BIPOLAR DISORDER, SCHIZOPHRENIA, SUBSTANCE ABUSE, AND OTHER HUMAN PROBLEMS.**

**NOW THINK ABOUT IT IN THE CONTEXT OF YOUR OWN FAMILY, BOTH IMMEDIATE AND EXTENDED. THINK ABOUT YOUR COUSINS, AUNTS, UNCLES, GRANDPARENTS – AS WELL AS YOUR SIBLINGS, SPOUSES, CHILDREN AND YOURSELF. IF YOU CAN'T THINK OF ANYONE WHO HAS BEEN AFFECTED, THEN IT'S EITHER LOTTERY-WINNING LUCK LEVELS OR MORE COMMONLY, THE DENIAL AND SHAME THAT IS STILL ASSOCIATED WITH THESE VERY COMMON HUMAN PROBLEMS.**

**AND UNLIKE THE DISEASES AND DISORDERS THAT PEOPLE CYCLE FOR AND KNOCK ON DOORS FOR, WHICH ARE PRINCIPALLY DISORDERS OF MIDDLE AGE AND OLD AGE, WE'RE TALKING ABOUT A SET OF ILLNESSES AND DIFFICULTIES THAT TYPICALLY HAVE THEIR ONSET IN LATE ADOLESCENCE AND EARLY ADULTHOOD, JUST AS YOUNG PEOPLE ARE COMING INTO THEIR OWN IDENTITIES, JOINING THE WORKFORCE, AND BEGINNING ADULT RELATIONSHIPS.**

**FOR MANY PEOPLE WITH MENTAL HEALTH PROBLEMS AND ILLNESSES, THEY WILL TELL YOU THAT THE SHAME, THE SECRECY AND THE STIGMA ARE AS BAD OR WORSE AS THE SYMPTOMS THEMSELVES. WHEN THEY ARE FEELING AT THEIR WORST, THEY DISCOVER THAT FRIENDS, EMPLOYERS BACK AWAY FROM THEM – WHEREAS FOR ANY OTHER SET OF ILLNESSES,**

**THAT'S WHEN PEOPLE DRAW CLOSER AND PROVIDE SUPPORT AND HOPE FOR RECOVERY.**

**HOW MANY OF YOU KNOW OF SOMEONE WHOSE LIFE ENDED IN SUICIDE? A SCHOOL FRIEND, A COLLEAGUE, A FAMILY MEMBER? AND WHAT DID THE OBITUARY SAY? "DIED SUDDENLY". EVEN IN DEATH, THE SECRET IS SUSTAINED. PEI'S SUICIDE RATE IS 11 PER 100,000, SLIGHTLY LOWER THAN THE CANADIAN RATE OF 12.9 PER 100,000, BUT EVEN WITHIN PEI THERE IS AN URBAN/RURAL DIFFERENCE, WITH 14/100,000 IN CHARLOTTETOWN AND SUMMERSIDE (HIGHER THAN THE NATIONAL AVERAGE) VERSUS 8.3/100,000 IN RURAL AREAS.**

**YOU ARE ALL POLITICIANS. LET ME TELL YOU ABOUT FOUR VERY DIFFERENT POLITICIANS. THE FIRST ONE I ENCOUNTERED WAS IN 1972, WHEN I WAS WORKING IN THE U.S. PRESIDENTIAL PRIMARIES FOR GEORGE MCGOVERN. THOMAS EAGLETON, A VERY CAPABLE AND DISTINGUISHED SENATOR FROM MISSOURI, WAS HIS VICE-PRESIDENTIAL RUNNING MATE. WHEN THE MEDIA UNEARTHED THE FACT THAT EAGLETON HAD BEEN SUCCESSFULLY TREATED FOR DEPRESSION MORE THAN TEN YEARS EARLIER – AND TREATED WITH ONE OF THE MOST EFFECTIVE TREATMENTS IN ALL OF MEDICINE EVEN TODAY, NAMELY ELECTROCONVULSIVE THERAPY, HE WAS DROPPED IN 48 HOURS FROM THE DEMOCRATIC TICKET. I HAVE ALWAYS SAID EVER SINCE THAT THE POLITICIANS WE SHOULD BE MOST WORRIED ABOUT ARE THOSE WHO HAVEN'T BEEN TREATED RATHER THAN THOSE WHO HAVE.**

**AND HERE ARE TWO EXAMPLES OF POLITICIANS WHOSE MENTAL ILLNESSES WERE SECRET AND THUS DID NOT KEEP THEM OUT OF OFFICE. ONE WROTE AS A YOUNG LAWYER,**

**“I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on earth. Whether I shall ever be better, I cannot tell; I awfully forebode I shall not. To remain as I am is impossible. I must die or be better, it appears to me”.**

**THIS WAS WRITTEN BY ABRAHAM LINCOLN TO HIS LAW PARTNER IN 1841. ONE HUNDRED YEARS LATER, ANOTHER POLITICIAN WROTE TO HIS FRIEND AS FOLLOWS:**

**“When I was young, for two or three years the light faded out of the picture. I did my work. I sat in the House of Commons, but black depression settled on me. It helped me to talk to Clemmie about it. I don’t like standing near the edge of a platform when an express train is passing through. I like to stand right back and if possible to get a pillar between me and the train. I don’t like to stand by the side of a ship and look down into the water. A second’s action would end everything. A few drops of desperation. And yet I don’t want to go out of the world at all at such moments. Is much known about worry, Charles ?”**

**WINSTON CHURCHILL PENNED THIS LETTER TO LORD MORAN IN 1944.**

**MORE RECENTLY, ONE OF AUSTRALIA’S MOST SUCCESSFUL POLITICIANS, THE PREMIER OF WESTERN AUSTRALIA, GEOFF GALLOP, WENT ON TELEVISION IN 2006 AND SAID,**

**“It is my difficult duty to inform you today that I am currently being treated for depression. Living with depression is a very debilitating experience, which affects different people in different ways. It has certainly affected many aspects of my life. So much so, that I sought expert help last week. My doctors advised me that with treatment, time and rest this illness is very curable. However, I cannot be certain how long I will need...My commitment to politics has always been 100% plus. I now need that time to restore my health and well-being.”**

**SO THE WORLD IS CHANGING – BUT NOT FAST ENOUGH. IT’S ONE OF THE REASONS THAT A SUSTAINED, RIGOROUS, AND MULTIFACETED CAMPAIGN AGAINST STIGMA AND DISCRIMINATION IS ONE OF THE MANDATES OF THE MENTAL HEALTH COMMISSION OF CANADA – AND THE RECENT SERIES ON MENTAL HEALTH IN THE GLOBE AND MAIL IS JUST ONE SMALL COMPONENT OF THAT EFFORT THAT WILL BE ROLLED OUT OVER THE NEXT SEVERAL YEARS. CANADA IS WAY BEHIND THE WESTERN WORLD IN TAKING ON THIS CHALLENGE, AND IT IS A CHALLENGE NOT SIMPLY NATIONALLY BUT ALSO PROVINCIALY AND WITHIN EVERY COMMUNITY IN OUR PROVINCES AND TERRITORIES – AND ULTIMATELY WITHIN EVERY FAMILY.**

**WHY IS THIS ISSUE SO IMPORTANT? LET’S TALK MONEY. IT’S OBSCENE TO TRY TO PUT A PRICE TAG ON THE EXPERIENCE OF MENTAL ILLNESS FOR**

**ANY INDIVIDUAL OR A FAMILY. BUT WE CAN DO THE METRICS MORE BROADLY BECAUSE WE DO KNOW, FROM THE WORLD HEALTH ORGANIZATION IN GENEVA, THAT MENTAL ILLNESSES ACCOUNT FOR 5 OF THE TOP 10 CAUSES OF YEARS LOST DUE TO DISABILITY WORLDWIDE – AND THAT BY 2020, DEPRESSION IS EXPECTED TO BE THE NUMBER ONE CAUSE AS OUR GLOBAL ECONOMY BECOMES INCREASINGLY BASED ON ABOVE-THE-NECK CAPABILITIES.**

**IN ONTARIO ALONE, THE BEST ESTIMATES OF THE COSTS IN 2000 TO THE PROVINCE OF MENTAL ILLNESSES AND SUBSTANCE ABUSE WAS ALMOST 34 BILLION DOLLARS, INCLUDING BOTH DIRECT COSTS AND INDIRECT COSTS SUCH AS LOST PRODUCTIVITY.**

**AND THAT IS WHERE YOU AS POLITICIANS WITH A FIDUCIARY RESPONSIBILITY FOR THE ECONOMIC HEALTH OF PEI, LET ALONE THE PERSONAL HEALTH OF ITS CITIZENS, NEED TO BE WORRIED. MENTAL HEALTH PROBLEMS AND ILLNESSES – FROM STRESS TO DEPRESSION TO SUBSTANCE ABUSE – ARE THE LEADING CAUSE OF SHORT-TERM DISABILITY IN CANADA, IN BOTH THE PUBLIC SECTOR AND THE PRIVATE SECTOR. SO WHAT DOES IT MEAN FOR THE PEI ECONOMY?**

**THESE DISABILITIES CAN SHOW UP IN INSIDIOUS WAYS. IT'S EASY TO COUNT THE NUMBERS OF PEOPLE AFFECTED BY MENTAL ILLNESS WHO ARE ABSENT FROM WORK. BUT MORE PROBLEMATIC FOR THESE PEOPLE AND THE ECONOMY IS NOT ABSENTEEISM BUT RATHER PRESENTEEISM. THIS**

**PHENOMENON IS THE PERSON WHO, DESPITE ONGOING MENTAL HEALTH PROBLEMS, CONTINUES TO DUTIFULLY REPORT FOR WORK – OUT OF A SENSE OF COMMITMENT, OR SHAME, OR EVEN IGNORANCE AS TO WHAT IS GOING ON. THIS PERSON IS NOT FUNCTIONING OPTIMALLY AND IT IS REFLECTED IN HIS OR HER WORK PERFORMANCE AND PRODUCTIVITY. IT'S NOT SURPRISING; AN ILLNESS LIKE DEPRESSION CAN IMPAIR SOMEONE'S ABILITY TO CONCENTRATE, MAKE DECISIONS, REMEMBER THINGS, FEEL MOTIVATED, AND FEEL CONFIDENT – SIGNIFICANT COMPONENTS OF BEING AN EFFECTIVE WORKER. RECENT STUDIES SUGGEST THAT THE COST OF PRESENTEEISM EXCEEDS THE COST OF ABSENTEEISM.**

**JUST TO ADD A FURTHER WRINKLE, THE INTIMATE CONNECTION BETWEEN MENTAL HEALTH AND PHYSICAL HEALTH BEARS MENTION.**

**IT HAS BEEN SAID THAT “THERE IS NO HEALTH WITHOUT MENTAL HEALTH”, AND THE EVIDENCE IS CLEAR THAT IMPAIRED MENTAL HEALTH IS ASSOCIATED WITH WORSE PHYSICAL HEALTH OUTCOMES AND LOWER ACCESS TO PHYSICAL HEALTH CARE. SO FOR THE OVERALL HEALTH OF ISLANDERS, MENTAL HEALTH HAS TO BE PART OF THE EQUATION.**

**LAST MONTH, THE FRASER INSTITUTE RELEASED ITS 2009 REPORT ON HOSPITAL WAITING LISTS IN CANADA. THEY INCLUDED A WAITING LIST FOR PSYCHIATRIC SERVICES BY PROVINCE, SO I WANT TO TELL YOU HOW PEI DID. I HAVE LOTS OF PROBLEMS WITH THE DATA, AS THEY SIMPLY ASKED PSYCHIATRISTS IN EACH PROVINCE TO ANSWER A QUESTIONNAIRE. OF THE 11 PEI PSYCHIATRISTS WHO RECEIVED THE SURVEY, ONLY 2 ANSWERED.**

**ACCORDING TO THE RESULTS, AN URGENT REFERRAL FROM A GP TO A PSYCHIATRIST IS MOST COMMONLY SEEN IN 1.8 WEEKS AND A NON-URGENT ONE IN 6 WEEKS. ONCE THAT INITIAL PSYCHIATRIC ASSESSMENT HAS HAPPENED, SPECIFIC TREATMENT FOLLOWS MOST COMMONLY IN 6 WEEKS – A HUGE IMPROVEMENT OVER PEI'S 2008 REPORT WHERE IT WAS 48 WEEKS. THESE NUMBERS MAKE PEI LOOK GOOD COMPARED TO THE NATIONAL AVERAGE. BUT THE CYNICAL SIDE OF ME SAYS THIS WAS THE ESTIMATE BY TWO PSYCHIATRISTS IN PEI. I WOULD WANT TO HEAR FROM FAMILY DOCTORS, EMERGENCY ROOM DOCTORS (I BELIEVE THE PREMIER KNOWS ONE), PATIENTS AND FAMILIES – YOUR CONSTITUENTS - WHAT THE EXPERIENCE OF ACCESS IS.**

**IT'S ALSO IMPORTANT TO POINT OUT THAT SEEING A PSYCHIATRIST IS ONLY A PART OF MENTAL HEALTH CARE. QUITE APART FROM OTHER MENTAL HEALTH PROFESSIONALS (SOCIAL WORK, PSYCHOLOGY, NURSING, COUNSELLING) ARE THE PROVEN VALUE OF THINGS LIKE PEER SUPPORT, FAMILY SUPPORT, SUPPORTED EMPLOYMENT, AND OTHER INTERVENTIONS DESIGNED TO BOOST SOMEONE'S RECOVERY, FUNCTIONING, AND DIGNITY.**

**I AM VERY PROUD TO BE PART OF THE MENTAL HEALTH COMMISSION OF CANADA AND VERY PLEASED TO BE IN PEI TO TALK ABOUT MENTAL HEALTH AND OUR WORK. WE ARE AT A TIPPING POINT IN TERMS OF THE RECOGNITION OF THE IMPORTANCE OF MENTAL HEALTH TO INDIVIDUALS, FAMILIES, AND COMMUNITIES AND THE MENTAL HEALTH COMMISSION HAS AN IMPORTANT OPPORTUNITY TO INFLUENCE CHANGE. WE EXIST OUTSIDE**

**THE CONSTITUTIONAL FRAMEWORK OF HEALTH AS A NATIONAL, ARM'S LENGTH ORGANIZATION, FUNDED BY THE FEDERAL GOVERNMENT. WE ARE DESIGNED TO BE A CATALYST FOR CHANGE IN THIS COUNTRY – FEDERALLY, PROVINCIALY, AND TERRITORIALY.**

**OUR ORIGINAL MANDATE FROM PRIME MINISTER HARPER WAS TO DO THREE THINGS:**

- **CREATE A NATIONAL MENTAL HEALTH STRATEGY FOR CANADA, BECAUSE WE ARE THE ONLY G8 COUNTRY THAT LACKS ONE;**
- **DEVELOP, IMPLEMENT AND EVALUATE A SUSTAINED, COMPLEX ANTI-STIGMA, ANTI-DISCRIMINATION CAMPAIGN**
- **CREATE A NATIONAL KNOWLEDGE EXCHANGE NETWORK THAT WILL BE VIRTUAL AND VALUABLE TO PROFESSIONALS, PEOPLE WITH LIVED EXPERIENCE OF MENTAL ILLNESS, AND THEIR FAMILIES – A SINGLE PORTAL WITH A FILTER FOR QUALITY**

**SINCE THEN, WE HAVE ADDED THREE THINGS TO OUR MANDATE:**

- **CREATION OF A NATIONAL SOCIAL MOVEMENT, PARTNERS FOR MENTAL HEALTH, TO RALLY CANADIANS EVERYWHERE AND TO KEEP THE ISSUE OF MENTAL HEALTH OUT OF THE SHADOWS FOREVER; THIS APPROACH HAS BEEN VERY HELPFUL FOR CANCER, HEART AND STROKE, ETC**
- **CREATION OF A NATIONAL CHARITY TO SUPPORT THE CAUSE OF MENTAL HEALTH THROUGH RESEARCH AND GRASSROOTS ACTIVITIES**

- **STEWARDSHIP OF THE LARGEST PUBLIC HEALTH EXPERIMENT IN CANADIAN HISTORY – THE 110-MILLION DOLLAR INITIATIVE IN HOMELESSNESS AND MENTAL ILLNESS IN FIVE CANADIAN CITIES, WHICH HAS ITS OFFICIAL LAUNCH NEXT WEEK.**

**THIS IS A NON-PARTISAN ISSUE IN EVERY JURISDICTION WE HAVE VISITED. AND INDEED SOME PROVINCES LIKE NEW BRUNSWICK AND ONTARIO ARE INTENSELY ENGAGED IN DEVELOPING A MEANINGFUL PROVINCIAL PLAN RELATED TO MENTAL HEALTH.**

**THE CHALLENGE FOR GOVERNMENTS IS THE REALIZATION THAT A COMPREHENSIVE APPROACH REQUIRES A “WHOLE OF GOVERNMENT” APPROACH AS OPPOSED TO RESTRICTING THIS TO THE MINISTRY OF HEALTH. IT HAS IMPACT ON MINISTRIES RELATED TO CHILDREN AND YOUTH, EDUCATION, HOUSING, WORKFORCE, AND FINANCE.**

**FIFTY YEARS AGO, THE PEOPLE OF PEI CAME TOGETHER TO FORM THEIR OWN DIVISION OF THE CANADIAN MENTAL HEALTH ASSOCIATION, ENGAGING IN MENTAL HEALTH PROMOTION AND PREVENTION STRATEGIES FOR ALL THE PEOPLE OF PEI – FROM CHANGING THE ATTITUDES OF MANY PEOPLE IN PEI THROUGH THEIR OWN ANTI-STIGMA INITIATIVE OR DIRECTLY PROVIDING BROAD ASSISTANCE TO MORE THAN 800 ISLANDERS WITH PERSISTENT MENTAL ILLNESSES. THEY ALSO PROVIDE SELF-ESTEEM BUILDING PROGRAMS FOR YOUNG CHILDREN AND PEER SUPPORT FOR FAMILIES, AS WELL AS SERVICES TO WORKPLACES TO HELP MANAGERS**

**DEVELOP STRATEGIES AND POLICIES FOR PROMOTING MENTAL HEALTH AND RECOGNIZING MENTAL ILLNESS.**

**BUT MORE NEEDS TO BE DONE. THE STATUS QUO IS NOT ACCEPTABLE. IF IT'S NOT GOOD ENOUGH FOR YOU, YOUR BROTHER OR YOUR CHILD, IT'S REALLY NOT GOOD ENOUGH FOR ANYONE. THE SOMEWHAT HIDDEN COSTS TO THE ECONOMY AND WELL-BEING OF PEI AND ITS CITIZENS DEMANDS ACTION.**

**I HOPE THAT YOU AND YOUR COLLEAGUES WILL CONSIDER THE NEED FOR PROMOTING MENTAL HEALTH AND OPTIMIZING THE TREATMENT, FUNCTIONING, AND QUALITY OF LIFE FOR PEOPLE OF PEI WITH LIVED EXPERIENCE OF MENTAL ILLNESS AND THEIR FAMILIES. I HOPE YOU WILL SEE IT AS PART OF YOUR POLITICAL MANDATE AND PERHAPS EVEN PART OF YOUR POLITICAL LEGACY.**

**BECAUSE AT THE END OF THE DAY, IT'S NOT "THEM"; IT'S "US".**