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Hope Is Possible For Mental Health Reform Under The Wynne/Hoskins/Bell Team

By Ted Ball

I want to acknowledge -- and celebrate -- the 150 people who have gathered here tonight at the first annual fundraiser in the memory of two extraordinary young people -- Geoff and Sophie -- as well as other children and families who have experienced mental health crisis.

Tonight is different.

By your attendance here tonight, at this first annual dinner; by your attendance at next year's fund-raiser; and by attending these memorials in the years to come; "suicide prevention" and "children's mental health" will finally get on the radar screens of politicians, policy-makers and healthcare administrators.

Your presence here says to them, and to yourselves that:

- You want action on the mental health file.
- You want significantly increased spending on mental health research, and on mental health treatment knowledge.
- You want more collaboration across the system -- children's mental health; adult mental health; community mental health support services, acute care services, addictions, and suicide prevention programs -- so that we finally get some synergy from these existing fragmented investments.
- And, you want more appropriate financial investments in mental health -- I'm going to suggest at least a 6% increase in spending each year, over the next four years to turn this system around.

My own introduction to the mental health file happened in the early '80's, while I was a policy-wonk working for the Bill Davis Government.

I had done *Energy Policy*, and helped craft *Ontario's Industrial Strategy* when -- and, as happens from time-to-time -- my Minister was shuffled to the healthcare portfolio -- and I'm his Chief-of-Staff and Senior Policy Advisor, who doesn't know anything about healthcare issues.

When cabinet shuffles take place -- it happens the moment the Minister is sworn into office. So I scrambled over to the Ministry of Health... up to the 10th Floor of the Hepburn Block at Queen's Park... where the elevators open up onto a beautiful glass and impressive wood paneled reception area.

When I arrived, the person at the reception desk -- who knew I was on my way over to see our new offices -- said to me: "Too bad they had the cabinet shuffle during the full moon. This is when all the crazy people show up."

I said: "Who shows up?" She said: "Crazy people."

You mean "customers", I said. I told her: "if any of our 'customers' show up, I'd really like to talk to them"

Within an hour a young man, maybe 29-30 years old appeared at the Minister's Office and was brought immediately in to see me. "What's on your mind?", I asked him.

Turns out, he is a dissatisfied customer from our Queen's Street Mental Health facility. He said he didn't think we knew what we are doing in the healthcare system, and that the way we behaved was actually dangerous and harmful.

He said he had trained as a concert pianist... had had a nervous breakdown... and had been treated with electric-convulsive shock therapy against his will... and now he does not remember how to play the piano.

He told me that his life no longer had a purpose. His reason for "being" was to be a concert pianist -- and now he doesn't know what his purpose is for being here.

That 15-minute meeting was my introduction to a file called "*Mental Health Misadventures*".

Thoughts of that young man have haunted me for years. We no longer make mistakes like that with electric-convulsive shock therapy. We now know when, and how, to use this technique.

However...we now make a new set of horrible mistakes with psychotherapy drugs... and we continue to learn from to horrible unintended consequences of some of these drugs.

Mistakes? Lack of treatment knowledge about what to do? Inadequate, underfunded services? Lack of coordination and integration to meet the needs of people and families who need help, support and cures? These are the harsh real-world realities of our mental healthcare system today.

So we owe it to Geoff, Sophie and to this one-time concert pianist -- and to the many other children and families affected by suicide -- that we "fix" our desperately underfunded and uncoordinated mental system -- in order to provide people who need help, with the type of supports they need.

So, what should we be investing in?

We already know that there are excellent school-based mental health programs that have reduced suicidal thoughts at some school boards.

We know that embedding mental health professionals in emergency departments -- or in primary care settings -- appear to successfully reduce suicidal behavior.

There is also excellent evidence that psychotherapies, such as cognitive behavior therapy, can effectively treat depression -- which is a high-risk for suicide attempts.

We know that all parts of our mental health system -- acute care, community care, suicide prevention programs, research, and mental health human resources -- all need significantly more funding.

The fact is, we have learned more about the human brain in the past five years, than we knew in the previous 50 years. Indeed, today we have scientific experts who are beginning to talk boldly, and very optimistically, about a "cure" -- for a variety of illnesses like depression, anxiety, and other mental health conditions.

Up until now, mental health advocates have been simply too timid to say publically that they intended to "fight for cures" for mental illnesses, for fear of creating false hopes among those affected.

But today, it is time to say it out loud -- we have had enough advances over the past five years to say: "a cure for mental illness is a plausible dream."

Research has identified in the human genome that certain genes are at risk for mental illness.

While there are still no diagnostic bio-markers -- such as a blood or saliva test to diagnose mental illness -- many believe such breakthroughs are in sight.

So, there is hope for a cure. But we all need to be in stewardship to this struggling system to fan these flickering flames of hope. That's why we are here tonight. This isn't an ordinary fund-raiser for a good cause.

This evening is the start of something new. This event is an emphatic statement -- from a whole community that has gathered together here tonight to assert a deep commitment to children's mental health -- in memory of Sophie and Geoff, and the many others who have experienced mental illness.

Windsor can become the example of leading-edge mental health services -- because that's who you are!

I spent 18 months working night and day on the *Essex County Health Care Reconfiguration Project* back in the early '90's. I know Windsor. Windsor has always been a unique and deeply caring community. For years you have had the highest per-capita donor rate for charitable causes in Canada. Even in recessions, Windsor always rallies to the cause. This is a wonderful caring community.

Despite significant and historical underfunding of your local healthcare delivery system, Windsor has also always demonstrated a flare for leadership and innovation in healthcare service delivery.

In the late '70's and early '80's, it was Windsor who led the way on the development of palliative care and hospice programs. You are the leaders in Canada, and Ontario.

You can also lead the way on mental health reform.

The money raised this evening is going towards a very unique innovator in the field of children's mental health: **Maryvale**.

While Maryvale is 90 years old, having been founded by the *Sisters of the Good Shepherd* in 1929, today it is a leading example of a fully-integrated approach to children's mental health services.

While it is a *Children's Mental Health Centre*, for the past 14 years, Maryvale has been the site for 6 acute-care mental health beds allocated to *Windsor Regional Hospital* -- and won the *Ontario Hospital Association's* "Best Of The Best" innovation awards for a few years ago.

Maryvale's culture and operating style is all about what our health and social service agencies need to learn: how to provide true partnerships in care. That's what it takes to be the "best of the best".

When you listen to the consumer complaints about our children's and adult mental healthcare delivery system, they are often about "fragmented" and "uncoordinated" services.

"There is no system!" say frustrated families.

That's why Maryvale strives to be integrated with other care partner services across the delivery system.

Maryvale's partnerships include active, synergistic, collaborative working relationships with:

- The *Greater Essex County District School Board* -- who provide two teachers for the students admitted to, and discharged from, these six crisis beds.
- The *Windsor Regional Hospital*, who provide the services of 6 Child Psychiatrists.

- The *Hotel Dieu-Grace Hospital* which through the *Regional Children's Centre* is providing leadership as the "lead agency", on fundamentally transforming mental health services in this region.
- And, Maryvale partners with their funder, the *Local Health Integration Network*.

I'm so happy **Gary Switzer**, the LHIN CEO and **Dr. Tam Doey** and **Dawn Maziak**, the mental health leads could be here this evening. These three people have a lot to do with the really exciting mental health strategies that are beginning to emerge from your LHIN.

Windsor has in fact already become somewhat of a "*mental health Mecca*".

Since 2002, Windsor has gone from only 11 psychiatrists, to 37 today. With seed-funding and engagement, the mental health sector is now beginning to collaborate on exciting and innovative solutions to mental healthcare services for the people of this region.

One really exciting project that has just received LHIN funding is the development of a *Suicide Assessment Tool* with **Alive Canada**, with input and training from mental health workers across the region.

So there is real "hope" for the future.

The first hope I have is that: we are capable of learning.

We must.

There are 800,000 children in Canada who have at least one mental health issue -- the most common of which are anxiety disorders, attention deficit/hyperactivity, conduct disorder, depression and substance abuse.

What is shocking -- absolutely shocking -- is that only 1 in 4 of these children will receive the mental healthcare they need.

We don't have a viable "system" of services for children's mental health. We don't have good linkages across the mental health support services within communities. It is shameful.

Canada's suicide rate is third highest in the industrialized world -- with 8% of young people attempting suicide each year... and 15% admitting to it.

Suicide is now the second leading cause of death among young people 15-25 years of age.

While most young people pull through these agonizing and turbulent times, because we have a horribly inadequate treatment system, we end up with an extraordinary burden of mental illness in our society -- because we fail our children.

Indeed, 20% of us will require mental health services at some point in our lives.

Twenty percent! Think about it. This is the single biggest illness burden we have in our society. But because we keep it "in-the-closet"; and because we continue to "cover-it-up"; we still won't make adequate investments in our mental health care services -- because it is simply not a recognized priority.

Yes, it has become fashionable now that several high-profile business, sports and entertainment stars have leaped "out-of-the-closet" and spoken-out on depression and mental illness. Community acceptance and support is certainly growing.

But it is still not yet a significant healthcare system priority. While it may not be a spending priority, mental health care, and the lack of it, costs taxpayers deeply -- very deeply.

The cost of mental illness to the Canadian economy is \$50 billion a year. Over 500,000 Canadians per week miss work for psychiatric reasons. The cumulative cost to the economy over the next 20 years is \$2.5 trillion.

Policy-makers and public spending priority-setters need to take off their mental blinders and get a clearer picture of these realities. The fact is that the burden of mental health is more than 1.5 times all cancers -- and more than seven times that of all infectious diseases.

Under Health Minister **Larry Grossman**, after hyper-ventilating mental health spending, we got mental health expenditures up to 11.3% of our total healthcare spending in Ontario. Today that has declined to just 5%, as other priorities grew more rapidly.

The *National Mental Health Commission* has called for a mental health budget target of 9% of total health spending.

So we need the province to contribute considerably more funds -- at least 6% per year, for the next four years -- would be reasonable catch-up target for re-deploying resources from investments with little to no return, to these proven mental health interventions.

While it would be wonderful if society was to react with compassion, love and support for those people and families who are struggling with mental health issues, the fact is that the straight business case for investment in mental healthcare is so compelling.

Recent studies tell us that the lack of community-based supports for the mentality ill is the top cause of much higher costs in our emergency departments, police forces and the provincial courts. Mental illness is now the highest cost-driver on all the other components of our healthcare delivery system.

Our *National Mental Health Commission* tells us that for every \$1.00 we invest in community mental health supportive housing, we will save \$2.17 in cost avoidance in hospitals, jails and courts. We get back more than double our investment!

Think about that.

Rather than understand the need to spend money, to save money; as a society, we have had simply failed to step-up and re-deploy resources within the system.

We have failed to do the right thing.

After more than 30-years of observation of all three political parties in power, and having carefully followed at least 12 different Ministers of Health over that period, there is a trend that emerges.

What we have had -- from time to time -- is a *Mental Health Ministerial Santa Claus* who appears, and for some reason, makes mental health their personal priority, and then we get traction until they are shuffled to another portfolio, and then again, years of neglect.

In my introduction, you heard about my old boss -- **Larry Grossman** -- and what he did in his brief tenure as Minister of Health to put the mental health sector up there with the other less common, but more acceptable illnesses -- like cancer, diabetes and heart disease.

But Larry was not the only Minister who ever championed mental health. **Murray Elston, Elinor Caplan, Frances Lankin** and **David Caplan** each in turn became "*Mental Health Santa Claus*", during their tenure as Minister.

In my comments tonight, I want to say why there is still hope for the mental health file -- and one of my main reasons for hope is our emerging political leadership.

I believe that the **Hon Eric Hoskins** could be the next "*Ministerial Mental-Health Santa Claus*" for the sector.

This is a values-based politician who, when he ran for the leadership of his party, decided that his pitch to the delegates at the convention would be more appealing with a promise that, if he became Premier, he would "fix" the mental health care system.

Wow! That is different.

Today, our recently-minted Minister of Health is backed-up by a very compassionate Premier -- who deeply gets issues like stigma -- and consistently responds to disadvantage groups like the mentally ill, the homeless and the poor.

The Premier has now put mental health among the top priorities for both the Minister of Health -- to make significant improvement to adult mental health services; and for the Minister of Youth and Children -- to proceed with a fundamental transformation of our children's mental health care system.

We could very well be on the precipice of major breakthroughs in mental healthcare investments. But we need to hold their feet to the fire.

The question is: Why is mental health still such a low priority for our society -- and therefore for government funding?

Historically, I think the answer is: cultural and systemic stigma and fear about mental illness.

However, the TV commercial that Aisha spoke about in my introduction called, "*My Dad Got Sick Last Year*", generated extraordinary responses from people.

The truth is we live in a very compassionate society. Given the chance, people come forward and tear away the smoke-screen of stigma. But politicians have not shifted the funds to respond meaningfully.

That's why we all have to come back here next year... and the year after that. It is our collective obligation to change this system. And we can change the system.

I'm going to close my comments this evening by showing a brief high-impact video that speaks to the issues of "hope".

My mentor, Herbert Wong, always used to say "innovation takes place on the edges of systems -- where the challenge of scarce resources, can only be overcome by thinking-outside-the-box."

You can't get "more on the edge" in this country than Newfoundland; and you can't get "more on the edge" of Ontario, than then city of Windsor.

The video I'm going to show you is a wonderful message of hope from the Newfoundland CMHA, to the people of Windsor. You will hear a powerful message to all of us.

That message is: "*We Can Change The System.*"

It also has a power message to the family, friends and neighbors of Sophie and Geoff and all those who have lost a child because of mental illness, which is: "*Everything, Is Going To Be All Right.*"

Because we are going to fix it!

[\[Play Video: Newfoundland CMHA\]](#)