

Mental Illness and Mental Health From Breakdown to Breakthrough?

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(check against delivery)

Mental illness, schizophrenia, depression, alcoholism, drug addiction. These words are guaranteed to conjure up images in our minds. Usually these are images of people who are supposedly crazy, dangerous, or morally weak.

But these stereotypes can change. These stereotypes should change. Because now there is cause for hope that we can make great strides in achieving better mental health in just a few short years. I'm here today to hopefully shed a little light on mental illness, and to tell you what we can do about it here in Ontario. We have a system that has problems, that is obvious. But there are reasons to be optimistic about the future, and I think we can all share in the quest to bring better mental health to our society.

What is mental illness? It's a mystery to most Canadians. It is everywhere around us. At any one time, 10 to 20 per cent of the population is experiencing a mental disorder. Thanks to tragic events that have been sensationalized in the media, we may think of the mentally ill as people who push strangers onto subway tracks. In our daily lives, we can see ill people who wander the streets, talking to themselves. They make us feel threatened.

But there are other faces of mental illness. The young professional who suffers from depression, the number one cause of disability in the world. That's right the number one cause of disability.

The depressed, alcohol-dependent adolescent who has just attempted suicide;

The heroin addict who's trying to re-establish himself on methadone and feed his family again;

The compulsive gambler who has lost everything and is now desperately calling for help;

The young woman trapped in a foreign world, vomiting three times a day, barely trying to establish a semblance of control;

Or the woman who was taken into psychiatric care after she had jumped in the lake - Voices told her that this was the only way to save her children.

These are stories of private anguish and torment. They happened right here in Toronto.

They should remind us - all of us - that we are all involved in humankind?
Of course, mental illness does not respect class or stature.

You may recall the plight of Margot Kidder, the Canadian actress. She was found dishevelled, hiding in the bushes somewhere in California. She felt people were trying to harm her. As she was recovering, she described years of roller-coaster existence due to a manic-depressive illness.

Margot Hemingway became the fifth suicide victim in her creative but heavily depressive family over four generations. Her public persona had been one of perfection -- model, actress and celebrity. The reality was a person struggling with alcoholism, bulimia nervosa and depression.

Princess Diana was chronically bulimic before her tragic death, living through an unhappy marriage and intense media scrutiny. She had the courage to admit she suffered from this tragic affliction. She did this in order to bring hope and comfort to millions who share her plight.

Ronald Reagan's losing battle with Alzheimer's disease has increased our understanding that mental illness affects many within our growing ranks of senior citizens. Not even the power of the Presidency of the United States, can protect an individual from the ravages of mental illness.

These are the headlines of mental illness. But how prevalent is this tragic disease? And can it be treated more effectively?

We know that 16 per cent of Toronto's residents will need psychiatric treatment at some point in their lives, but three-quarters of these people will never receive any care. For some groups the prospects are even worse. Kids, for example -- community surveys reveal that about 18 per cent of Ontario's children need some form of care for emotional disturbance. Yet most of them never receive any help. Friends, we're talking about the next generation of Canadians here.

Close to 90 per cent of people with "concurrent disorders" -- those with a mental disorder or substance abuse -- don't get appropriate help. Alzheimer's now affects more than 300,000 Canadians. This deadly illness will increase dramatically over the next twenty years as the population ages. There are also 40 to 90 thousand Canadians abusing opiates, a family of drugs that includes heroin, among other killers.

Is it surprising, then, that the suicide rate in Canada has skyrocketed in the last 30 years, especially among the young? We are now lose 3,500 human beings to suicide each year. The suicide rate among people with schizophrenia, one of our most serious illnesses that typically begins in young adulthood, is about 20 times the national average. We lose about 300 young people with psychosis to suicide each year.

Think of that. If an airplane were to crash at Pearson with 300 young people there would be an epic outcry, and I would guess, a tremendous amount of study and investigation into the cause. Yet, something is wrong with our sense of priorities where the tripling of the rate of adolescent suicide causes barely a ripple. While there are many contributing factors to this solem statistic -- family

changes, unemployment, the cultural fragmentation among too many native Canadians -- we will never deal with this disaster, this tragic disaster, if we don't come forward, say it's important, agree that it requires our attention, and do something about it.

Depression, which I noted earlier is the leading cause of disability in the world, costs the Canadian people about \$12 billion in direct and indirect costs annually. Depression affects about 20 per cent of women and 10 per cent of men at some point in their lives.

No, these are not dangerous people! They are lost and confused and, yes, they desperately need our help.

So what kind of help are they getting? If you were to judge by the number of people living on the streets and sleeping on warm air vents, who are obviously mentally ill, they aren't getting enough help. We know that those promises of community support to replace institutions have not been properly fulfilled. There are gaps in the system.

And yes, there still is the stigma about mental illness. It's a powerful force that enables this society to either ignore the mentally ill within our midst, or to under-support research, treatment and care. This cruel stigma affects everyone who suffers from mental illness. It makes it harder for them to live with their disorder and to cope with the pressures of their daily lives within their families, their workplaces and society at large.

Two of the most common and serious illnesses of the mind are schizophrenia and depression. Schizophrenia affects one per cent of the population, but people with this illness occupy eight per cent of the hospital beds in Canada today. People with schizophrenia have been citizens without a voice. They have repeatedly been misunderstood. They have been mistreated and denigrated. Their families have been mistreated. They have been denied basic opportunities. And, they have been the target of a callous stigma. Just think of the inappropriate and denigrating use of the term schizophrenia to reflect a split personality.

And, think of the consequences. The torment of feeling you are losing your mind; of having terrifying hallucinations and delusions. Think of the tragic human loss -- as I said, the suicide rate in schizophrenia is 20 times that of the general population. Until recently research into the nature and treatment of schizophrenia was not fashionable. As a result, we know too little. And as a result, care is far less than ideal, and very costly too.

Depression is a common, very serious illness. It reflects more than a feeling of sadness. In addition to the despairing mood there is a constellation of biological symptoms -- poor sleep and appetite, a loss of energy, reduced interests and concentration - lower sense of self-esteem, and social withdrawal. There are many variations to this picture -- many people who show extreme irritability; others exhibit undue agitation and intense anxiety. They talk obsessively of the pain they feel. Thinking of suicide is common, because it seems to be the only way out.

Depression isn't about moral weakness, as we were brought up to believe. It's an illness. It is not

merely an illness about brain chemistry, as some people are now saying. Rather it is an illness that plunges the whole person into a sense of hopelessness and lost meaning. It's an illness that affects the biological, the psychological, the interpersonal and the spiritual components of any person. It is an illness that can strike any of us, because it is the product of a tragic interplay of genetic, constitutional and experiential factors. In other words, any one of us can become depressed -- where we differ is in how much stress it takes to precipitate the depression.

There are other things that you should know about depression:

As the leading cause of disability and impairment world wide, it is responsible for more than 12 per cent of disabilities worldwide according to the World Health Organization.

Depression is becoming ever more common and is occurring at younger and younger ages.

Depression is overwhelmingly the chief cause of suicide. Of the 3500 Canadians who die at their own hands each year, about 2000 suffer from major depression at the time of death. What a wasteful loss in human, personal and economic terms.

And, while we have made significant improvements in treating depression in the past decade, it is important to realize that fully half the people with depression go unrecognized and 15 per cent still don't respond to our treatments. All victims are vulnerable to relapses.

What is being done now? What can be done? Now I have some good news. Here in Toronto, the new Centre for Addiction and Mental Health represents a unique model for Canada, a unique model for understanding and for helping people. The new centre not only offers hope for the future, it also offers hope about shaping the future.

The centre is the result of the amalgamation of the Clarke Institute of Psychiatry, the Addiction Research Foundation, the Donwood Institute, and Queen Street Mental Health Centre, a merger which has proceeded without headlines this past year in a very positive and productive fashion. Separately, each was a respected, indeed, innovative organization. But this merging of expertise and creativity, will I think, lead to new energy, new excitement, and new hope.

A hospital need not be a concrete structure. It can be defined by a set of functions, which comprise the many ways we provide care to relieve the pain and hopefully cure the suffering of people, in this case, with mental illnesses and addictions. While techniques may come and go, what endures is an ethic of care and compassion based on the fusion of scientific and humanistic principles. This is done, at least in an ideal circumstance, on the basis of scientifically derived evidence about what is effective. The core of who we are is then in the creation of better understanding and better care.

Today, this core must be modified according to our time and culture. Institutions without walls are needed today; institutions which are responsive to their communities and reach out to their communities. But also institutions that continue to be an aggregate of the most important resource there is -- the priceless intellectual capital that sustains us in so many valuable ways.

We in this community, desperately need a centre like this. We need it as much as we need a Hospital for Sick Children, or a Princess Margaret Hospital. Mental illnesses and addictions are common. They are overwhelmingly untreated or inadequately cared for, they impose massive human and economic costs on society.

Yes, the need is great. But today we can do more for people suffering from substance abuse and mental illness than ever before. There has been a revolution in the science of this field. We have learned more about how the brain works in the last 10 years than in the previous 2,000. We know more about the causes of illnesses, of the relevant cultural and social forces, the dynamics of the family, and interpersonal and individual psychology than we ever thought possible.

There has been an explosion in the development of new medications - Prozac is now part of our language and culture. And, with less fanfare, we have fostered the development of highly effective, targeted, psychological treatments, some of them very costly, to be sure, but not nearly as costly in the long run as ignoring and neglecting these sick people.

When you realize that while the opportunities are great and yet, that most people receive little care, you begin to think that there is something wrong here. On the one hand, newer treatments can be very beneficial. On the other, most people who need care receive no help at all. If such a situation existed for heart disease, there would be an immediate public outcry and it would be remedied quickly.

But, not with mental illness. Our situation is worse than standing still. In the past 30 years, we've seen an erosion in our capacity to provide care. We have been discharging patients, closing wards and dismantling the mental hospitals. We have found that when people are sent home, no one has set up the appropriate community supports. And, it is when the chronically ill experiencing problems of substance abuse are left to their own device that they have difficulties with the law.

In what other field of medicine could this essential element of care be overlooked? In what other field could the demand have risen so high, and be increasing, while receiving less and less public support. Mental health expenditures have fallen from 11 per cent to nine per cent of our provincial health dollars over the past 25 years. What a shame! What a tragic waste of human resources in a nation judged to be number one on earth for the quality of life.

That leads me to what I see as the fundamental problem. The problem is with us, as a community, and our old fashioned, mistaken views of mental illnesses and the addictions. Too many of us still believe mental illnesses must be hidden; that addictions are shameful and reflect moral weakness; that they are the parent's fault or the family's fault, and so on.

I myself was guilty. I grew up believing that depression was a sign of some personal weakness. I suspect most of you did as well. That is simply not true. Unless these beliefs are replaced by a compassionate, caring understanding of these illnesses and their causes, we will continue to lack an effective and potent public voice. We will create too little public support for our cause or funds for care and research.

These are ignorant and fearful attitudes toward people who are suffering. They are a cruel form of prejudice; and like all prejudice they are based in ignorance.

The fact that so far, the causes of mental illnesses have not been understood has added to these myths. We all fear the unknown; and at times, the impact on the family, and the opinion of the community. The fact that psychiatry, its theories, and its practices have seemed so alien from our conventional wisdom has not helped here either.

One of the most important functions of the new Centre Addiction and Mental Health Services Corporation is to provide leadership in this battle against stigma and prejudice. With your help, a decade from now the Canadian public will view these problems with the care, compassion and understanding that we view cancer and heart disease today.

A second critical role for us in preparing for a better future for the victims is investment in research. In industry, about 10 per cent of funds are spent on R&D. In health, it is less than one (?) per cent. Research is about the future, about hope for the future. Here again, we seem to be losing out -- nine per cent of our health care budget is spent on mental illness, but only four per cent of health research is on mental illness. This amounts to four dollars per patient per year spent on psychiatric research. Other illnesses receive hundreds and, at times, thousands of dollars per patient per year in public funds.

Yet it is beyond dispute that research can make a huge difference in how people are cared for, in new treatments, and, ultimately, in finding cures. There has been a revolution in how schizophrenia and depression are treated as a result of encouraging research in psychopharmacology. Much of deinstitutionalization has been made possible by the effects of research and medications that have been developed. Fifty years ago, if you had a depression that warranted a hospital admission, the average length of stay was 18 months -- today it is 21 days.

Research also has a ripple effect; it results in:

- more enquiring clinicians;
- an improved ability to recruit the best minds;
- the attraction of the young and energetic to the field; and
- a sense of hope about the future.

A scholarly approach to people with addictions and mental illness, and greater investment into research, will pay generous dividends - economically: our researchers can obtain three dollars for every dollar that we give them as a base; but especially, our research will develop better treatments for our patients, and eventually preventions.

We have a lot to do. The challenge is formidable if we are to ensure standards of care of the highest levels; if we are to enhance public knowledge of the true nature of these illnesses; and if we are to find improvements in care. All of us can all help here .

Our help can take many forms. For a start, if we try to understand these illnesses, it will change

how we deal with the victims. This may lead to enlightened hiring and work environments, to lobbying government on behalf of people who have no political voice, and to giving more of our time and money.

This last point is important. Our society is on the verge of great advancements in mental health, yet the traditional funding in the public sector is under great pressure. We must therefore make personal efforts to help realize a breakthrough. We as a community must make a special effort to help realize a breakthrough.

The business community has a special responsibility to help. There is hardly a chief executive in the country who has not spoken out in recent years for cuts in government spending to address our fiscal problem. The results are now coming through in balanced budgets ... and in a decline of government support for mental illness.

It is also evident that the costs of not dealing with the challenges of mental illness will be felt directly on corporate bottom lines through absenteeism and loss of productivity.

Surely, the confluence of corporate responsibility and self interest must be recognized as the new Centre for Addiction and Mental Health seeks to broaden its funding base in a campaign later this year.

But many of us here have a more personal reason to become involved. Addiction and mental illness plays no favourites. We have family, friends and neighbours who have struggled with these illnesses. We will want to play our part in helping the new Centre get well launched to meet its goals in the fields of research, patient care and education.

Whether as a volunteer at the new Centre for Addiction and Mental Health, as a volunteer in the fund-raising campaign which I will have the honour of chairing later this year or as a financial supporter of that campaign, I am asking each of you to become a member of our team. Together, we can create a new, more humane world for our children and grandchildren.

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