

**Premier Gordon Campbell
Address to the Vancouver Board of Trade
Policy Forum on Workplace Depression
April 30, 2002**

Check Against Delivery

Mental illness is something we should certainly start talking about: we can't just hope that it will go away.

When I was mayor of Vancouver, we had opportunities to deal with simple facilities in communities for people that had mental illness. Every time a community was asked if they would accept a special needs residential facility, they were unanimously opposed – without fail.

I'm proud to say that while I was mayor, council said – without fail: “We appreciate you coming and letting us know how you feel about this, but we are happy to create an environment where people with mental illness can be safe and secure, and where we can create understanding of mental illness.”

Not one time did we have one complaint about one of those facilities – because people worked in the neighbourhood to build an understanding of the challenges being faced.

This conference today is a very important step in bringing the issue of depression in the workplace and depression in society into the open. Only by bringing those issues into the open are we going to be able to deal with them constructively and purposefully so that people can lead full and healthy lives.

I want to congratulate the Canadian Mental Health Association, which has toiled for so long. Sometimes I'm sure they felt they were toiling in obscurity; they were not. They were passing information to the public, which happens slowly. But the critical mass of information created by this conference and many like it reflect that the public is becoming more and more educated about the impacts of mental illness on the workplace, on our lives, in our communities and throughout society.

In fact, I want to do an early pitch for the Canadian Mental Health Association's B.C. Business Economic Roundtable on Mental Health. (Former ombudsman) Dulcie McCallum is one of the honorary chairs; (journalist) Rafe Mair is the other.

The World Health Organization has estimated that one in four people have some sort of mental illness in their lifetime. Because mental illness is not always visible or obvious, it is often easy for us to discount it.

My father obviously had a mental illness: he decided to take his own life when he was 41 years old. Many people in the community who are highly talented may be suffering from depression and mental illness – and we don't discover it until it's too late.

Our goal is to raise public awareness – in the workplace, at home, in communities and in government – as we build a foundation for mental health that will improve the quality of life for people who live in our province, in our communities and in our neighbourhoods.

One of the interesting challenges that I've noted in my role as premier is providing people with information that allows them to become part of the solution and take the positive steps that are necessary to create a healthy quality of life.

In British Columbia we spend about 41 cents out of every dollar that we take out of your pockets on health care. We have a health-care budget that's increased 20 per cent over the last two years. It's pretty clear that that is not sustainable.

If we are not getting the results we want out of what we've been doing, it's critical for us to change the way we do things to get different results. Too often we've said that if we just do a little more of what we've been doing, we'll change things. The challenge for us is to question the status quo – to look at what we want to accomplish and say, "Are we getting where we want to go?"

The issue for us is this: Have we had the kind of policy framework and support infrastructure that is necessary for people with mental illness to regain their mental health?

Has our health system identified the mental health and mental illness challenges that we face in our province? My short answer is, "No, we have not." We have to change the way we've done things.

So how are we starting in British Columbia to readdress the issues of mental illness and mental health through our health system and through our communities?

I thought it was important to recognize that when you have 40 per cent of your budget being spent on one service, it was probably a good idea to have more than five per cent of your cabinet dedicated to it.

So we created a health services minister as well as a health planning minister to plan out our future and say, "What are we trying to do here? How can we plan for the human resources, capital resources, research resources and care-giving resources we need to make sure people have care when they have mental illness, and that we have a response that brings back mental health into the community and into someone's life?" That's why I also appointed Gulzar Cheema as minister of state for mental health.

Having a voice speaking on behalf of mental health services at the cabinet table is critical, and I'll tell you why. Ten years ago we started to deinstitutionalize Riverview Hospital. It was a sensible public policy that said: "We are going to take people out of this great, huge building that dehumanizes and warehouses them, and we're going to move them into community facilities across the province. We are going to provide a more

personalized level of care, a higher quality of life and a greater opportunity to restore independence.”

The challenge was that we were starting to close the institution before providing for those community-based facilities.

By 1998 there was an announcement that we were going to have a mental health plan in British Columbia. Great idea, important to have it – but you have to put resources behind that plan if it’s going to deliver anything more than business to the pulp and paper industry.

And there were no resources. There’s only one reason that can happen: The advocate for mental health is not in the cabinet room. I’m not saying the advocate wasn’t a strong and vital advocate for the issues people faced on a day-to-day basis, but that advocate was not in the cabinet room.

We have an advocate in the cabinet room now, and he is advocating on behalf of a new structure and a new response to mental illness that includes communities, includes people, and recognizes the impact on the workplace. We all have a strong foundation upon which we can build a healthier community – and that includes dealing with mental illness in the workplace and at home.

Gulzar Cheema and our health ministers have been challenged with creating three-year plans. It’s an interesting challenge creating three-year plans, because as soon as you put them out, people decide that they’re happening in three weeks.

Here’s a news flash: A three-year plan takes three years to accomplish; it can’t happen overnight. Changes are not going to happen overnight – but they are going to happen.

They are changes that are intended to put the needs of patients first. They are intended to focus our health dollars on the needs of mental health patients as well as other areas. They are setting standards for mental health.

We expect that over the next three years there will be an increased proportion of mental health clients receiving community services where they live. We are not going to be pulling everyone down to the Lower Mainland, because we know that to deal with mental health issues, family and community support is important. We believe mental health facilities have to be created in different regions of the province to meet patients’ needs.

We are also going to decrease the number of days spent by mental health patients in hospitals after the need for hospital care has ended. Too often we have people with mental illness in hospital not because that’s where the most appropriate care can be given, but because that’s the only place they can go.

We want a range of resources and facilities to meet the care needs of individuals across the province. We've allocated \$125 million to the mental health plan so far, \$18 million of that to be spent this year. There will be \$125 million spent by 2008.

We've allocated \$138 million to start building the capital plan that is essential to create the kind of community-based facilities that are going to be critical. We do need to build new facilities, and they need to create a community focus.

Some communities like Kamloops will tell us that they want to have mental health facilities. Some communities are not keen on it. Our goal is to have communities saying to us: "We would like to have some community-based mental health facilities to meet the needs of people with mental illnesses that reside here." In spite of what you may hear in parts of the province, Greater Vancouver is not the only place in British Columbia with mental illness. We have to provide facilities and support services and human resources across the province.

Too often, mental illness has been pushed to the bottom of the agenda. It is our hope that with the advocacy of Gulzar Cheema at the cabinet table, we will see progress – and we will all benefit.

The strategy Gulzar has put together is aimed at maximizing resources, working with groups that are involved already, and reducing the social and economic impacts of untreated depression.

I don't pretend to be a physician; I don't pretend to be able to tell when people are clinically depressed. Depression can be well-hidden, and we need major societal change to deal with someone with a mental illness in the same way that we deal with someone who is physically sick.

We should all recognize that we each have a personal responsibility to bridge that gap, to build that sense of comfort, to create that sense of information that gives you the confidence you need to live with mental illness.

Murray Coell, our minister of human resources, has recently announced a new program that is aimed specifically at giving people with mental illness disabilities the opportunity to come into the workforce, build some support and confidence, and – if necessary – move back out and still get the support they need from government.

We have increased our support for those employment programs for people with disabilities, including mental illnesses, by 40 per cent. Those are the kinds of flexible responses we all have to create in our workplaces, in our government, in our communities.

As we do that, we will start to see real payback, not just in economic activities, but in social infrastructure – the security of it, the resilience of it. It is critical for us to look at

ways that we can create that environment in our workplaces, in our communities and in our province.

The challenges of mental illness sometimes are invisible because we try to lock them away. Having a conference like this lays that challenge out before all of us and says, “Let us deal with this in a way that’s constructive and supportive, that reaches out to people in need and that creates the kind of mental health supports so people can live healthy, secure lives.”

It is not a small challenge: it’s a challenge that touches one in four of us. When you go to work today, remember that probably one out of four of all the people you meet has had, or will have, some form of mental illness.

You should bring it out in the open as you’re doing here today and continue to work on it – not just today but tomorrow, next week and next year. You should reach out to the volunteers and community caregivers who for years have felt like they were toiling alone.

Hold all of us in government to account for the goals we have set as we try to become a partner in solving the challenges of mental illness and creating a community where mental health is at the forefront.

We can do that today by becoming part of the B.C. Business Economic Roundtable on Mental Health.

Make yourself confront the challenges of mental illness in your communities. We will work together so that Canada looks to British Columbia and says, “There is the province that’s got it right. They are the province making progress. They are the province focusing on the results that make a difference to the quality of life for every one of their citizens.”

We can deal with this in a way that’s constructive and positive in neighbourhood after neighbourhood, community after community. And if we do that, our province will be a stronger and healthier place for all of us to live in. Thank you very much.