

**Premier Gordon Campbell
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Check against delivery

I want to start by thanking Rafe Mair for being here today, and for being here year in and year out to deal with issues of mental illness, depression and anxiety disorders. It is no small feat to share your personal stories with your listeners, and Rafe has thousands of listeners.

I also want to say thank you to the Canadian Mental Health Association, and to all of you for being here today. I want to thank the Chamber of Commerce and the Board of Trade for their support.

I want to reach out to everyone in workplaces across this province and ask them to join us in this incredibly important exercise of raising awareness: of putting mental health in the mainstream of public policy and in the mainstream of our lives. Whether we recognize it or not, it touches each and every one of us in our day-to-day activities.

It touches not just the person who is suffering with mental illness. It touches their families; it touches their friends. And that touch is often very difficult to deal with, because we as a society have not been willing to say: "It's OK."

My father took his life in 1961. My father was an alcoholic. And my father was an assistant dean of medicine at the University of British Columbia. You would think that an assistant dean of medicine would be in a supportive environment that was able to deal with those issues.

At one point, my father went into the Centennial Pavilion when it was relatively new; he was drying out. He recognized that he had a problem, and he was determined that he was going to deal with that. So that morning he took his 11-year-old son and his 13-year-old daughter, and we went to the hospital, and he explained to us what he was going to do.

He thought it was important for us to hear from some other people in the faculty of medicine. I can still recall someone explaining to me that this was just another disease. This was something that everyone could overcome, and yes, it was difficult, but it was just like breaking an arm.

Within three months my father wasn't able to work at the University of British Columbia's faculty of medicine. They dismissed him.

How many people would dismiss their employee because they broke their leg? How many of us would deal with that kind of a physical ailment in that way? That was 1961. I think that we've come a significant way since 1961.

Because of the leadership of people like Rafe Mair, and because of the efforts of groups like the Canadian Mental Health Association, we are starting to bring mental illness, depression and anxiety disorders up in the public consciousness. But I don't want to stand here today and pretend we're even close to completing that journey, because we're not.

Imagine what happens when someone in your workplace says: "I am suffering from an anxiety disorder. I'm constantly depressed." And imagine what happens when someone says: "I was skiing down the mountain the other day, and I broke my leg."

Ask yourself if the response would be the same. Ask yourself if the supports we give are the same. Currently, they are not.

One of our tasks as we struggle to raise awareness is to say to people with mental illnesses, people who are suffering from depression, and people who have anxiety disorders: "You know, this is something that we can deal with together. This is something you should tell us about."

But people are afraid to deal with it.

When I was mayor of Vancouver, we had special needs residential facilities for people with mental illnesses. They'd get support; they'd live in communities.

There was not one time when a special needs residential facility was recommended to us in the city of Vancouver and the neighbourhood didn't come out and say: "We are afraid of that being put in our neighbourhood."

So we established neighbour liaison committees. In the seven years that I was mayor of Vancouver, not once did we have a special needs residential facility that had to be closed because of any problems. Not once was there a complaint.

That information still has to get out into the public realm so people can understand it. We need to include people with mental illnesses in society in a way that's constructive and positive and that gives them an opportunity to live their lives to the full in spite of their illnesses.

When I was invited to be part of this conference to develop businesses' understanding of mental illness, I was glad to accept, because I know that today one in four people in the workplace suffer from some form of mental illness, an anxiety disorder or depression. And I know about the toll that it takes on our lives.

In business, we often think of economic tolls. Depression alone is estimated to cost \$1.4 billion a year in Canada.

But it's more than that. It's a toll on the quality of life for the people we work with. It's a social toll. It's a societal toll. And it's one that we have to try and deal with in a constructive, open and honest manner.

Five hundred British Columbians took their lives last year. That's more people than were killed in all the automobile accidents in this province last year.

That should tell us we have a lot more work to do. Your being here – your listening and learning with regard to how we can deal with these things – is a critical component of that.

More than half the people suffering from depression are never treated. We estimate we are only treating one-quarter of the people in British Columbia with anxiety disorders.

We have to provide people with information that easily is accessible, that's part of their lives and that they know is there for them.

One of the things I wanted to do when I was given the opportunity of forming a cabinet was to raise the visibility of mental illnesses in the province, and try and get people to focus on that, and have the government focus on it.

So I appointed a minister of state for mental illness, Gulzar Cheema, whose responsibility it is to make sure British Columbia is responding positively and constructively to the challenges that are ahead of us.

I have a report here on depression strategy, which is free. Its purpose is to start providing the kind of comprehensive support that's necessary for people in institutions, for individuals, for people across the province.

We want to provide educational support to people. We want people with depression and their families to know about depressive disorders and to make sure they have access to accurate, standard and timely information. We want to support health-care professionals and primary care practitioners in providing that education too.

We want to make sure treatment manuals are available, and screening instruments and instructional videos for people if they want them.

We will have an integrated mental health services plan to maximize the quality, efficiency and effectiveness of the services we provide. And we'd like to be able to apply disease management models to depression and anxiety disorders.

This is the first phase of this report. There will be more phases as we go through the months ahead, but it's the start of building the kind of public literacy around these issues that is going to be critical to our success.

I'm also pleased to tell you that there is another free book for you, which is the provincial anxiety disorder strategy. It's an eight-point strategy to raise public awareness, and to work with our school districts to make sure that they can identify and intervene where young people with mental disorders are clearly at risk.

It's important that we build the understanding, not just amongst us in this room, but amongst our young people and amongst our educators across the province, so that they can deal constructively and positively with the impacts of mental illness.

We're going to improve our Web site based on education and support systems. We're going to develop community-based self-help therapy groups.

Think how alone you feel with a mental illness. If you know there is a problem you have to deal with, isn't it nice to know that there is someone somewhere who will help you? One of the great things about the Web is you can do that in private.

Therapy groups will include people who have lived through the experience, who know the problems you're dealing with and who can provide you with mutual support. Those are critical components as we raise the level of public understanding and public awareness of these issues and destigmatize depression and anxiety disorders.

We want to enhance primary care services, expand community health programs, and develop specialized regional anxiety services and day programs for obsessive-compulsive disorders.

Mental illness is everywhere. We all live with it in different ways in different parts of the province, and it's important and essential that we provide these services to people regardless of where they're living.

We have a \$125-million mental health plan that we have committed to fully fund. We are also investing \$138 million in new community-based facilities, which we believe are critical to the Interior health system.

A new psychiatric unit has been opened in Kamloops; we have Iris House, which has just been opened in Prince George. There are going to be dozens of facilities available across the province.

But people are what make those facilities work – people and their understanding and the support they give to people with mental illnesses. Families, workers and friends are the most critical caregivers we can have.

As we build understanding, literacy and support, I believe we will build a record of success in British Columbia. That is our commitment. That is what we are going to try to do.

With groups like the Board of Trade, like the Chamber of Commerce, like the Canadian Mental Health Association, and like you in all of your workplaces, I have no doubt that we will be successful in making progress over time so that people in the future will be able to look back and say: “We dealt with this with a sense of support, with a sense of love and with a sense of commitment, and it made a difference in thousands of people’s lives.”

Thanks very much.