

Keynote Speech by Senator Vivienne Poy

Immigrants & Mental Health: Different Dialogues

World Mental Health Day George Brown College

October 26, 2005

President Sado, distinguished scholars, honoured guests:

Thank you for inviting me here to open this Forum which focuses on the topic of immigrants and mental health.

Since 1992, when it was first proclaimed by the World Federation of Mental Health, October (10th) has been the month in which to focus on mental health advocacy and education throughout the world.

In the Senate, during the month of October, I have spoken about the suffering of those who live with schizophrenia. Last year, I addressed the very personal plight of parents whose children have autism and other developmental disorders.

As a result of my interest in this area, I became an Honorary Patron of an organization called *Spirit of Life*, founded by an immigrant mother whose son was diagnosed with Tourette's syndrome at age 5, and by age 8, he was also diagnosed as having Asperger's syndrome. The reason this group was formed is for mutual support, and they raised funds to help each other. Besides parents, there is a doctor, an accountant, and a lawyer on their board. Immigrant parents realize that the lack of trained cultural interpreters in mainstream organizations creates barriers which make it difficult for many to access services for their children, and they feel isolated and alone.

This is the 7th annual World Mental Health Day Forum at George Brown College, and I would like to congratulate the college for organizing these events. For too long, mental health has not been taken seriously by Canadian society, business or our political leadership.

I am ashamed to say that we are the only G-8 country without a national strategy on mental health. Currently, mental health care is the

orphan of our health care system, despite the fact that 20% of Canadians experience mental illness during the course of their lifetimes, leading to more than \$5 billion per year in direct health care costs, ranking second only to cardiovascular disease (CMHA). The total cost of lost productivity in the workplace is much higher. For every individual suffering from mental illness, there is a family that is struggling to cope.

Every Canadian knows someone, whether a friend, family member, or colleague, who has suffered, or is suffering, from mental illness. I have personal experience with family members with mental disorders, and I know what the rest of the family have to cope with because of it. All of us must work together to bring about change.

The Senate Social Affairs Committee, which is currently undertaking a three year study on the current state of mental health care in Canada, has found that our system is fragmented, under funded, and almost impossible to navigate. The status quo is not an option. A national strategy must be developed.

The current cost of ignoring what is essentially a crisis in mental health care is staggering. Mental illness and substance abuse have been estimated as costing the economy more than \$16 billion per year, according to Bill Wilkerson, president of the Canadian Business and Economic Roundtable on Mental Health. It's time Canada turned its attention to this issue that is debilitating our society.

In February, 2005, in a speech in Vancouver before the Canadian Mental Health Association, Minister of Health, Dosanjh, signalled that he is serious about tackling mental illness, and promised to work closely with Senator Kirby and the Senate Committee. While health care is a provincial responsibility, the federal government has promised to consult closely with provinces, and NGOs, and try to integrate services provided by federal government departments, so that the system is less fragmented. The Honourable Michael Wilson has been appointed to serve as special advisor to the Health Minister on mental health in the federal government workplace. And in April, Minister Dosanjh announced a \$3.2 million mental health and the workplace research initiative, to help employers cope better with mental health issues in the workplace. That's a start.

The stigma attached to mental illness in society means that 68 percent of those who suffer from mental disorder don't seek help from health care professionals. If untreated, the illness will get worse, and can lead to alcohol and drug addictions.

Any strategy that is developed must take into account the unique needs of our immigrant population. That is why we are here today, sharing ideas which we can put forward, so that they may be implemented. Whether it is a provincial or federal government responsibility, politics should not be allowed to get in the way of this important initiative.

The situation in Canada is difficult enough for the Canadian-born individual; just imagine how difficult it is for new immigrants who are unfamiliar with any aspect of the health care system; who may lack English or French language skills, and may have particular cultural attitudes towards mental illness. Even if immigrants could navigate the system, where would they find trained professionals who could speak their language, understand their cultures, and provide in-depth counselling?

According to Statistics Canada, immigrants have lower rates of depression and alcohol dependence than their Canadian born counterparts. Since the majority of immigrants to Canada in recent years are from Asia, I am not at all surprised that the alcohol dependency rate is much lower than people born in Canada, but do they suffer less from mental illness? I am not so sure. While it is recognized that immigrants tend to be more stoic and accepting of difficulties than their Canadian-born counterparts, this does not mean that they do not suffer from depression, anxiety, or stress. It is more likely that they choose to suffer in silence, because they do not know where to turn and are ashamed to access care.

In the Chinese culture, we say that shame should be kept within the family - not losing face is of paramount importance. We think that even if we have some problems, we can work it out on our own. Sometimes we just can't. This is not unlike many other Asian cultures.

With our federal government's recent target to increase the numbers of immigrants to Canada, we need to address the question of mental health options for these new Canadians. I don't mean replicating the mainstream system, which isn't really working that well anyway. Immigrants traditionally rely on their own communities for their support systems, and

therefore, any solutions must take into account, language, culture, as well as social and family structures.

Thank you for asking me to provide the opening remarks today for this important Forum, featuring your prominent speakers. As the European Union has unequivocally stated, “there is no health without mental health”.