



Canadian
Collaborative
Mental Health
Initiative

Initiative
canadienne de
collaboration en
santé mentale

CBC INTERVIEW WITH PHIL UPSHALL on mental health and illness

Transcript from CBC radio program All in a Day,
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BRENT BAMBURY (CBO-FM): *This is one of the most prevalent illnesses in our society. It affects the young and the old, your co-worker could suffer from it, your best friend, but it's not an illness like to talk about. In fact, it's an illness that gets no respect.*

A new collaboration of mental health care providers wants to change all that. The Canadian Collaborative Mental Health Initiative was launched today as part of mental health awareness week. Phil Upshall is on the steering committee of the initiative. He's also the national executive director of the Canadian Alliance on Mental Health and Mental Illness and Mr. Upshaw joins me in studio this afternoon. How do you do?

PHIL UPSHALL (National Executive Director, Canadian Alliance on Mental Health and Mental Illness): *I am fine. How are you?*

BAMBURY: *I'm very well. Great to see you. Now we were just talking about the premier's conference, the First Ministers Conference on Health and what was your assessment of the way mental health was dealt with at that conference?*

UPSHALL: *We get no respect! (LAUGHTER) The reality is Brent that mental health issues, mental illnesses, primarily... where this is mental illness awareness week in Canada; mental illnesses are the largest single group of illnesses to confront the health care system.*

We've got, as you mentioned to me earlier, well over 4,000 suicides in Canada. Depression will be the largest disabling illness in Canada by the year 2020 - significant cost to the workplace - probably \$33 billion dollars in today's dollars as the actual costs of depression in the workplace. And to the Canadian economy about... the estimates run between \$10 and \$14 billion dollars.

But the direct cost to the health care system... incredible statistics in terms of... almost every family is impacted by a mental illness issue.

BAMBURY: *And how is this reflected in the discussions that went on at that conference?*

UPSHALL: *It wasn't.*



Photo of Phil Upshall speaking at
the CCMHI Launch on Oct.6 2004

BAMBURY: *What were they... how did they miss something? How did they miss a target that big?*

UPSHALL: *Well how did the schools miss the target that big? Schools don't provide anywhere near the early assessment, the early treatment, the early assistance to interventions that would be so spectacularly successful. Mental illness issues, generally, early diagnosis/early treatment is spectacularly successful. It's as we allow the issues to become more and more developed that they become tougher and tougher to treat, tougher and tougher to diagnose.*

And the major issue all along has been the stigma associated with mental illnesses and the fact that not too many people really understand what mental illness really is, what it entails, what the initial early signs of it might be.

Doctors, general practitioners, see an awful lot of people with signs of mental illness, but in fact they receive very, very little in terms of specific educational training with regard to mental illnesses. They spend a lot of time on other issues.

BAMBURY: *So obviously you think there's room for improvement in the way that front line services are delivered, and the collaborative initiative is designed to try and find those improvements. Where do you start? What's the first step?*

UPSHALL: *Well you start by recognizing there's a problem. The first step is... and I come at this from what's called the consumer-patient perspective. I've been through the system; I've seen the system in its worst forms.*

I've watched people come into emergency wards in handcuffs in early psychosis absolutely unable to manage, the police not knowing what to do, and then being set aside way at the back of the waiting room triaged to the end, sitting there for hours. Police become upset, take them off to jail.

We have to change that system. Triage has to put people with mental illnesses first. They have to get adequate care quickly into proper treatment areas.

So how do we start? We start by bringing together a group of concerned professional and service providing agencies, the breadth from Canadian Psychiatric Association, GPs, psychologists, occupational therapists, social workers and NGOs involved in the front line services and we say let's build a better system. Let's base it on shared care. Let's try and knock down some silos.

Today we had the mental illness awareness week luncheon, champions of mental health luncheon in the Chateau Laurier. Dr. Bennett, the new Minister of Public Health, spoke to us, as did Senator Kirby. Senator Kirby said to us he thought he had seen silos when it came to the health care generally, which was the subject of his first study.

He is now studying mental health care and he's into the second year of his study and he said he's never seen so many silos. He says no farmer's field anywhere in Canada would have the number of silos that are existing in our mental health care field. So we've got to knock them down.

BAMBURY: *Silos meaning areas that operate autonomously, that don't share information, that don't share a wealth of treatments and that kind of thing.*

But here's an example that I found in some of the research that I did. Psychiatrists do not interact with occupational health therapists. Occupational health therapists do not interact with

social workers. All of these groups have a wealth of knowledge and experience. How did it happen that they ended up working in isolation this way?

UPSHALL: *Well I go back a long way, but I don't go back that far! I think a lot of it has to do with professional pride. Exclusionary issues always are there at the forefront. Medicine has not taken the lead as of yet to develop the initial recognition of mental illnesses among the patients and then accepting the fact that they alone cannot provide the necessary services, although Dr. Schumacher today was very supportive of a collaborative care model.*

So I think what we have to do is look and say there are people who endorse their profession and their profession alone as being the sole source of treatment modalities. But as we enter into the new century, that kind of mentality is changing and every... I work with all of these associations and every one of these associations is now saying we have to work collaboratively. We have to drop the barriers.

And many of them are saying we will accept change ourselves, which is frequently not the case. Everybody always says I believe in change, but you guys have to change to my model.

BAMBURY: *So you have 12 groups now that have pledged to work interactively. How significant will that be in terms of taking down some of these barriers and breaking down the silos?*

UPSHALL: *That remains to be seen. We've got another year to go on this particular primary health care project, for which Health Canada and the primary health care transition fund deserve a great deal of credit.*

History will tell us whether or not we're successful, but we're challenged to be successful and to put the patient first. Every one of these groups have said forget us, let's see what we can do to make the patient better. And if they maintain that focus then we will be successful.

BAMBURY: *Why didn't the First Ministers have that message?*

UPSHALL: *I hesitate on the program to suggest why, but -*

BAMBURY: *But if I hear you on another program suggesting it, I'll be very upset.*

UPSHALL: *The reality is we don't have the advocacy voice yet in Ottawa to really make a difference. We're hoping through the Canadian Alliance on Mental Illness and Mental Health, which I have the honour to be the executive director of, to be in a position to elbow our way into the Minister of Health's office, the Prime Minister's office, and say cancer is a terrible illness; heart and stroke issues are awful illnesses; diabetes is a terrible illness; but mental illnesses in Canada deserve to be at the same table as those groups are.*

They are very powerful, very strong and we support every initiative they undertake, but we need to be separately at the table.

BAMBURY: *Phil Upshall, very nice to meet you. Thanks for coming in today and talking to us.*

UPSHALL: *Thank you Brent.*

BAMBURY: *Phil Upshall is the national executive director of the Canadian Alliance on Mental Illness and Mental Health.*