COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA

SUBMISSION BY THE

CANADIAN MENTAL HEALTH ASSOCIATION

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Submission by the Canadian Mental Health Association

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EXECUTIVE SUMMARY

Values

CMHA members, like most Canadians, want a comprehensive and effective publicly funded health system. We value the principles underlying the Canada Health Act, and do not want to see them undermined. Still, we recognize that most mental health services and supports do not fall under the rules of Medicare, and many are not even seen within the realm of "health". It is important that these be adequately resourced and coordinated.

Building Sustainability

Growing demands on the service system are being tempered by increased awareness of people's potential for recovery. Promoting people's ability to engage productively in society will not only contribute to better quality of life, but is a less costly approach.

Summary of Key Recommendations for the Federal Government

?? Work with the provinces to develop standards for integrated, coordinated mental health systems.
?? Provide incentives for these systems to take a balanced approach between treating illness and promoting and preserving mental health.
?? Develop a national strategy on child/youth mental health.
?? Develop a national policy framework for home care.
?? Take proactive steps to address poverty and homelessness.
?? Promote social support and mutual aid; employment and supported education.

Managing Change

Current trends suggest that the formal health system alone cannot keep up with growing demand; innovative approaches and mental health promotion are of increasing interest. Strategic human resource planning is needed, including utilization of non-medical human resources and interdisciplinary linkages. Ensuring that standards and accountability are in place is paramount to an effective change process.

Summary of Key Recommendations for the Federal Government

?? Work with the provinces to develop a national report card for mental health systems.
?? Study and disseminate models of mental health service delivery in rural areas.
?? With the provinces, develop consistent pan Canadian policies on privacy and access to health records.
?? Develop a national mental health human resource plan .
?? Explore effective use of alternatives to human resource professionals.
?? Develop and disseminate models to assist primary care in dealing with mental health issues.

Building Cooperative Relations

A unified pan Canadian vision and strategy on mental health and mental illness should be developed, using the Social Union Framework as a vehicle for joint federal/provincial action. This plan must be inclusive, representative, and accountable. To make it work, federal/provincial cost share plans must include conditions such as targeted funds for mental health services with accountability measures. Four suggested cornerstones of a national action strategy are: a research agenda, an information base, a public education initiative, and a policy infrastructure.

Summary of Key Recommendations for the Federal Government

?? Work with the provinces and voluntary sector to develop a national action plan on mental illness and mental health, built on broad national consultation.

?? Use the Social Union Framework Agreement and the CHST to ensure adequate support and funding are in place to implement the strategy.

?? Build on the call for policy coordination contained in Mental Health for Canadians: Striking a Balance (1988).

?? Work with the provinces to harmonize policies that affect mental illness and mental health across all levels of government.

?? Promote the formation of interdisciplinary partnerships among health professionals.

INTRODUCTION: MENTAL HEALTH AND MENTAL ILLNESS CONTEXT

Who We Are

The Canadian Mental Health Association (CMHA) is a national voluntary association that has existed for over 80 years to promote the mental health of all people. Our infrastructure of 12 provincial/territorial divisions and approximately 120 local branches and regions includes consumers of mental health services, family members, service providers, and interested community members. We are thus in a unique position to convey the common concerns of Canadians, coming from a variety of perspectives, all of whom care about mental health and illness.

Since first hearing of the work of the Commission on the Future of Health Care in Canada, the CMHA has taken many opportunities to consult amongst staff, volunteers and members at various levels across the organization. These discussions have yielded a number of interrelated key issues and themes which are woven throughout this submission. It is useful to articulate them at the outset.

Key Issues

1. Mental health and mental illness are distinct phenomena which both require attention.
   Not only must the health care system treat mental illness, but Canada needs to take proactive steps based on the determinants of health to protect the mental health of its entire population, including those with mental illness. A coordinated, comprehensive, and cross sectoral national strategy is needed in order to realize this goal, and to ensure that the mental health of all Canadians is protected and promoted.

2. Mental health and illness have unique elements which distinguish them from many other health concerns:
   a. *Mental health is impacted significantly by psychosocial factors which require responses besides medical services.*
      Factors such as income, social supports, employment, education and social inclusion are as important as health services in preserving and restoring mental health. There is a growing awareness that mental illness services need to focus more on quality of life issues.

   b. *As a result, the parameters of mental health and illness policies tend to be broader than those of typical health policy.*
      Integrated mental health systems include elements besides hospitals and doctors, such as supported housing, employment, and education programs, consumer-run initiatives, non-medical crisis intervention, and access to

disability benefits. The concept of "medically necessary" in the context of mental illness includes a range of responses, beyond just clinical approaches, to meet a complex array of needs.

c. *Poverty is strongly associated with serious mental illness and must be included in any discussions of approaches to mental illness.*
Most people with serious mental illness are disenfranchised and have significant income and housing needs. Policies such as privatization and user fees would disproportionately affect people with mental illness and their access to services.

d. *Fear, prejudice and discrimination are common public responses to people with mental illness.*
Such attitudes have insidious impacts on funding and services which are sparse in relation to the prevalence and burden. They also affect how people are treated, criminalized, and deprived of choice and control.

3. <u>Recovery is increasingly being recognized as a reasonable goal for people with serious mental illness.</u>
Whereas in the past the course for serious mental illness was assumed to be chronic or deteriorating, evidence now indicates that recovery is possible, and it is reasonable to expect that people with mental illness will lead productive lives.

4. <u>Participation of consumers and families is essential.</u>
Consumers of mental health services and their families, because of their unique experiences, bring important perspectives to the issues. In order for responses to be relevant and effective, this resource must be utilized in policy development, service design and delivery, and evaluation of mental health services.

Some Facts and Figures

Prevalence: Mental Illness
Most studies indicate that approximately 20% of the general population has had a mental illness in the previous year[1] and that approximately 3% of the population are affected by serious mental illness causing profound suffering and persistent disablement.[2] If we add family members, who carry a major burden of care, the figures of those impacted by mental illness in Canada would be multiplied two to three times.

The considerable rates of mental illness can also be understood by the following data: one out of every eight Canadians can expect to be hospitalized for a mental illness at least

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[1] Offord, DR, et. al. (1996). One year of prevalence of psychiatric disorder in Ontarians 15-64. Can J Psychiatry, 41, 559-563; Bland RC et. al. (1988). Period prevalence of psychiatric disorders in Edmonton. Acta Psychiatr Scand Suppl., 338, 33-42
[2] McEwan K. and Goldner, E. (2000). Accountability and Performance Indicators for Mental Health Services and Supports. University of British Columbia.

once in their lifetime; mental illness is the second leading category in hospital use among those age 20-44;[3] in a recent study of general medical practice in Canada, psychiatric illness was found in one-quarter of the patients.[4]

The Burden of Mental Illness
The human side of these numbers reveals a profound burden of illness causing suffering, disability, hospitalization, and suicide. The World Health Organization has determined that mental illness is one of the largest contributors to disability worldwide. Projections predict the burden of illness caused by mental disorders will continue to increase due to changes in the age of the population and to social and economic factors. By 2020 it is estimated that depressive illnesses will become the second leading cause of disease burden worldwide and the leading cause in developed countries such as Canada.[5]

Prevalence: Mental Health Problems
If we look at mental health problems that are not considered illnesses per se but nonetheless affect people's ability to function productively, similar incidence rates emerge. In a recent National Population Health Survey, 29% of Canadians reported high levels of distress, 16% reported that their lives were adversely affected by stress, and 9% reported resulting problems with thinking and remembering.[6] Projecting to the future by examining related trends, it is likely that the number of persons in distress in Canada will increase alongside upward trends in child poverty, income disparities, single parenting, youth unemployment, and declining expenditures on health, welfare and education.[7] It is also important to consider that every physical health problem carries with it a mental health component. With any rising rates of problems such as heart disease or cancer will come concomitant rising rates of stress and depression.

Economic Burden
The corresponding economic burden is remarkable. A recent Health Canada report has estimated that mental disorders (including stress and distress) resulted in a total cost of $14.4 billion in 1998[8], placing mental illness and mental health problems amongst the most costly of all conditions in Canada. Many of these dollars, such as those for psychiatric beds, could be spent more effectively by investing in a stronger system of community supports.

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[3] Cleghorn, J. and Lee, B. (1991). Understanding and Treating Mental Illness. Toronto: Hogrefe and Huber Publishers.

[4] Kates, N. et. al. (1997). Shared Mental Health Care in Canada. The Canadian Journal of Psychiatry, 42 (8)

[5] Murray CJL, Lopez AD (eds.) (1996). The Global Burden of Disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Cambridge: Harvard University Press.

[6] Statistics Canada. National Population Health Survey, 1996-97.

[7] Stephens, T. and Joubert, N. (2001). The Economic Burden of Mental Health Problems in Canada. Chronic Diseases in Canada (22) 1

[8] Ibid.

What We Have Learned From History

An Historical Summary of Mental Illness Treatment [9]

The large custodial provincial psychiatric hospital was, well into the 1950s, the major locus of treatment for those with serious mental illness. By the 1960s and 70s, budgetary considerations and new medications combined with a new vision of "community psychiatry", which led to the deinstitutionalization of large numbers of patients with serious mental illness. The goal was short-term out-patient treatment or a brief stay in a general hospital, with mental illness normalized as an "illness like any other".

By the mid 1970s, however, it was becoming clear that the realization of this vision was tragically flawed. For many former hospital residents the new system meant either abandonment, demonstrated by the increasing numbers of homeless mentally ill people; "trans-institutionalization": living in grim institution-like conditions such as those found in the large psychiatric boarding homes; or a return to family who suddenly had to cope with an enormous burden of care but very little support. In addition, fears and prejudices about mental illness, in part responsible for the long history of segregation in institutions, compounded the problems in the community. These attitudes increase the barriers to access to community life in areas such as employment, education, and housing.

To address these problems, new programs offering supported housing, counselling, vocational rehabilitation and other rehabilitation services were developed in the late 1970s and early 80s, continuing to the present. Although this approach is much more responsive to the varied needs of people with serious mental illness, it is based on a questionable and costly assumption: that every problem can be solved by a new service.

In fact, consumers often say that what contributes to their recovery as much as formal services are social relationships, often with other consumers or family, decent housing, income, work, and education. To achieve this requires collaborative approaches by service systems with other community resources, but does not need formal systems to serve "clients" in all aspects of their lives. This is the vision of the new millennium.

Lessons Learned

?? Clinical services must be in place in community before hospital beds are closed. Cuts to acute care resources should occur only after equivalent community services have been put in place. These must be accessible, relevant, and appropriately resourced.

?? Services beyond biomedical must be present in community. Besides clinical services, hospitals are sources of housing, social recreation, nutrition. Such services, like the clinical, must also be available in community.

?? Resources outside the formal service system are essential. The provision of formal services is not sufficient to promote inclusion, citizenship, and recovery. Many people rely more on other crucial resources such as self-help or generic

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[9] taken from Trainor, J., Pape, B., and Pomeroy, E. (1997). Critical Challenges for Canadian Mental Health Policy. Canadian Review of Social Policy (39) pp. 55- 63

community groups than on formal services; these must be recognized and integrated into health systems on a long term and consistent basis.

   ?? Consumer and family participation is necessary.
People with mental illness and their families have critical knowledge of the system. By including their perspectives in planning, policy making, service design and delivery and evaluation, many false steps could be avoided.

Apparent Anomalies in a Diverse Field

With a wide range of perspectives in the mental health field, a variety of apparently competing messages can emerge. From these diverse voices, though, certain consistent themes are apparent.

Apparent Anomaly	Resolution
Expectation for effective health care system responsiveness, but wariness of medical model	Service system solutions and support for determinants of health are not mutually exclusive; our goal is for integrated mental health care systems which can include non medical supports and can connect people to generic resources in their communities.
A call for less institutionalization and more community investment, but concern about problems caused by bed shortages	Bed closures would not be problematic if a coordinated system of community supports were in place.
The mental health system is expected to meet complex mental health needs and support alternative approaches while containing costs	Evidence shows that investing in self-help resources and health determinants will not only meet peoples needs and provide alternatives, but will reduce the demand on more expensive services.
Separate funding envelopes and distinct mental health authorities are recommended practices, but mental illness should be normalized as much as possible.	Since many mental illness issues are so particular and specific, it is necessary to protect their integrity at a policy level. Ensuring that mental illness receives appropriate attention and resources will allow for practices which help individuals to become better integrated in community, thereby diminishing the risk of harmful stereotyping and marginalization.
The system tends to over serve in some cases (over-medication, long hospital stays, over-staffed services) but under serve in others (rural services, children's services, lack of intervention until situation is critical)	Targeted services based on need and as part of an integrated coordinated system can make more efficient use of sparse resources.

What Works: Documented Reports of Best Practices

In 1997, a project conducted by the Health Systems Research Unit of the Clarke Institute of Psychiatry identified best practices in mental health reform and implementation strategies, focusing on serious mental illness. It included a review of the current state of knowledge, a situational analysis of "best practice" policies and initiatives, and a

synthesis which addresses best practices across entire systems of care. The findings of that study have informed this submission; some key results are summarized below. [10]

Cornerstones

Across Canada, consistent "cornerstones" of mental health reform include:

- ?? Correcting the historical imbalance between institutional and community-based care
- ?? Offering a comprehensive range of services – treatment, rehabilitative, preventive and promotional
- ?? Developing governance of health/mental health services at the regional/local level to make the system responsive to local needs

Two other cornerstones being pursued are:

- ?? Recognizing that mental health care should not be limited to formal mental health supports
- ?? Acknowledging consumers and families as critical partners in planning, delivering and evaluating mental health care delivery

Best Practices in Mental Health Reform

Best practices identified include the following:

- ?? Assertive Community Treatment (ACT) programs for improving clinical status and reducing hospitalization
- ?? Crisis response programs which divert people from inpatient hospitalization
- ?? A range of different housing alternatives, along with a shift in resources and emphasis to supported housing (using generic housing widely dispersed in the community, with flexible individualized supports)
- ?? Long stay hospital patients moved from psychiatric hospitals to community with carefully planned transitions to alternative care models such as home treatment and day hospital
- ?? Self-help and other consumer-run initiatives funded and nurtured; funding for family groups (pending more comprehensive evaluation)
- ?? A shift from traditional vocational services to supported employment, with continuous individual support and attention to consumer preferences and supported education suggested as a promising model

Best Practices in System Reform

At a system level, the following best practices have been identified:

- ?? A free standing mental health reform policy supported by an explicit vision and timetable for reform, informed by stakeholder participation
- ?? A single separate funding envelope that combines various funding streams for delivery of mental health care
- ?? Mental health authorities at regional or local levels
- ?? Comprehensive monitoring and evaluation
- ?? Staff redeployment and training

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[10] quoted from Federal/Provincial/Territorial Advisory Network on Mental Health (1997) Best Practices in Mental Health Reform. Prepared by the Health Systems Research Unit of the Clarke Institute of Psychiatry.

What Works: CMHA Experience

CMHA offices at provincial/territorial, regional and local levels have had many decades of experience working with mental health systems. From frustrations and successes, we have learned, in addition to the above research findings:

?? Mental health systems must be integrated, coordinated, and comprehensive.
This approach will be reflected in the mental health system's values, collaborative relations amongst formal, voluntary, and community sectors, a focus on recovery/ resilience, and the full participation of consumers and families. Integrated mental health systems will include primary care physicians, many of whose patients visit them for mental health issues.

?? Mental health systems must have a framework for accountability.
Effectiveness should be based on what consumers and families say works for them, to help manage the illness and improve health-related quality of life issues.

?? It is essential that mental health systems recognize and include the non-medical factors that promote, preserve, and restore mental health.
For the most rational investment of health dollars, mental health systems must include a network of family and consumer organizations as well as housing, employment, education supports.

Implications of Data, and Lessons Learned From History, Research and Experience

This summary of issues, data, history, research and experience in the mental health field demonstrates that the problems are pervasive and profound. Despite this fact, however, we have a growing body of evidence to suggest how available resources can be used to develop a more effective, coordinated, and sustainable system.

Familiar common themes from the various sources include the need for a coordinated range of community supports that address psychosocial as well as medical issues, the need to recognize informal as well as formal supports, and the need for consumer and family participation in all aspects of service planning and delivery. The importance of integrated systems with distinct administrative, policy, and funding mechanisms is worth underscoring as an important mechanism for achieving the above aims.

CANADIAN VALUES/ VALUES OF THE MENTAL HEALTH SECTOR

General Core Values

Like most Canadians, CMHA members value free equal access to health care for all citizens, consumer involvement in health policy development, and consumer choice and control about individual health care decisions. CMHA has determined that Canadians value their mental health,[11] and expect to have access to appropriate treatment and services for mental health problems or mental illness. Therefore, it is important that the Canadian health care system both optimize mental health while effectively preventing and addressing mental illness.

CAMIMH: A Growing Consensus on Mental Health Values

Five key national mental health and illness organizations in Canada have formalized their common commitment to a set of core values, desired future, and vision for mental health and illness. In its blueprint for a national action plan[12], the Canadian Alliance on Mental Illness and Mental Health (CAMIMH)[13] asserts its values regarding participation of consumers and families[14], a publicly funded and equitable health care system, and the importance of a wide range of resource options for the promotion of mental health and treatment of mental illness.

CAMIMH also values (and models) citizen engagement and social capital, both as contributors to the mental health of the population and as tools for shaping appropriate mental health policy. These five organizations, through their alliance, demonstrate their collective "beliefs about the value of collaboration and the need to overcome vested interests in order to work effectively as a group".[15]

CMHA Values and Beliefs in Regard to Health Care

The Canadian Mental Health Association's values are consistent with those of CAMIMH. Our Framework for Support policy model[16], based on mental health promotion principles, guides our thinking about the importance of community resources and of informal as well as formal supports. Some of our specific beliefs are listed below.

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[11] The 2001 Canadian Mental Health Survey: A COMPAS Report to the Canadian Mental Health Association. 91% of respondents say that maintaining their mental health is very important to them.
[12] Canadian Alliance on Mental Illness and Mental Health (2000). A Call for Action: Building consensus for a national action plan on mental illness and mental health. (Provided to the Commission in June 2001)
[13] Members are: Canadian Mental Health Association, Canadian Psychiatric Association, Mood Disorders Society of Canada, National Network for Mental Health, and Schizophrenia Society of Canada.
[14] This can take place on many levels, including personal treatment choices, as service providers and evaluators, and participation at system/planning levels.
[15] Discussion Paper on Best Practices (op. cit.) p. 3
[16] Trainor, John; Pomeroy, Ed; and Pape, Bonnie (1993). A New Framework For Support. Canadian Mental Health Association, National Office (provided to the Commission in June 2001)

?? We believe that health systems must acknowledge and build on the determinants of health for all Canadians including those with mental illness.

?? We value children and believe that attention to their mental health is urgently needed to offset later costs and relieve human suffering.

?? We believe in the importance of enhancing the capacity of individuals and communities to help themselves and one another.

?? We acknowledge the role of individual resources and coping skills, but also recognize society's role in promoting, protecting, and restoring mental health.

?? We maintain that recovery from mental illness requires supportive health systems which promote autonomy, choice, control, and inclusion in community.

?? We support bed closures, as long as equivalent community resources are in place prior to closure.

?? We call for equitable resources, services, and attention to mental health and mental illness issues, redressing historical imbalances.

The Role of the Voluntary Sector in Creating and Sustaining Public Values

The voluntary sector has a serious responsibility and a major role in promoting public values. In a recent survey, CMHA found that Canadians trust the credibility of consumer and family groups more than they trust information from governments, pharmaceutical companies, or certain health care professionals.[17] In terms of influencing public values about health and its determinants, CMHA has been a leader in the field. We were one of the first to articulate the importance of health determinants to physical and mental health and to draw this to the attention of the public and policy makers. In recent years, many others in the health sector have also recognized this concern. As Hylton states:

> In countless opinion polls, health consistently ranks as Canadians' top priority. Yet current approaches to service delivery are not sustainable. This is the case, in part, because so little effort is being devoted to preventing illness and promoting health. The health system struggles to cope with ever increasing demands for acute and long-term services, even while it is mostly unable to step back and assess what could be done now to reduce the demands for such services in the future. Health determinants research is providing a valuable new perspective on these issues (underscoring) the important health benefits of the types of "front line" support services that many community organizations have long provided. The findings provide strong support for the view that an expansion in key community services, as well as closer ties involving the health sector and community organizations, can result in improved health status.[18]

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[17] The 2001 Canadian Mental Health Survey, op. cit.
[18] Hylton, John (2001). Let's Work Together: Improving health status through intersectoral cooperation. A report prepared for the Muttart Foundation. Chapter 5

SUSTAINABILITY

Cost Drivers

In general, a paradigm which views people with mental illness as powerless patients who need to rely on services for their health, housing, socializing, and income, is one which will tend to keep costs high. In contrast, focusing on people's capacities and promoting their ability to engage in society as productive citizens will not only contribute to recovery and better quality of life, but is also a less costly approach.

Some factors which drive costs up are:
- ?? Delays in services and treatment
- ?? Lack of access to child and youth services
- ?? Excessive reliance on service and illness paradigms
- ?? Poverty, homelessness, social exclusion which impact mental and physical health
- ?? Lack of attention to the interaction between physical and mental health
- ?? Insufficient coordination between primary care physicians and rest of mental health system
- ?? Development of new and expensive medications for mental illness, marketed in ways which may overestimate their benefits over less expensive medications
- ?? Uneven access to home care, or home care that is inappropriate for mental health needs

Focus on Promotion, Prevention, and Health Determinants to Build Sustainability[19]

Ensuring that Canadians have access to best practice mental health care is vitally important, but, as Stephens and Joubert state, "it is clear that offering only more "services" will not respond effectively to the population's mental health needs…What is …needed is a different kind of investment to promote…mental health."[20] The fact that mental health issues transcend pure health concerns, and intersect many social policy areas such as housing, income supports, social services, and justice, represents an opportunity to design systems in a more effective and more sustainable way.

Building on Determinants of Health
When people with or without mental illness are asked what keeps them well, they consistently identify "health determinants" such as physical and social environments, personal health practices and coping skills, along with health services.[21] Like other

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[19] much of the text in this section is taken from Mental Illness and Mental Health: Trends, implications, and strategies for action (2001) Brief to the Standing Senate Committee on Social Affairs, Science and Technology from the Canadian Alliance on Mental Illness and Mental Health

[20] Stephens, T. and Joubert, N. (2001) The Economic Burden of Mental Health Problems in Canada. Chronic Diseases in Canada (22) 1

[21] CMHA Nova Scotia Division (1995) *Consumer-Led Education and Action for Reform Project*. Western Health Region, Nova Scotia (1997) *Working Together*. Niagara District Health Council Ontario, (2001) *Health System Design Review,* Consumer/Survivor Visioning Session Report.

Canadians, consumers of mental health services use many kinds of resources which fall outside the formal mental health system, such as alternative or holistic approaches that assist people in their recovery and self-managed care. These can be integrated into coordinated systems which support a variety of resources and strategies implemented in a collaborative manner. This approach, controlled with accountability mechanisms, will not only better address people's mental health needs, but will reduce the burden on the health care system, making it more cost effective and sustainable in the long run.

Promoting Self-Determination

A burgeoning of consumer self-help initiatives, and the understanding that people can recover from mental illness and go on to lead productive lives, have implications for sustainability. Both these recent developments provide sound rationales for mental health systems not only to relieve symptoms, but to help people become more socially connected and remain well, thereby reducing pressures on the formal system.

Focusing on Children and Youth

Child and youth mental health needs have been particularly neglected, and, regrettably, the data reflect this situation. Whereas youth had the lowest levels of mental distress in the population 20 years ago, they now exhibit the highest levels[22]. This is especially discouraging since interventions in childhood and adolescence offer the strongest potential for preventing later problems and lessening pressures on the health care system.

Recent research and practice have documented the importance and effectiveness of mental health strategies in infancy, childhood, and adolescence, both in addressing current distress and in promoting better outcomes. Early psychosis intervention, for example, is a promising model starting to be implemented in Canada. Research shows this strategy can reduce disruption of relationships, reduce likelihood of hospitalization and relapse, and improve the capacity for young people to maintain their life course. Focusing our efforts at this stage can help curtail demand later on.

Addressing Mental Health Needs of Seniors

At the other end of the life stages, mental health promotion strategies for seniors can also cut down on service reliance. Several initiatives currently underway are making the ground fertile for addressing seniors' mental health needs before they become more serious. CMHA is identifying mental health needs of seniors and how these can be met through home care; a coalition led by the Canadian Academy of Geriatric Psychiatry is exploring how to address mental health issues of seniors in long term care.

Utilizing Home Care Effectively

Home care is a strategy that meets health needs outside the hospital and can reduce reliance on hospital-based services. However, it is a strategy that currently is not accessible for many people with mental illness. In a study completed last year, CMHA found that in many cases people with serious mental illness are not eligible for home care unless they are admitted for a physical condition or developmental delay. Those services that are available are not always appropriate. This is particularly unfortunate, since we

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[22] Stephens and Joubert, op. cit.

know that effective home supports can make a substantial difference in people's lives (particularly people with complex needs), and can even mean the difference between institutionalization and living in the community.

National guidelines or standards can be developed in regard to home care which ensure access for people with serious mental illness, and which also ensure effective home-based services, responsiveness to informal caregivers and appropriate funding levels and accountability for funding. This kind of a strategy must go hand in hand with a recognition of the fundamental importance of accessible, affordable housing as a key factor in the health and success of home care for this population - requiring intersectoral collaboration between health and other departments.

Recommendations: Federal Government Role in Building Sustainability

?? Work with the provinces to develop standards to ensure that integrated, coordinated mental health systems are in place.
?? Provide incentives for these systems to take a balanced approach between treating illness and promoting and preserving mental health.
?? Develop a national strategy on mental health of children/youth. Include a research agenda, national data base, and policy guidelines for coordinated services.
?? Develop a national policy framework for home care which includes standards for accessibility and appropriateness for those with mental illness, and accountability mechanisms.
?? Take proactive steps to address poverty and homelessness.
?? Promote social support and mutual aid through the development of self-help clearinghouses, consumer and family networks and organizations.
?? Support the development of practice guidelines for medications, independent of pharmaceutical company marketing and promotion.
?? Support research, models, and dissemination of information about employment and supported education as integral steps to health and recovery.

Many of the above steps are important for promoting the mental health of the general public as well as those with mental disorders, thereby reducing demand throughout the population.

MANAGING CHANGE

Current Trends in Mental Health and Mental Illness[23]

New Perspectives on Recovery

The "Facts and Figures" section in this paper describes the prevalence of mental illness and mental health problems and the projections of rising incidence in the future. A significant other trend sees stakeholders beginning to question traditional assumptions about long term chronicity as an inescapable fact of serious mental illness. Recent long-term research studies, along with the writings of consumers about their experiences in regaining control over their lives, are demonstrating that a deteriorating or chronic course is not necessarily the norm.[24] The growing perspective that people can reach a point where mental illness is not their life's central feature requires re-orientation of systems and professionals to support recovery.

Growing Knowledge Base

There is continuous growth of the knowledge base about new and effective interventions, and about cross cutting issues such as the relationship between physical and mental health or dual mental health and addictions disability. The sources of knowledge are also more varied, with increasing awareness of the legitimacy of a range of perspectives, including the experiential and those of various ethnocultural communities.[25]

Technological Innovation

The growth of electronic communication is having a variety of impacts. For the general public, the internet is making information about mental health widely accessible. At the same time, advances in technology are causing privacy of patient health information to be more vulnerable. For professionals, technology has made it easier to learn about the latest research findings and effective practice from around the globe, with the concomitant challenge of distinguishing quality scientific data from opinion and marketing. Building pressures on the system will put pressure on services to respond to the latest optimal research evidence regarding effective treatments and interventions.

Growth of Self-Help

As part of a larger trend in North America for marginalized or disenfranchised groups to take charge of their situations, consumers of mental health services and their families are gaining in power and knowledge. As a result, consumer and family networks, self-help organizations, consumer-run businesses and other peer support initiatives are growing in number around the country.

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[23] some of the text in this section is taken from Brief to the Standing Senate Committee on Social Affairs, Science and Technology from the Canadian Alliance on Mental Illness and Mental Health (2001) op. cit.

[24] Desisto, Harding, McCormick, Ashikaga & Brooks (1995). British Journal of Psychiatry, 167, 331-338 and 338-341

[25] Trainor, John; Pomeroy, Ed; and Pape, Bonnie (1997). The Knowledge Resource Base: Expanding our Understanding of Serious Mental Illness. Canadian Journal of Community Mental Health (16) 1, 109-116

Human Resource Demands

Our current understanding of the factors that contribute to mental health and recovery demonstrates the need for a conception of human resources that goes beyond professional service providers. Peers, natural support networks, and families are also human resources whose role in promoting mental health must be recognized and supported. Nevertheless, the need for trained mental health professionals from a variety of disciplines is becoming increasingly apparent. In particular, certain regions such as rural and remote areas, and population groups such as children and youth, experience a serious lack of services. As well, the ageing of Canada's population is likely to cause geriatric mental health issues to place increasing pressures on the human resource capacity of the mental health system.[26]

Specific human resource concerns are:

?? lack of psychiatrists, especially outside large urban areas
In a 1997 position paper on human resources, the Canadian Psychiatric Association reiterated an ideal ratio of one psychiatrist to 8,400 in the population. This ratio may appear to be met in some cities, but outside urban areas the availability of psychiatrists is sadly inadequate. In addition, a growing cadre of women and young graduates entering the field are making life style choices to work fewer hours. As a result, increasing numbers of the 3,600 Canadian licensed psychiatrists currently counted are not working full time. Certain specialties such as child psychiatry are especially low. This is of particular concern since it is child psychiatrists, working in prevention at the community level, who will be instrumental in helping the system become more sustainable.

?? lack of services in rural and remote areas
As with other health concerns, mental health services are especially lacking in rural and remote areas of the country. In Yukon, for example, there is at present no resident psychiatrist at all. The result is that people are forced to travel far from their homes to receive needed services – a hardship (ironically dubbed "Greyhound therapy") that is doubly stressful for someone dealing with a mental health problem. Even when services exist within rural areas, it is very difficult to find transportation to get to them.

?? lack of services and service coordination for children and youth
In a recently completed environmental scan and gaps analysis on child and youth mental health activities, CMHA has verified what families have long been saying: child and adolescent mental health services are tragically difficult to access. We are learning more about what children and youth need for positive mental health, but the programs and services are not keeping pace; in fact, the gaps between knowledge and practice appear to be widening. For example, in Ontario, where five hundred thousand children require treatment for mental health problems, only one in six is receiving the help they need from the formal care and treatment system, and, at any given time, 7,000 children are waiting an average of six months to get services.[27]

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[26] Bland, RC. (1998). Psychiatry and the burden of mental illness. Can J Psychiatry. 43, 801-10
[27] Canadian Mental Health Association, Ontario Division, (November, 1999). Fact Sheet, "Advocate for Child and Youth Mental Health!"

?? demand on primary care physicians

Across Canada, primary care physicians are seeing increasing numbers of patients for mental health concerns. In Alberta, for example, the top billing category by physicians through the Alberta Health Care Insurance Plan is for mental health related issues. These physicians, although their role is substantial, are not integrated into the mental health system; they are totally disconnected. It is essential that the part played by primary care physicians be recognized as integral to the mental health system. Innovative models for integrating primary care physicians into mental health systems are emerging, one exciting example being the Shared Care approach, which links physicians and psychiatrists.

Implications of Trends

?? Formal health system alone cannot keep up with growing demand; collaboration, innovative approaches and mental health promotion are of increasing interest.

?? It is essential to bridge knowledge, policy, and practice across disciplines and sectors.

?? Strategic human resource planning is needed in order to deal with present uneven distribution and to prepare for future shortages.

?? To decrease demand on psychiatrists, the importance of human resource professionals outside the medical professions, such as home support workers, social workers, and informal social networks, must be recognized and supported. Innovative applications of the shared care model, such as interdisciplinary linkages between physicians and psychologists or social workers should be explored.

?? Working in community settings or collaborative models requires professional retraining.

?? Privacy and access to health records are a growing concern.

?? Distance technology for specialist consultations needs to be explored further as a strategy for rural areas.

Performance Measurement

With the field changing rapidly, demand rising, and increasing control at the regional level, the need for accountability and common sets of indicators and standards is more urgent than ever.

Some Goals for System Change

McEwan and Goldner, who followed up the Best Practices research with a study of accountability and performance indicators, recommend that system change be geared toward improved choice and access to services, and promote acceptability, accessibility, appropriateness, competence, continuity, effectiveness, efficiency, and safety.[28]

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[28] McEwan, Kimberley and Goldner, Elliot (2001) Accountability and Performance Indicators for Mental Health Services and Supports: A Resource Kit. Prepared for the Federal/Provincial/Territorial Advisory Network on Mental Health. P. 36

When measuring system performance, it is recommended that broader policy issues also be explored. For example, with unevenness in quality and availability of services within provinces, let alone across Canada, identifying discrepancies, contrasting effectiveness of various models, and developing guidelines could promote more effective and equitable mental health care for Canadians. We also suggest evaluation of the impacts of hospital downsizing over the past decade to identify successes and weaknesses, and develop recommendations for next steps.

How to Measure Performance

McEwan and Goldner's study and resource kit provide a comprehensive set of suggested performance indicators and monitoring tools for each of the domains listed on the previous page, and is a good starting point. We also suggest that indicators include consumer/family perspectives, which are too often missing from existing performance indicators frameworks, and that they measure not only existing data, but also current or emerging areas of best practice such as crisis response services or early psychosis intervention.

Recommendations: Federal Government Role in Managing Change

?? Work with the provinces to develop a national report card or performance indicators for mental health systems and provide regular reviews.

?? Study and disseminate models of mental health service delivery in rural areas.

?? With the provinces, develop consistent pan Canadian policies on privacy and access to health records.

?? Develop a national mental health human resource plan which identifies requirements, and develops recommendations and standards, based on consumers' needs. Include recommendations on redeployment and training.

?? Explore effective use of alternatives to human resource professionals (para-professionals, peers, consumer initiatives); provide incentives and promote models for training consumers as providers.

?? Develop and disseminate models to assist primary care in dealing with mental health issues, and to integrate primary care into mental health systems.

COOPERATIVE RELATIONS

Development of a Unifying Vision: A National Strategy on Mental Illness and Mental Health

The Canadian Alliance for Mental Illness and Mental Health has articulated in its "Call For Action" the rationale and a blueprint for a coordinated national strategy on mental illness and mental health. The need is clear when one considers how these issues have not received sufficient attention in Canada for a long time. CAMIMH notes that, although the Hall Commission nearly 40 years ago identified mental illness as the problem of greatest public concern, the decades that followed brought poverty, alienation, and neglect, rather than the hoped-for reform.

Today, best practices for integrated mental health systems have been identified and are starting to be implemented, but the funding and commitment to support accountability, research and evaluation still remain elusive. In addition, by paying inadequate attention to prevention and mental health promotion from infancy to the senior years, we are squandering the opportunity to reduce demand on an overburdened system. A national strategy could address these gaps.

Promoting a broad national dialogue and building on the emerging common goals of Canadians, the federal government can work with the provinces to ensure that a comprehensive national strategy on mental illness and mental health is in place. The best way to proceed is through a national consultation process so that the various constituencies with a stake in these issues can participate in building a national plan that is inclusive, representative, and accountable.

Role of the Voluntary Sector

The voluntary sector in the mental health field has a wealth of knowledge, energy and commitment to be tapped in the development of a vision and strategy. Voluntary organizations can act as "bridge builders", facilitators, and catalysts for change to advance the interests of people dealing with mental health and illness concerns, thereby helping to build a more "civil society". They can engage people on the issues, commit to action, generate new ideas and solutions, and build public support for collective decisions and action. [29]

Although the voluntary sector in Canada has recently found itself under new pressures related to changing economic and social realities, increasingly diverse populations, more complex community problems, and changing government and public expectations,[30] its

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[29] Canadian Alliance on Mental Illness and Mental Health (2000). A Call for Action: Building Consensus for a National Action Plan on Mental Illness and Mental Health, p.24. (building on Burbidge, J. (Ed.) (1997). Beyond Prince and Merchant: Citizen Participation and the rise of Civil Society. New York: The Institute for Cultural Affairs and Canadian Council for International Cooperation (1996). Global Citizenry: A New Way Forward.

[30] Hall, Michael and Parmegiani, Marcus (1998). Public opinion and accountability in the charitable sector. Toronto: Canadian Centre of Philanthropy Research Bulletin 5 (2) quoted in Hylton (op. cit.)

role is still becoming increasingly relevant. "The health sector and the voluntary sector are natural allies and there is a tremendous opportunity to expand the range of collaborative action." [31]

Five key mental health and illness organizations have collectively begun this venture through the Canadian Alliance on Mental Illness and Mental Health, but we now need to widen the range of players. It is time for an inclusive grass roots and front line effort to build consensus and vision for a Canadian mental health policy and action plan in collaboration with policy makers. The CAMIMH member organizations can bring energy and momentum to this kind of collaborative process facilitated by government. These groups are prepared to assist in the vision-building task by facilitating discussions with other non-government organizations and other sectors.

Jurisdictional Cooperation

Because mental health and mental illness transcend pure health boundaries, an integrative, collaborative and intersectoral strategy for dealing with these issues is needed, taking into account the many determinants of mental health. As part of a national strategy, the health care system must create strong linkages with other sectors and departments in order to address the various complex needs associated with mental illness, and to ensure that the mental health of the population is protected and promoted.

Such a coordinated approach to mental health care has several benefits. It could serve as a pilot for testing integrated models for other health concerns, will promote enhanced mental health for Canadians, and will ease some of the pressures on the formal health care system. Some departments that would be natural partners with Health in the interests of promoting mental health and addressing mental illness issues are Justice, HRDC, Canada Mortgage and Housing, Canadian Heritage, RCMP.

Federal/Provincial/Territorial Relations:
Issues and Recommendations Regarding Current Arrangements

Current Federal/Provincial/Territorial arrangements can be utilized to maximize the effectiveness of a national action strategy on mental illness and mental health.

The Social Union Framework Agreement

The Social Union Framework is an important vehicle for the provinces and federal government to use to work together on mental illness and mental health issues. Following the example of the intent of the National Children's Agenda, the Federal Government can work in partnership with the provinces to put mental illness and mental health higher on Canada's health and social policy agendas. What is needed now is collaborative national leadership.

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[31] Hylton (op. cit.) pp. 69-70

Canada Health and Social Transfer
Recommendation

For a number of reasons, including historical missteps, fears and discrimination, and ineffective policies, mental health services are generally inadequately funded. They are usually seen as the "thin red line" on the pie chart of health funding. Legislation to govern new federal/provincial cost-shared programs, or increases to the current Canada Health and Social Transfer, are needed. However, these must include conditions such as targeted funds for mental health services with accountability measures in order to rectify past funding inequities and ensure future stability.

The Canada Health Act
General Recommendation

In general, CMHA is *not* calling for a review of the entire Canada Health Act, as long as transferred funds can be targeted for mental health, as stated above. We do, however, wish to highlight some issues and recommendations related to the Act.

1. Comprehensiveness
Issues

- ?? Most community mental health services do not fit the definition of hospital and physician services, although they are covered by provincial health budgets. There is serious concern that these need to be adequately funded and adhere to consistent standards.
- ?? Home care, discussed above in the "Sustainability" section, is a glaring example of how people with mental illness do not have equitable access to services.
- ?? The costs of new medications are a concern, both for governments which need to control expenditures, and for consumers and families who need access to the best treatments, but who, especially those with serious mental illness, tend to be among Canada's poorest citizens.

Recommendations

- ?? In order to ensure the viability of community mental health services, federal/ provincial cost share plans should include accountability measures and funds targeted to mental health.
- ?? National standards for home care are needed, which ensure that home care services for people with mental illness are accessible, appropriate, adequately resourced and recognize the role of family caregivers.
- ?? Measures to ensure universal access to medications should be explored by the federal government.

2. Universality
Recommendation

- ?? We support this principle.

3. Portability

Issue

?? In some cases this principle has been problematic in application in regard to interprovincial transfers to psychiatric hospitals and reciprocal billing arrangements.

Recommendation

?? It is important to ensure that the principle of portability applies equally to people with mental illness as it does to other Canadians who require medical care outside their home province.

4. Public Administration

Issues

?? Most people with serious mental illness are not employed, do not have private insurance, and depend on a strong public system.

?? The public sector has a social responsibility to ensure that services are effective, appropriate, and well coordinated amongst families, users, community organizations and the private sector.

Recommendation

?? Non-profit public administration of provincial health insurance plans is a very important principle which must be maintained.

5. Accessibility

Recommendation

?? CMHA supports this principle and strongly urges it be maintained.

Cornerstones of a National Action Strategy

A national action strategy on mental illness and mental health should include components that address the particular needs of special populations such as children and youth, seniors, ethnocultural communities, and Aboriginal Peoples. For all of these components, as well as for the strategy in general, there are at least four areas on which national action on mental illness and mental health is appropriate, needed, and possible. These are: a research agenda, an information base, a public education initiative, and a policy infrastructure. They are all elaborated in A Call For Action, and summarized on the pages that follow.

Research

Research into mental illness and mental health is vastly under funded in relation to the burden (5% of research dollars spent on research into mental illness, a disorder which directly affects 20% of the population). Federal government leadership in promoting a comprehensive research agenda on mental health issues throughout the life span could provide the essential framework for creating a responsive and sustainable health system.

Recommendations for Strengthening Research

?? Establish and support a national research agenda with adequate funding levels.
?? Increase the cadre of new researchers in mental health and mental illness.
?? Ensure that mental illness and mental health research informs policy development in all areas of health.
?? Increase the involvement of consumers and other stakeholders in development, implementation and dissemination of knowledge.

Information Base

Informed decisions about the health system depend on reliable data. Currently, there is no national surveillance system on mental illness, and no data bases on mental health services and activities across the country. The federal government has a clear role to play in ensuring that data is gathered, analyzed and disseminated across Canada.

Recommendations for Developing an Information Base

?? Create a national public health surveillance and reporting program in collaboration with other stakeholders
?? Collaborate with national public education and awareness programs to provide regular snapshots of the state of mental health and mental illness policies, programs and outcomes for Canadians (see below).

Public Education

Unfortunately, the development of a full spectrum of mental health activities from services to policy to community integration is too often impeded by discrimination, fear, and stigma. The federal government can combat this situation by leading a public education initiative to enhance awareness and understanding, and decrease discrimination.

Recommendations for Public Education

?? Involving consumers, develop a national public awareness strategy about mental illness to reduce discrimination and fear
?? Increase public knowledge and awareness of mental health and ways to protect and enhance it

Policy

Finally, the federal government can work with the provinces and territories to develop a policy infrastructure for mental health and mental illness. This need not intrude on provincial powers, but rather it can and should evolve out of a consensus among all stakeholders including governments.

Recommendations for Policy
- ?? Ensure that the impact on mental illness and mental health is considered in every federal policy and legislative initiative.
- ?? Create national guidelines, benchmarks and accountability for key outcome areas.
- ?? Strengthen consumer and family participation in national policy development.
- ?? Promote self-help/mutual aid.
- ?? Develop and disseminate innovative models of service delivery based on best practices.
- ?? Develop a human resources plan.
- ?? Ensure that infant, child, and youth mental health, including early psychosis intervention, is a component of a national strategy.

Recommendations: Federal Government Role in Building Cooperative Relations

- ?? Work with the provinces and the voluntary sector to develop a national action plan on mental illness and mental health, built on broad national consultation
- ?? Use the Social Union Framework Agreement and the CHST to ensure adequate support and funding are in place to implement the strategy.
- ?? Build on the call for policy coordination contained in Mental Health for Canadians: Striking a Balance (Health and Welfare Canada, 1988)
- ?? Work with the provinces to harmonize policies that affect mental illness care services and mental health promotion strategies across all levels of government
- ?? Promote the formation of interdisciplinary partnerships among health professionals working on mental illness and mental health in communities.

CONCLUSION AND SUMMARY

Canadians concerned with mental health and mental illness issues echo the values and concerns of a majority of Canadians. We want a comprehensive and effective publicly funded health system. We value the principles underlying the current Canada Health Act, and do not want to see them undermined. At the same time, we recognize that the majority of services and supports that affect our mental health do not fall under the rules of Medicare, and indeed, many do not even fall within typically understood parameters of "health". We are very concerned that these are generally not adequately resourced or coordinated.

Our perspectives contain some strong nuances specific to mental health and illness. There are mental health implications to every physical health issue, mental health is important to all Canadians, and the burden of mental illness is significant and increasing. Despite this compelling case, the attention and resources traditionally allocated to these issues have been disproportionately low.

We are especially sensitive to the fact that the increases to provincial funding approved in 2000 were untargeted, with the result that mental health too often continues to be overlooked. We have found that regionalization of health care has sometimes exacerbated this problem, with the distinctiveness of mental health lost within health. It is encouraging that best practices for mental health reform at the system and service levels have been identified, and we have broad standards set out by the Canada Health Act. Nevertheless, implementation is at best uneven and fragmented within and between provinces, and performance is not systematically measured. Targeted funding tied to national guidelines is needed.

The determinants of health, critical for overall health status, especially resonate for us. Their direct implications for mental health and illness are evident in the support for social determinants (such as employment and housing) in provincial mental health budgets. The fundamental need to address health determinants, reduce disparities, and ensure access to the essential elements of citizenship for all Canadians is of immediate importance in order to achieve real and lasting reform for health care in Canada.