

Toward a National Strategy on Mental Illness and Mental Health

CMA Presentation to the Senate Standing Committee
on Social Affairs, Science and Technology

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A healthy population...a vibrant medical profession
Une population en santé...une profession médicale dynamique

The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, the CMA's mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, of the highest standards of health and health care.

On behalf of its 55,000 members and the Canadian public, CMA performs a wide variety of functions, such as advocating health promotion and disease/accident prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada's physicians and comprising 12 provincial and territorial divisions and 45 affiliated medical organizations.



Introduction

Thank you, honourable Senators, for the opportunity to speak on the critical need to address mental health and mental illness in Canada.

In my remarks today I want to talk briefly about the dimensions of the issues, the instruments available to government to address them, and the CMA's specific thoughts and recommendations on moving forward.

Dimensions of the problem

As the members of this committee know, the economic toll exacted by mental health disorders, including stress and distress topped 14 billion dollars in 1998.

The human cost, however, extends far beyond dollars and cents.

Estimates show that about one in five Canadians — close to six million people — will be affected by mental illness at some point in their life.

This problem climbs still higher if one includes the serious problem of addiction to illicit drugs, alcohol, prescription drugs and the increasingly serious emerging problem of gambling addiction.

Yet our society and health care system remains woefully inadequate in promoting mental health and in delivering care and treatment where and when needed.

These systemic shortcomings have been exacerbated by the twin barriers of stigma and discrimination.

These barriers have a detrimental effect on recovery from mental illness and addictions by hindering access to services, treatment and acceptance in the community.

This is especially unfortunate because effective treatment exists for most mental illnesses and addictions.

Poor mental health affects all aspects of a person's life and requires a collaborative approach.

Family physicians, psychiatrists, psychologists, social workers, nurses and other counselors can be involved in one patient's mental health care.

While family physicians can deal with a number of mental illnesses, most are not trained in the complicated medical management of severe mental illness.

Many family physicians' offices are also not sufficiently resourced to deal with family counseling, or related issues such as housing, educational and occupational problems often associated with mental illness.

As a family physician myself I should be assured that, when a patient's mental health care requires additional expertise, the appropriate resources are available for my patients and their families.

Physicians are striving to ensure that the care is provided by the appropriate caregiver at the appropriate time. For example the Shared Mental Health Care initiative of the College of Family Physicians of Canada and the Canadian Psychiatric Association is designed to lead to better outcomes for patients.

I know the committee will hear more about this initiative from the Canadian Psychiatric Association.

I mention it now simply as a reminder that progress is being made and even more could be gained with the establishment of a national strategy to address mental illness and mental health.

Canada is the only G8 nation without such a national strategy.

This oversight has contributed significantly to fragmented mental health services, chronic problems such as lengthy waiting lists for children's mental health services and dire health human resource shortages.

Case in point, there are no child psychiatrists in the northern territories, where such care is so desperately needed.

Planning to correct the problem

The fragmented state of mental health services in Canada did not develop overnight and it would be overly simplistic to say problems can be solved immediately.

However, it is important to understand that there are means available to the federal government to better meet its obligations with respect to surveillance, prevention of mental illness and promotion of mental health.

The way forward has been clearly described by the Canadian Alliance for Mental Illness and Mental Health, and the October 2002 National Summit on Mental Health and Mental Illness hosted by the CMA, and the Canadian Psychological and Psychiatric Associations.

This gathering helped define the form that a national strategy should take.

Participants recommended a focus on national mental health goals, a policy framework that includes research, surveillance, education, mental health promotion and a health resources plan, adequate and sustained funding; and an accountability mechanism.

In addition to a national strategy, the CMA believes it is also important to recognize the deleterious effect of the exclusion of a “hospital or institution primarily for the mentally disordered” from the application of the Canada Health Act.

Simply put, how are we to overcome stigma and discrimination if we validate these sentiments in our federal legislation?

The CMA firmly believes that the development of a national strategy and action plan on mental health and mental illness is the single most important step that can be taken on this issue.

The plan also requires support, wheels if you will, to overcome the inertia that has foiled attempts thus far.

Those wheels come in the form of five specific actions that are listed at the back of the presentation. But, to summarize, they would include:

- Amending the Canada Health Act to include psychiatric hospitals.
- Adjusting the Canada Health Transfer to provide for these additional insured services.
- Re-establishing an adequately-resourced federal organizational unit focused on Mental Illness and Mental Health and addictions.
- The review of federal health policies and programs to ensure that mental illness is on par in terms of benefits with other chronic diseases and disabilities.
- An effective national public awareness strategy to reduce the stigma associated with mental illnesses and addictions in Canadian society.

Looking inward

While my remarks have focused on the broad status of mental health initiatives in Canada, the mental health status of Canadian health care providers is also of concern to the CMA.

In recent years, evidence has shown that physician stress and dissatisfaction is rising and morale is low.

The CMA’s 2003 Physician Resource Questionnaire found that 45.7% of physicians are in an advanced state of burnout.

Physicians, particularly women physicians, appear to be at a higher risk of suicide than the general population.

The CMA has been involved in a number of activities to address this situation, including last year's launch of the Centre for Physician Health and Well-Being.

The Centre functions as a clearinghouse and coordinating body to support research and provide trusted information to physicians, physicians in training and their families.

A first activity of the Centre was to provide, through partnership with the CIHR's Institute of Neurosciences, Mental Health and Addiction, \$100,000 in physician health research funding.

This funding is currently supporting two research projects.

One will develop a guide of common indicators for Canadian physician health programs. This will generate a national profile of the physicians who use the programs, the services provided, and their outcomes.

The second will study the psychodynamics of physicians' work to allow for a better understanding of the dynamics of problems such as stress, burnout, addiction and violence in the workplace.

These efforts must be bolstered - other health providers are also impacted by mental illness and need support.

The health care provider community needs help in terms of the reduction of stigma, access to resources and supportive environments.

Conclusion

I know some of what I have said today will have been familiar to members of the committee given the impressive list of roundtables, witness testimony and submissions you have reviewed already as part of your study on mental health.

I only hope my comments will be of help in your important efforts and lead to real progress on addressing the largely unmet mental health and mental illness needs in Canada.

Recommendations for Action

CMA Submission to the Senate Social Affairs, Science and Technology

1. That the federal government make the legislative and/or regulatory amendments necessary to ensure that psychiatric hospital services are subject to the five program criteria of the Canada Health Act.
2. That, in conjunction with legislative and/or regulatory changes, funding to the provinces/territories through the Canada Health Transfer be adjusted to provide for federal cost sharing in both one-time investment and ongoing cost of these additional insured services.
3. That the federal government re-establishes an adequately resourced organizational unit focused on Mental Illness and Mental Health and addictions within Health Canada or the new Canadian Agency for Public Health. This new unit will coordinate mental health and mental illness program planning, policy coordination and delivery of mental health services in areas of federal jurisdiction. The unit would also work with provinces and territories, and the Canada Health Council to enact the National Action Plan endorsed at the National Summit on Mental Illness and Mental Health. Specific responsibilities would include fostering research through federal bodies such as the Canadian Institute for Health Research (CIHR), and disseminating best practices in the provision of mental health programs and services in Canada.
4. That the federal government review federal policies such as disability policy, tax policy, income support policy to ensure that mental illness is on par in terms of benefits with other chronic diseases and disabilities.
5. That the federal government work with the provinces and territories and the Canadian Alliance on Mental Illness and Mental Health to develop an effective national public awareness strategy to reduce the stigma associated with mental illnesses and addictions in Canadian society.