ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

Canadian Psychiatric Association
Association des psychiatres du Canada

Joint Statement on

Access to Mental Health Care

from the

Canadian Medical Association

and

Canadian Psychiatric Association

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Executive summary

One in five Canadians suffer from a mental health problem or illness in any given year. Mental illness costs Canada over $50 billion annually in health care costs, lost productivity and reductions in health-related quality of life. The social costs of poor mental health are high; a person with serious mental illness is at high risk of experiencing poverty, homelessness and unemployment.

Despite the widespread prevalence of mental health disorders, it is estimated that fewer than one-third of people affected by them will seek treatment. This is due in large part to the stigma society attaches to mental illness, which can lead to discriminatory treatment in the workplace or the health care system.

In recent years, awareness of mental health issues has risen considerably in Canada. However, much still needs to be done to ensure that Canadians who require mental health care have timely access to the treatment and support they need. The Canadian Medical Association (CMA) and Canadian Psychiatric Association (CPA) recommend that all stakeholders, and governments at all levels, work together toward developing a mental health care system that incorporates the following elements:

- *Comprehensive, patient-centred care and evidence-based treatment* for mental health disorders. This includes enhancing collaboration and teamwork among health professionals, patients and their families; providing education and resources for health professionals; and supporting ongoing research to identify and disseminate best clinical practices.

- *Timely access to mental health services*. The health care system should ensure an appropriate supply, distribution and mix of accredited mental health professionals, ensure equitable coverage of essential mental health care and treatment, and provide appropriate services for populations with unique needs, such as children and older Canadians.

- *Adequate supports in the community*, for example in schools and workplaces, to promote mental health, identify mental health issues in a timely manner and support people with mental illness as they seek to function optimally.

- *Reduction of stigma and discrimination* faced by Canadians with mental health disorders, in the health care system and in society.

Summary of recommendations

Comprehensive, patient-centred care and evidence-based treatment

Governments and health care systems

1. Develop and support a continuum of evidence-based, patient-centred services for the promotion of mental health and treatment of mental illness, in the community and in hospitals, with smooth transitions and linkages between each level.
2. Develop and implement models of collaborative mental health care in the community, with input from key stakeholders including the public, patients and their families, evaluate their effectiveness and encourage the adoption of those that demonstrate success.
3. Develop and implement a national caregiver strategy and expand the financial and emotional support programs currently offered to informal caregivers.
4. Continue to develop, implement and monitor mental health indicators that reflect both health system performance and population health, regularly report the results to the public and use them to improve the delivery of mental health services in Canada.
5. Increase funding for mental health research so that it is proportionate to the burden of mental illness on Canada's health care system.

Medical faculties, professional associations and the health care systems

6. Continue to develop evidence-based guidelines and professional development programs on mental health treatment and management, for all health care providers.
7. Continue to conduct research into best practices in mental health care and treatment and communicate the results of this research promptly to health care providers and the public.

Appropriate provision and funding of mental health services

Governments and health care systems

Address current gaps in access to mental health services in the following ways:

8. Ensure that mental health services are appropriately funded to effectively meet the needs of Canadians.
9. Make mental health a priority with all levels of government and ensure stable and appropriate funding.
10. Establish standards for access to mental health services, including appropriate maximum wait times, and measure and report them on an ongoing basis.
11. Fund and support primary health care delivery models that include mental health promotion and mental illness treatment among the services they provide and identify and address the barriers to their implementation.
12. Increase funding for access to evidence-based psychotherapies and counselling services for mental disorders.
13. Establish a program of comprehensive prescription drug coverage to ensure that all Canadians have access to medically necessary drug therapies.
14. Continue to develop linkages between remote communities and larger health centres, including telehealth and e-health services, to ensure adequate access to mental health services by people in smaller communities.

Health professional associations

15. Work with governments and other stakeholders to develop a mental health human resources plan that optimizes the scope of practice of every health professional, is culturally appropriate and takes into account Canada's diverse geography.
16. Undertake a national study of ways to optimize the supply, mix and distribution of psychiatrists in Canada and present its findings/recommendations to governments.

Adequate community supports outside the health sector

Governments

17. Ensure the availability of school-based mental health promotion and mental illness prevention programs, and programs that address school-related problems, such as bullying, that are associated with mental distress.
18. Work with employers and other stakeholders to support mental health programs for workplaces.
19. Provide programs and services to improve the interface between people with mental illnesses and the criminal justice system.
20. Expand programs that provide housing for people with mental illness.

Reduction of stigma and discrimination

Governments and the health care system

21. Incorporate identification and elimination of stigma as a quality of care indicator in the ongoing monitoring of health system performance at all levels.
22. Implement and evaluate national public awareness and education strategies to counteract the stigma associated with mental illness.
23. Enforce legislation and regulations to guard against discrimination against people with mental illness.

Professional education

24. Incorporate effective anti-stigma education into the entire medical education continuum (medical school, residency and continuing professional development) for all physicians and other health professionals.
25. Incorporate effective anti-stigma education into professional development programs at hospitals and other health care facilities.

Introduction

Mental health disorders impose a heavy burden on Canadians and their health care system. In any given year, one in five Canadians will suffer from a mental health problem or illness.[1] It is estimated that 10% to 20% of Canadian youth are affected by a mental health disorder. By age 40, 50% of Canadians will have had a mental illness.[2] Mental illness can shorten life expectancy; for example, people with schizophrenia die as much as 20 years earlier than the population average. This is due both to higher rates of suicide and substance abuse and to a poorer prognosis for conditions such as heart disease, diabetes and cancer. Suicide is the second leading cause of death (after injuries) for Canadians aged 15 to 34.[3] For people with mental health disorders, the effect on their lives goes beyond their interaction with the health care system; a person with serious mental illness is at high risk of experiencing poverty, homelessness and unemployment.[4]

Mental health disorders are costly to Canada's health care system and to its economy. A third of hospital stays in Canada and 25% of emergency department visits are due to mental health disorders. It is estimated that mental illness costs Canada over $50 billion per year, including health care costs, lost productivity and reductions in health-related quality of life.[5]

Despite the widespread prevalence of mental health disorders, it is estimated that only one-quarter to one-third of people affected by them will seek treatment.[6] This could be due in part to the stigma society attaches to mental illness, which deters many people from seeking needed treatment because they fear ostracism by their friends or discriminatory treatment in the workplace or the health care system. Those who do seek treatment may have a difficult time finding it. According to Statistics Canada, in 2012 almost a third of Canadians who sought mental health care reported that their needs were not met or only partially met.[7] Lack of access to family physicians, psychiatrists and other health care providers contributes to this deficit.

Though mental illnesses constitute more than 15% of the disease burden in Canada, the country spends only about seven cents of every public health care dollar on mental illness (7%), below the 10% to 11% of spending devoted to mental illness in countries such as New Zealand and the United Kingdom.[4]

Since 2000, however, Canadians' awareness of mental health issues has risen considerably. The seminal 2006 report entitled *Out of the Shadows at Last* by the Standing Senate Committee on Social Affairs, Science and Technology, chaired by Senator Michael Kirby, made a number of recommendations aimed at increasing awareness, improving access to mental health services and reducing the stigma of mental illness. As a result of this report, in 2007 the federal government established the Mental Health Commission of Canada (MHCC) to be a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.[8] In 2012, the MHCC released Canada's first mental health strategy, "Changing Directions, Changing Lives." As part of her mandate from the prime minister following the 2015 federal election, Canada's health minister has been asked to "engage provinces and territories in the development of a new multi-year Health Accord [that will] make high quality mental health services more available

to Canadians who need them."[9] Nearly all provincial governments have also developed mental health strategies for their own jurisdictions.

Much still needs to be done to translate heightened awareness into improvements in service provision to give Canadians who require mental health care timely access to the evidence-based, patient-centred treatment and support they need. The Canadian Medical Association (CMA) and Canadian Psychiatric Association (CPA) agree it is time to make mental health a high priority in Canada. The CMA and CPA recommend that all stakeholders, and governments at all levels, work together toward developing a mental health care system that is driven by needs-based plans with clear performance measures and that receives an appropriate share of health care funding.

This position statement discusses and makes recommendations on issues relating to access to mental health care, with a focus on:

- comprehensive, patient-centred care and evidence-based treatment for mental health disorders;
- appropriately funded primary, specialty and community mental health treatment and support services;
- adequate community supports for people with mental health disorders; and
- reduction of the stigma and discrimination faced by Canadians with mental health disorders.

Comprehensive, patient-centred care and evidence-based treatment

The goal of mental health care in Canada should be to allow patients' needs to be met in the most appropriate, timely and cost-effective manner possible. Current best practice suggests that care for patients with mental health disorders should be provided using models that incorporate the following principles.

Patient-centred care

One of the fundamental principles of health care is that it be patient centred. CMA defines patient-centred care as "seamless access to the continuum of care in a timely manner … that takes into consideration the individual needs and preferences of the patient and his/her family and treats the patient with respect and dignity."[10] For treatment of mental health disorders, it is essential that patients be core members of the health care team, working with health care providers to address their individual needs, preferences and aspirations and to seek their personal paths to well-being. Physicians and other health professionals can help patients make choices about their treatment and can provide information and support to patients and their families as they seek to cope with the effects of their illnesses and live functional lives.[11]

A continuum of mental health services

Mental health disorders can be complex and can vary in severity. A patient may have short-term coping difficulties that can be resolved with counselling or a severe psychotic illness that

requires frequent hospital care and intensive, lifelong support. This range of needs requires that the health care system provide different levels of care, including:

- community-based programs to promote and maintain mental health and to facilitate early identification of problems requiring intervention;
- community-based primary health care, including collaborative care teams, which focus on providing mental health maintenance programs and on treating high-prevalence conditions such as anxiety disorders, mood disorders and addictions;
- specialized services in the community for patients with greater needs, which can be delivered through a variety of means, including community-based psychiatrists, interdisciplinary family health teams that incorporate psychiatric services and specialized interdisciplinary teams such as assertive community treatment (ACT) teams[12];
- acute-care mental health services including community crisis teams and beds, psychiatric emergency services and inpatient beds in community hospitals, and specialized psychiatric hospitals;
- a continuum of residential care services including long-term care facilities;
- seamless, integrated transitions from one level of care to another, and across age groups (e.g., from youth to adult to senior mental health services);
- appropriate services for special populations, including children and adolescents, and adults with dementia;
- specialized psychiatric services for patients with complex mental illnesses such as eating disorders, post-traumatic stress disorder and personality disorders; and
- community-based programs that provide housing, vocational support and other services to optimize community integration of people with mental illness.

Mental health care should ideally be provided in the context of caring for the patient's overall health, taking into account any physical conditions for which the patient is receiving or may receive treatment.

Collaborative and team-based mental health care

Within this continuum, a variety of health care professionals with different skills and education provide mental health services in Canada. They include:

- primary care physicians (family physicians and general practitioners);
- psychiatrists (hospital and community based);
- other specialist physicians (including emergency physicians, paediatricians, geriatricians);
- other health professionals (psychologists, nurses, pharmacists, occupational therapists, social workers); and
- case managers, peer support workers and system navigators.

Collaborative models enable a variety of mental health care providers to work with patients and their families to provide effective, coordinated care according to a mutually agreed plan. Collaborative partnerships in mental health care have demonstrated benefits including

symptom and functional improvement, reduced disability days and improved adherence to medication.[13]

Elements of a successful collaborative partnership include:

- effective linkages among psychiatrists, primary care providers and other mental health professionals, including a seamless process for consultation and referral;
- effective communication and information flow;
- use of technology, such as electronic health records and telemedicine, to facilitate collaboration among providers in all health care settings;
- coordination of care plans and clinical activities to ensure the most effective care and efficient use of resources; and
- integration of mental health and primary care providers within a single service or team (in some cases, providers may work in the same practice setting).[13]

Education and resources for health professionals

Since mental health disorders are pervasive and are often associated with other chronic conditions such as heart disease,[14] health care providers of all disciplines and specialties often encounter them while caring for their patients. The *Mental Health Core Competencies for Physicians* report, prepared collaboratively by the Royal College of Physicians and Surgeons of Canada, the MHCC, the College of Family Physicians of Canada, CMA and CPA, proposes goals, principles and core mental health competencies to provide guidance to physicians of all specialties. The intent is to improve access to mental health services; improve the experience of care, including reducing stigma; recognize and address the interaction between physical and mental health; and provide practice support for physicians.[15]

To support physicians and other health care providers in treating mental health disorders, clinical and practice resources should be available to them, including:

- early education in medical school and residency on mental health promotion, diagnosis and treatment of mental health conditions, and liaison with other community resources, for all specialties;
- clinical practice tools including practice guidelines, clinical pathways and online decision support including prescribing guidelines for the appropriate use of psychiatric drugs;
- online continuing professional development (CPD) programs[16];
- enhanced interprofessional education for all providers (psychiatrists, family physicians, nurses, social workers, occupational therapists, peer support workers, patients, their family members and others as relevant)[17]; and
- evidence-based, user-friendly education and support tools for patients, which physicians can recommend to help them manage their conditions.

Support for informal caregivers

Often the burden of caring for a person with mental illness falls heavily on family or friends, and the role of the informal caregiver can be demanding financially, physically and/or

emotionally. Though governments have instituted tax credits and other forms of support for caregivers, more help is required. A national caregiver strategy, developed by governments and other key stakeholders, could define a national standard of support for informal caregivers and expand the financial and emotional support programs that are currently offered.[18]

Research and evaluation

Thanks to ongoing research, our knowledge of how to treat and manage mental health disorders is constantly growing and developing. However, there are still gaps in this knowledge, and research needs in the area remain substantial. CMA and CPA encourage a continued commitment to research into best practices in early identification, care and treatment of mental health disorders and to funding this research so that it is proportionate to the burden of mental illness on Canada's health care system. Results of this research should be communicated to health professionals and the public as quickly and widely as possible, so that it can be rapidly incorporated into clinical practice.

Mental health care interventions should also be routinely evaluated for their effectiveness in improving patient care, enhancing the sustainability of the health care system and increasing the overall health and well-being of Canadians. The MHCC has developed a set of 63 mental health indicators that focus on 13 specific areas, including access and treatment, the economy and workplace, and special populations such as seniors, children and youth.[19] Other projects are underway to develop indicators to monitor and report more specifically on mental health system performance, such as use of emergency departments for mental health care, and physician follow-up after hospital treatment. Such indicators should be used on an ongoing basis to monitor the performance of the mental health care system and provide mental health professionals, planners and governments with reliable information that they can use to better meet the needs of Canadians.

Recommendations

Governments and health care systems

1. Develop and support a continuum of evidence-based, patient-centred services for the promotion of mental health and treatment of mental illness, in the community and in hospitals, with smooth transitions and linkages between each level.
2. Develop and implement models of collaborative mental health care in the community, with input from key stakeholders including the public, patients and their families, evaluate their effectiveness and encourage the adoption of those that demonstrate success.
3. Develop and implement a national caregiver strategy and expand the financial and emotional support programs currently offered to informal caregivers.
4. Continue to develop, implement and monitor mental health indicators that reflect both health system performance and population health, regularly report the results to the public and use them to improve the delivery of mental health services in Canada.

5. Increase funding for mental health research so that it is proportionate to the burden of mental illness on Canada's health care system.

Medical faculties, professional associations and health care systems

6. Continue to develop evidence-based guidelines and professional development programs on mental health treatment and management, for all health care providers.
7. Continue to conduct research into best practices in mental health care and treatment and communicate the results of this research promptly to health care providers and the public.

Appropriate provision and funding of mental health services

Appropriate provision of mental health services requires that people be able to access the right care in the right place at the right time, in both hospital and community settings. Unfortunately, because of the underfunding of the mental health care system, limited resources are available to accommodate all of those who need such services. The exact extent of lack of access to hospital and community mental health services is not well documented; for instance, provinces do not report wait times for psychiatric services. According to the 2015 Wait Time Alliance Report Card, no jurisdiction is measuring what proportion of patients is being seen within the benchmark time periods.[20] In December 2015 the CPA expressed disappointment that "no visible progress has been made in measuring how well the health system meets the psychiatric needs of Canadians."[21]

In the absence of community-based services, patients may have their discharge from hospital delayed. Once they are back in the community, they may be unable to find appropriate assistance, or assistance may be available but beyond their financial means. They may abandon treatment or rely on emergency departments for episodic crisis care.[4]

Canada should work to remedy the current deficiencies in access to mental health services so that people with mental health disorders have timely access to seamless, comprehensive care in the most appropriate setting. This includes ensuring an appropriate supply, distribution and mix of accredited mental health professionals, ensuring equitable coverage of essential health services and making appropriate services and supports available to populations with unique needs.

Access to physician services

Primary care

For the majority of patients who seek treatment for a mental health problem, the first (often the only) point of contact is their primary care physician. As part of the comprehensive care they provide to patients, family physicians and general practitioners can provide mental health promotion and wellness counselling, detect and treat mental health disorders in their early stages and monitor the patient's progress in the context of his or her overall health and well-being, referring to psychiatrists and other mental health professionals as needed.[13]

CMA has long recommended that every Canadian have an established professional relationship with a family physician who is familiar with his or her condition, needs and preferences. However, some Canadians may have difficulty finding primary medical care, since the proportion of family physicians and general practitioners to the population is not consistent across Canada.[22] All stakeholders should continue working to ensure that every Canadian has access to comprehensive first-point-of-contact medical care.

Psychiatric services

Psychiatrists are physicians who complete five to seven years of specialty and subspecialty training to diagnose, treat and provide ongoing care for mental illnesses, particularly to people with complex illnesses that cannot be managed within a primary care setting alone. In addition to providing specialty treatment, psychiatrists are also active in the areas of education, research and advocacy about the importance of mental health promotion and mental illness prevention. They provide care across the lifespan, in both hospital and community settings.

Patient access to psychiatrists is often limited by long wait times. It has been suggested that this is due to a shortage of psychiatrists, which is more severe in some parts of Canada than others. Recent surveys report that a number of specialists, including psychiatrists, are in the latter half of their careers, and there are concerns that the number of psychiatrists per Canadian population is declining. [23] Though the Royal College notes that the number of psychiatric residency positions has increased in recent years, it is unclear if this is sufficient to meet current and future population needs. The CPA recommends the development of strategies to attract, train and retain practitioners in clinical psychiatry.[24]

Access to services not funded by provincial and territorial health systems

Though Canada's public health care system covers many mental health services and treatments, including physician consultations and hospital care, it does not cover all aspects of optimal treatment and care, and access to some therapies may be limited by the patient's ability to pay. Psychiatric drugs, especially those that must be taken over many years, can pose a heavy financial burden for patients who do not have drug coverage through employer-provided benefit programs or provincial or territorial drug plans. Psychotherapies delivered by non-physician health care practitioners are generally not covered by government health plans and must, therefore, in most cases be paid for out of pocket or through private insurance plans, to which many Canadians do not have access. Federal, provincial and territorial governments should work to increase access to accredited psychological and counselling services that are evidence based and to provide comprehensive coverage of medically necessary prescription drugs for all Canadians.

Some primary health care practices, such as family health teams in Ontario, have funding envelopes that they can use to contract with skilled mental health professionals to provide psychotherapy, stress management programs and other services that are not ordinarily funded through provincial health budgets. Models such as these help to make publicly funded mental health care available to patients who might otherwise have been unable to afford it.

Access to mental health services for special populations

For some populations, access to mental health services may be particularly problematic. For example, stakeholders should consider the needs of the following populations:

- *Children and youth*: As up to 70% of mental health conditions first appear in adolescence or young adulthood, it is important that young people have access to mental health promotion and to appropriate assessment and treatment of mental health disorders. At present only one out of four children who need mental health services receives them.[1,3] CMA and CPA particularly recommend increased supports for children in high-risk situations, such as those in foster care. The transition from the youth to the adult mental health service sectors should be smooth and well organized.
- *Remote areas*: People in the North and other remote parts of Canada may have to travel many miles to access mental health and other health care services. This gap should be remedied by using technologies such as telehealth and e-mental health services and by strengthening communication and coordination between small communities and the larger health centres to which their residents travel for care.
- *Immigrants and refugees:* New arrivals to Canada may have problems understanding our language and culture and may also face mental health problems as a result of traumatic experiences in their countries of origin or the stress of relocation.
- *Indigenous Peoples.* Rates of mental health disorders, addictions and suicide are high among Canada's First Nations, Inuit and Métis. Much of this is linked to past experience of forcible separation from their traditional languages and culture. Health service providers should work with Indigenous communities to address their distinct mental health needs appropriately.
- *Seniors:* An estimated 10% to 15% of seniors report depression, and the rate is higher among those with concomitant physical illness and those living in long-term care facilities. Depression among older people may be under-recognized and under-treated or dismissed as a normal consequence of aging. Poor mental health is often associated with social isolation, a common problem among seniors. The majority of older adults in long-term care settings have dementia or another mental health condition.

Recommendations

Governments and health care systems

Address current gaps in access to mental health services in the following ways:

8. Ensure that mental health services are appropriately funded to effectively meet the needs of Canadians.
9. Make mental health a priority with all levels of government and ensure stable and appropriate funding.
10. Establish standards for access to mental health services, including appropriate maximum wait times, and measure and report them on an ongoing basis.
11. Fund and support primary health care delivery models that include mental health promotion and mental illness treatment among the services they provide and identify and address the barriers to their implementation.

12. Increase funding for access to evidence-based psychotherapies and counselling services for mental disorders.
13. Establish a program of comprehensive prescription drug coverage to ensure that all Canadians have access to medically necessary drug therapies.
14. Continue to develop linkages between remote communities and larger health centres, including telehealth and e-health services, to ensure adequate access to mental health services by people in smaller communities.

Health professional associations

15. Work with governments and other stakeholders to develop a mental health human resources plan that optimizes the scope of practice of every health professional, is culturally appropriate and takes into account Canada's diverse geography.
16. Undertake a national study of ways to optimize the supply, mix and distribution of psychiatrists in Canada and present its findings/recommendations to governments.

Adequate community supports outside the health sector

People with mental health disorders often require not only treatment and care from the health sector but also support from the community at large to function optimally. Ideally, the community should provide an environment that supports patients as they work toward recovery and well-being. In addition, schools, workplaces and other community agencies can play an important role in promoting mental health and identifying problems that require attention.

Schools

Education and information should be made available to parents, teachers and health professionals to help them identify signs of mental illness or distress in children and adolescents, so they can intervene early and appropriately. School health education programs should include the promotion of mental health and incorporate self-management techniques such as mindfulness training to help young people develop resilience. Schools should also ensure that they minimize possible threats to children's mental health, such as bullying, that may occur on their premises.

Workplaces

Unlike many other chronic conditions, mental illness frequently affects younger people and those in their most productive years, so the burden it imposes on Canada's economy is high. Mental health disorders account for 30% of short-term workplace disability claims,[1] and the Conference Board of Canada has estimated that six common mental health disorders cost the country's economy more than $21 billion a year and predicts that this cost will increase to $30 billion by 2030.[25] However, often employees do not disclose mental health problems to their employers for fear of losing their jobs, being ostracized by colleagues, or other negative consequences.

Workplaces can support the mental health of their employees by:

- offering mental health promotion assistance through stress management seminars, employee assistance and other programs;
- training managers to identify potential mental health issues in their staff and to intervene early and appropriately;
- eliminating stigma and discrimination and providing an environment in which employees feel safe disclosing their mental health issues; and
- offering adequate benefits, including supplementary health insurance and supportive leave-of-absence programs.

The MHCC's Standard for Psychological Health and Safety in the Workplace, released in 2013, provides guidance to employers on how to promote the mental health of their staff and intervene in cases of mental distress.[26]

Correctional services

People with mental illnesses are overrepresented in the criminal justice system. Estimates suggest that rates of serious mental illness among federal offenders upon admission have increased by 60% to 70% cent since 1997.[4] This places a heavy burden on corrections and law enforcement staff, who are often inadequately trained to deal with mental illness.

Programs and services are needed to ensure that people with mental health disorders who run afoul of the law are identified early, given appropriate treatment throughout their incarceration and followed up on release. These could include:

- training for police and other frontline criminal justice and corrections workers in how to interact with people with mental illnesses;
- diversion programs, such as mental health courts, to redirect people with mental illnesses who are about to enter the criminal justice system;
- comprehensive psychiatric screening, assessment and treatment for incarcerated patients with mental illnesses and common co-occurring conditions such as addiction; and
- Careful handover of clinical care at the point of release from custody with engagement by mental health services in the community.

Housing

Mental illness increases a patient's risk for poverty and homelessness. It is estimated that two-thirds of Canada's homeless population have a serious mental illness.[27] Homelessness and poverty can exacerbate existing mental health and addiction problems, hinder access to treatment and reduce life expectancy.

Programs such as the MHCC's Housing First research demonstration project can improve the social and economic circumstances of people with mental illness. The MHCC project provided no-strings-attached supportive housing for people with chronic mental health problems, giving them a secure base from which they could pursue their treatment and

recovery goals. Evaluation showed that this approach reduced the rate of homelessness, improved access to treatment and support services and led to cost savings, particularly for the program participants who had the highest service-use costs. [28]

Recommendations

Governments

17. Ensure the availability of school-based mental health promotion and mental illness prevention programs, and programs that address school-related problems, such as bullying, that are associated with mental distress.
18. Work with employers and other stakeholders to support mental health programs for workplaces.
19. Provide programs and services to improve the interface between people with mental illnesses and the criminal justice system.
20. Expand programs that provide housing for people with mental illness.

Reduction of stigma and discrimination

Many believe that the primary reason for the underfunding of the mental health care system and for the reluctance of people with mental health disorders to seek treatment is the stigma attached to their conditions. Mental illness is the most stigmatized disease state in Canada,[29] and discriminatory behaviour toward people with mental health disorders is widespread. This can include ostracism and lack of support from peers, discrimination in the workplace and distorted public perceptions, such as the tendency to equate mental illness with violent behaviour.

Discriminatory behaviour can also occur in the health care system. Experts acknowledge that stigma affects health care providers' attitude toward patients with mental health problems.[29] Though many health care providers are unaware that their language or actions can be harmful, their attitude may have negative effects on the treatment their patients receive. For example, if a patient who has been treated for a psychiatric condition reports physical symptoms, these symptoms might be attributed to the mental illness rather than to a physical condition, and as a result the patient may not receive necessary treatment. This is known as diagnostic overshadowing.[30,31]

CMA and CPA recommend comprehensive efforts to change the culture of stigmatization of mental illness, in the health care system and in society. A number of interventions are underway to help reduce stigma and discrimination related to mental illness. These include public awareness programs such as the Bell Let's Talk campaign, Mental Illness Awareness Week, sponsored by the Canadian Alliance on Mental Illness and Mental Health, and the Opening Minds program of the MHCC, which focuses on specific populations including youth and health care providers. The current consensus among experts is that the most effective interventions are those that:

- are aimed at changing *behaviour* rather than modifying *attitudes*;
- are ongoing rather than time limited;

- are targeted to specific groups rather than to the general population; and
- involve direct contact with people with mental illness.[32]

Within the health care system, professional education is a potentially important means of addressing stigma and discrimination. It has been recommended that anti-stigma education be incorporated into the medical education continuum at all levels (including residency and CPD) and for all specialties and that this education incorporate direct contact with people with mental illness, to share their stories of recovery.[27] All health professionals and their associations should be encouraged to address the elimination of stigma in their educational programs. CMA and CPA have worked with partners to provide education to physicians, through workshops, online materials and other means.

Recommendations

Governments and the health care system

21. Incorporate identification and elimination of stigma as a quality of care indicator in the ongoing monitoring of health system performance at all levels.
22. Implement and evaluate national public awareness and education strategies to counteract the stigma associated with mental illness.
23. Enforce legislation and regulations to guard against discrimination against people with mental illness.

Professional education

24. Incorporate effective anti-stigma education into the entire medical education continuum (medical school, residency and CPD) for all physicians and other health professionals.
25. Incorporate effective anti-stigma education into professional development programs at hospitals and other health care facilities.

Conclusion

Despite increased public awareness about mental illness, ensuring access to effective mental health services and supports remains a challenge in Canada, and the stigma and discrimination associated with mental illness remain high. CMA and CPA believe that change is possible. In an ideal future, all Canadians would feel safe acknowledging their mental health problems and seeking help for them, a range of effective, evidence-based treatments would be available for every Canadian who needs them, and communities would support Canadians as they work to promote and maintain their mental health or to recover from mental illness. It is our hope that health care providers, governments, communities, patients and their families will work together toward realizing this future.

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