

No health without mental health

SUBMISSION TO
THE MENTAL HEALTH COMMISSION
OF CANADA

REGARDING THE NEED FOR A
NATIONAL STRATEGY TO ADDRESS
MENTAL ILLNESS IN CANADA

MAY 2008



Introduction

THE NATIONAL Union of Public and General Employees is a family of 11 unions representing 340,000 members who work to deliver public services of every kind to the citizens of their home provinces.

As a stakeholder in the mental health community we are pleased to make this brief submission to the Mental Health Commission of Canada as you set out to develop a national strategy to address mental illness in Canada.

A significant number of our members work in Canada's health care system, including mental health services, as front-line care providers. These workers have given extraordinary service in bringing better health to Canadians. They are intimately involved in the health care system, working with patients on a daily basis. Based on the unique experiences of these workers we believe we can provide valuable insight and common sense recommendations to the work of the Commission.

As you know, Canada is the only G8 nation that does not have a national strategy or plan to address the prevention and treatment of mental illness. This has resulted in a mounting prevalence of mental health conditions, rising social and economic costs, and a growing incapacity of our health and social service systems to implement comprehensive initiatives that would benefit people living with mental illness.

The need for this Commission to develop a coherent national strategy is critical. Mental health has often been described as one of the "orphan children" of Canada's health care system. As a result of government cutbacks and privatization, the needs of many Canadians with mental illnesses have been abandoned, ignored and swept under the carpet.

In this submission we have focused our comments and recommendations in four broad areas: the public health care system, health human resources, community-based social services and the criminal justice system.

Recent history has shown a trend to treating people with mental illnesses in their own communities rather than in institutions. On the one hand, this has resulted in governments

reducing the number of acute care psychiatric beds and closing long-term psychiatric facilities. On the other hand, governments have not provided the community health sector with sufficient public resources to deliver the necessary mental health services. We believe it is time to deal with these issues and bring mental health into the mainstream of public health care. We urge the Commission to recommend that all governments increase their investment in both institutional and community-based services, and recommend that the federal government take the long overdue step of ensuring that mental health services are included as medically necessary services under the *Canada Health Act*. This is an essential step in the evolution of Canada's public health care system.

As with all sectors of the health care system, mental health services face large and growing shortages of health professionals. Shortages of doctors and nurses have received a lot of attention, but that's just the tip of the iceberg. There are also growing shortages of highly skilled health professionals and frontline community workers that are vital to mental health services such as: social workers, psychologists, counselors, pharmacists, child mental health therapists, mental health nurses and clinicians and mental health rehabilitation counselors. We urge the Commission to recommend that the federal government work with the provinces to develop and implement a national health human resources strategy to ensure that Canada has an adequate, well-educated and effective mental health workforce for the future.

It is critical that people with mental health issues have access to a comprehensive spectrum of services from promotion through diagnosis, treatment and support. In particular, community-based social services such as employment assistance, safe and adequate housing, counseling, peer support services, income maintenance services, crisis intervention, women's services and emergency shelters are vital. These community-based social services provide direct support and treatment to individuals and families and foster the social and economic inclusion of people with mental illnesses. They can also help identify the symptoms of mental illness and address the social determinants of health as they relate to people with mental health issues.

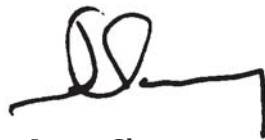
Yet our members who work in this sector report that as a result of chronic under-funding by governments our system

of community-based social services is fragmented, with services that are difficult to access and uneven in quality, and in many cases the services simply do not exist. We urge the Commission to call on all levels of government to adequately fund the broad range of community-based social services that are essential to ensuring that people with mental health problems live rich and fulfilling lives in their communities.

Finally, a lack of institutional and community-based support and services has meant that many people dealing with mental illnesses fall through the cracks and end up in the criminal justice system. Our members who work in provincial correctional facilities report that the population of new inmates with significant, identified mental health needs is surging at a serious rate. Our governments must act swiftly to ensure these Canadians get the treatment and support they need rather than being placed in correctional facilities.

We recognize there are many other important areas related to mental health reform that must also be addressed, including action to tackle stigma and discrimination. Clearly, profound change is essential if people living with mental illness are to receive the help they need and deserve. The task has never been more formidable. The need has never been greater. We remain optimistic that with the creation of the Mental Health Commission of Canada the time has come when meaningful change can and will be made. We look forward to working with the Commission to help make meaningful change a reality.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Clancy', with a long horizontal stroke extending to the right.

James Clancy
National President

Protect and expand public health care

WE MUST NEVER let the desire to make money defeat the need to be human. When individuals, and their families and friends, are struggling with mental health issues the last thing they should have to worry about is the cost of care and support. Allowing money to determine who gets mental health care and how fast they get it would be a perversion of fundamental Canadian values.

For-profit mental health services are also not the smart way to go. Study after study shows that Canada's single-payer public health care system is the most cost-efficient way to finance and deliver medical care. Moreover, it is vital that care and support is of the highest quality. That means a profit motive must not drive service delivery. There is simply no hiding the fact that a profit motive leads to denial of care and lower quality care as companies strive to save money and boost returns to investors.

Unfortunately, the past couple of decades have seen a steady erosion of public investment in mental health services. As new treatment models have been accepted we have seen a shift away from large scale institutional treatment to more community-based models. This trend might have been a step forward if adequate institutional care remained for those who need it and if the shift had been accompanied by sufficient public funding and resources to the community. Unfortunately, this has not been the case. Many recent reports have highlighted the desperate need to invest more public funding and resources in mental health services.

Sadly, when budgetary strain is felt in the health care system, mental health services are often the first to either feel the pinch or be pushed out the door. We have seen an increasing proliferation of private sector involvement in the mental health system. Private clinics, public-private partnership hospitals, and for-profit community-based agencies are becoming more common.

And yet, studies have repeatedly shown that competition and market forces are not the right models to provide services to vulnerable people. From traditional health care to social services we see that private provision leads to poorer service and higher costs. This is not the foundation for an effective and modern mental health care system. All levels of government must make public re-investment in mental health services a higher priority.

Canada needs a national mental health strategy. It should be funded and administered by our single-payer public health care system. It should be adequately financed so facility and community-based care is available across the country when Canadians need the services. The federal government should take the long overdue step of ensuring mental health services are included as a medically necessary service under the *Canada Health Act*. But of course, ensuring universal access will also depend in large part on ensuring there is an adequate supply of professionally trained staff to work in the system.

A national health human resources strategy

A PRINCIPAL CAUSE of inaccessible mental health services across the country is a shortage of health professionals. The demand for mental health services has been growing and is expected to surge in the years ahead. But our health professional workforce is aging and static or shrinking. Canada needs to recruit, train and retain more health professionals, including social workers, psychologists, counselors, therapists and pharmacists. The more we put it off, the more we put off and hamper any real chance of making mental health services accessible to the levels required.

The health professional shortage is a crisis that's already arrived. This means there is no time to lose. It will take time to recruit, train and retain an adequate mental health workforce. But success depends on our governments honestly recognizing the seriousness of the shortages and doing something about it immediately.

Provincial governments acting independently are only likely to make this problem worse. There's a brisk migration of health professionals across the country and provinces often attract their professionals at the expense of neighbouring provinces. To succeed, all provinces must work together with the federal government to develop and implement a national plan.

Canada can build an adequate supply of health professionals by taking four important steps. First, a parallel private system

of mental health services only serves to exacerbate the health human resources crisis by draining health professionals out of the public system. Moreover, the trend towards public-private partnerships in mental health services has also proven to result in fewer services. In order to succeed, a health human resources strategy must be developed within the context of a strengthened and expanded public health care system.

Second, we must improve the work environment and job satisfaction for our current mental health professional workforce. This means making creative investments in financial and non-financial incentives and putting an end to the over-reliance on part-time and casual work.

Third, we must make better use of the health professionals we have presently. This means moving forward with team-based approaches to care, reassessing the scopes and patterns of practice, and enabling health professionals to practice to their full potential in order to make the best use of their skills.

Fourth, we must plan better for future health needs. This means increasing enrollment spaces in health professional schools and clinical training, and reducing tuition costs to train more professionals where there are severe shortages. But this also means moving away from intermittent planning and quick fix solutions. Provinces must stop working on this issue in isolation, set aside jurisdictional squabbling, and accept instead that a national approach is required.

Ensuring an adequate supply of health professionals is key to developing an accessible and high quality mental health system. But people living with mental illness need to be able to rely on more than just the health care system to obtain the services and supports they need. Community-based social services complement and complete the picture of care and support which the health care system can and should provide for individuals with mental illnesses.

Adequate funding for community-based social services

COMMUNITY-BASED social services create a network of support for those most in need in our communities. They often provide auxiliary services to Canadians with mental illnesses. Group homes, social assistance, employment assistance, safe and adequate housing, counseling, peer support programs, emergency shelters, crisis intervention, family support services and other programs provide critical support to individuals and families dealing with mental health issues.

These community-based social services provide direct support and treatment to people and help address the social determinants of health as they relate to people with mental health issues. But they also help foster inclusion and reduce the stigma attached to mental illness. With a community-based approach, individuals with mental illness are not automatically excluded from their communities or cloistered in institutions. Programs and services embedded in the community work to challenge the stereotypes and break down the barriers that stigmatize those with mental illness.

Unfortunately, over the past 12 years public funding for community-based social services has plummeted. In 1995 the federal government turned away from the cost-sharing arrangement provided by the Canada Assistance Plan (CAP) and moved to block funding under the Canada Health and Social Transfer (CHST). As a result, transfer payments to provincial governments were cut massively in the 1995-96 federal budget. Most

provincial governments followed suit and cut funding as well, or downloaded social services to municipalities without sufficient resources. Cumulatively, billions of dollars have been lost in public funding of social services over the last decade.

The end result has been a patchwork system of social services that is seriously under-funded, with major gaps in services and support for those most vulnerable, especially Canadians with mental illnesses. Too often it has fallen to community-based non-profit agencies and, ultimately, to individuals and families to pick up the pieces.

The Commission must not forget community-based social services when developing a national strategy for mental health in Canada. Increased funding for the social services sector must be a top priority in order to ensure increased access to services and the retention of quality staff.

Stable funding is a necessity in order to support the long-term capacity of this sector and its contribution to reduce stigma and discrimination and foster inclusive communities. In addition, accountability and transparency mechanisms attached to these public funds are important as the funds are transferred from one level of government to the next and on to the community-based service providers.

Jail must no longer be the default treatment option

THE PROBLEM IS that when we make the criminal justice system our default solution for people with complex needs, we are deliberately placing vulnerable people directly in harm's way. The approach is so fundamentally contrary to Canadian values that the average Canadian would be amazed to learn that it happens as routinely as it does.

Two powerful reports were recently released highlighting the crisis of people with mental illness being swept into the criminal justice system.

The first report, by the Vancouver Police Department, described a growing problem of people with mental illnesses falling through the cracks and often ending up in the criminal justice system. It blames a lack of support for mental health services for this crisis.

From the other end of the country, the New Brunswick Ombudsman's report provided horrifying details of children with mental health problems being scooped into the youth criminal justice system for lack of other options.

But this is not a new situation. Indeed, there are many reports describing how the lack of services and supports to people with mental illnesses or addictions has led to a disproportionate number of these people in our jails and criminal justice system.

The 2005 report from the Office of the Correctional Investigator, Correctional Service of Canada, found the number of federal prison inmates with "significant, identified mental health needs"

more than doubled in a decade.

The situation is even more pronounced in provincial correctional facilities. Our members who work in provincial correctional facilities report that the population of new inmates with serious, identified mental health needs is surging at a serious rate.

People with mental illnesses are not committing more crimes but a lack of services and support is causing them to come into conflict with the law by default. Living in poverty, a lack of affordable medications, no housing and a shortage of treatment options can contribute to an individual with a mental illness being scooped up into the criminal justice system.

Once in the criminal justice system they often do not receive the treatment and support they need. Their illness often becomes more severe as a result of the experience. They are often targets of violence and abuse. Or they can present a threat to other inmates and workers in the system. Options for life after incarceration become more difficult. Relations with family and friends become more strained.

We must stop using our police and jails as the default treatment option for people with mental illnesses. Our governments must act swiftly to address the serious deficiencies in the delivery of mental health services to ensure these vulnerable Canadians get the treatment and support they need rather than being warehoused in correctional facilities.

Conclusion

MORE AND MORE Canadians are growing concerned about our inability or unwillingness to provide accessible and high quality mental health services to all who may need them.

We all look for those moments in life when we can make a difference. This is one of those rare moments.

The creation of the Mental Health Commission of Canada may be the clearest and most direct chance we'll ever have to make positive change. We look forward to working with the Commission to grasp the opportunity at hand and prove that a different world is possible.

