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The Future of Health Care in Canada:

A Place for Mental Health and Addiction Services

Presentation to Commissioner R. Romanow

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It is hereby declared that the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.

Canada Health Act, 1984, c.6 s.3

We are almost forgotten,
You know, the misbegotten,
Those who see a different light,
A light of darkness bright.

Give Us a Chance
Michael Mann
Yellowknife, N.W.T.
January 2000

I want to thank the Commission for this opportunity to present a view of the future of health care in Canada that includes in its core, services for people who suffer from addiction or mental illness. The primary objective of health care policy, as stated in the Canada Health Act, is to promote physical and mental well-being. Yet, we are often a group that is left out of debates about Canadian health care. The definition of "hospital", as defined in the Canada Health Act, specifically excludes institutions primarily for the "mentally disordered."

Thus, we are seen as secondary to the central issues of reform. We aren't. The reforms you are considering will have a strong impact on the patients we serve.

The Centre for Addiction and Mental Health is located in Toronto and is the largest mental health and addiction facility in Canada. We are a teaching hospital and research facility that has been recognized by the World Health Organization. We run clinical programs, support communities in health promotion and prevention programs, work with government on policy development and resource allocation and strive towards eliminating the stigma associated with mental illness and addiction.

In my short time today, I want to do two things – provide you with a snapshot of the burden of mental illness and addiction in Canada, and, recommend ways in which the Commission's work can ease that burden.

Mental Illness and Addiction in Canada

i) Disease Burden

Twenty percent of the general population suffers from a mental illness or addiction in any given year and 3% experience profound suffering and persistent disablement (Offord et al. 1996; McEwan and Goldner, 2000).

The impact of this is staggering: over 1.5 million Canadians are currently experiencing clinical depression, a disorder that affects 10-15% of Canadians at some point in their lives (CAMH, 2001). One of every eight Canadians will be hospitalized for mental illness at least once in their life (Cleghorn, 1991), more than are hospitalized for cancer and heart disease (Health Canada: Federal-Provincial-Territorial Report, 1999).

According to the WHO these illnesses account for the greatest degree of disability, worldwide. The disability is complicated by the effects it has on employment, social relationships and family functioning.

Addictions are devastating. One in 10 adults report problems with their drinking. Over 6,500 Canadians died in 1995 as a result of alcohol and over 80,000 were hospitalized for alcohol related health problems (CCSA, 1999).

Smoking causes even more deaths. One in six deaths a year in Canada, or 34,700, is caused by smoking (CCSA, 1999). Over 28% of Canadians 15 years and older smoked daily.

Of particular concern is the general increase in the numbers of youth reporting use of multiple substances (illicit and legal). For example, the percentage of students in Ontario reporting use of four or more substances doubled to 17% in the 90s (Roberts et al, 2001).

ii) Economic Burden

Left undiagnosed or untreated, mental health and addiction problems cause large productivity losses. They have been estimated as amongst the most costly of all health problems. Health Canada has reported that lost productivity due to workers being on disability or due to premature death was more than \$8 billion in 1998 (Stephens and Joubert, 2001).

It is also estimated that substance abuse cost the Canadian economy more than \$18 billion in 1992 which represented 2.7% of gross domestic product in that year (CCSA, 1999).

Health Reform to Support Mental Health and Addiction Issues

So what can be done? This submission is not advocating a set of actions for mental health and addictions alone. Rather, we are highlighting those ideas that make sense for our community and for the health care system overall.

- ***Include mental health and addictions in the definition of health and illness***

Mental health and addictions services are a key component of primary and acute care. We cannot exclude the hospitals that care for those with mental illness from the **Canada Health Act**. This stigmatizes and discriminates against sick people and reinforces an artificial distinction between physical and mental illness that serves no one well. We encourage the Commission to end the separation, and recommend that dealing with mental health issues be considered part of defining overall health and well-being. We see a strong role for the federal government in this sector. Support should be given at this level for a national action plan and policy framework on mental health and addiction within national health care policy.

- ***Take a broad view of the policy levers that will improve health***

A broad view of health supports the use of policy levers outside the traditional health care system to generate improvements in health (Evans and Stoddart, 1990). Income, community supports, housing, employment and self-help advocacy have been demonstrated to improve clinical status, reduce hospitalization and encourage people with mental health problems to stay in their communities (Health Systems Research Unit, 1997).

Health reform initiatives must move beyond the funding envelopes of hospitals and physicians and include the broader supports we know make a difference to health status.

- ***Include health promotion in reform efforts***

Health promotion efforts early in life make a difference to health outcomes and life expectancy later in life. One out of every five children in North America shows signs of an emotional or behavioural problem. Many of these children have more than one problem, including poor school performance, learning disabilities, increased school dropout rates, substance abuse and violent behaviour. The consequences of these problems can last a lifetime (Centre for Studies of Children at Risk, 2002). Effective health promotion programs, focused on young people early in life, have been demonstrated to make a difference. Yet health spending on young people is minimal, and in some provinces is not even included in the health portfolio. Resources need to be redirected and focused on programs to prevent mental health disorders and addiction problems in youth.

- ***Expand public coverage under the Canada Health Act***

We agree with the five principles of the Canada Health Act. In fact, we think they should apply to more than acute care institutions and physicians. In 2002, as we contemplate a broader, more comprehensive view of what makes us healthy, mental health issues and institutions, including psychiatric hospitals, should be part of the whole.

Second, as others have argued, public funding for the costs of medications prescribed outside of institutions should be a priority. This is very important for our patient population as many need long-term pharmacotherapy to maintain employment, housing and other community connections.

Third, we also support the proposal that home care be covered under the Canada Health Act. Again, our patient group often need some, sometimes minimal, support to stay in their homes in their community. Research has shown that even the very difficult-to-house populations can benefit from supports such as staffed community residential housing where homecare resources are part of the support package (Health Systems Research Unit, 1997). But, the resources must be there.

- ***Speed up primary care reform and include mental health and substance abuse***

You have noted, during your public hearings, the need for primary care reform as fundamental to any further improvements in care delivery in Canada. We agree and would urge strong recommendations in this regard. Patients with mental illness and addictions will benefit greatly from a team of care providers, 24 - hour access to care, a focus on health promotion and wellness, and coordinated case management. Please make sure they are included in rostering plans and are not seen as a separate group to be dealt with later.

As well, health professionals in these new teams will need more education and training in dealing with mental illness and addictions. Training programs and health care employers should be encouraged to expand curricula in this regard.

- ***Improve health human resource planning***

Like other areas in the health care system, mental health and addictions suffer from a lack of coordinated planning for its health professionals. There is no central planning mechanism to ensure appropriate distribution of these resources across communities or to co-ordinate hiring. Those who work in their own community practice decide where they wish to locate, the hours of operation they wish to keep and the type of service they wish to provide.

The distribution of medical and psychiatric resources geographically is a concern. Billings to the provincial health insurance plan show differences in the percentage of the population accessing mental health services from a range of 6.6% in one area to 12.7% in another (Lin and Goering, 2000).

We are not suggesting a separate planning process is required for mental health service providers. However, we would encourage that mental health professionals be included in whatever recommendations the Commission may be making about health human resource planning overall. It should take into account the distribution issues as well as ensuring those with the most severe conditions get access to services.

- ***Forget about increased private financing***

Many will come before you and provide the evidence about the advantages and disadvantages of considering an expanded role for private financing in our future system. For our community - it does not matter whether we are talking about user fees, co-payments, medical savings accounts or private insurance -- none of them will work. The resources don't exist, the collection infrastructure wouldn't work, and those with frequent contact with providers would be the most penalised as they would be less likely to continue seeking care if a financial impediment was put in the way. Services for our population are vulnerable to begin with. Looking to private financing as a way of reducing the cost to the public system is unacceptable.

- ***Invest in research***

Over the last 10 years, we have made tremendous advances in knowledge about the genetic, medical, and psychological bases of mental illness and addictions. But, we must continue to advance the science. **It is an investment in our collective future.**

- ***Put citizens at the centre of a reformed health care system***

The mental health sector has long advocated for the inclusion of consumers and their families in any reform initiatives. This principle should apply to the reform of the system overall. Our **clients** have real knowledge of Canada's health care system. We need to find new and better ways to involve citizens in decisions about their care and their care system.

Summary of Recommendations

In summary, we are very supportive of the Commission's mandate and the direction the Commissioner is heading. Our recommendations are offered as part of improving Canada's health care system and improving services for our clients.

Our recommendations are:

- Include mental health and addictions in the definition of health and illness
- Take a broad view of the policy levers that will improve health
- Include health promotion in reform efforts
- Expand public coverage under the *Canada Health Act*
- Speed up primary care reform and include mental health and substance abuse
- Improve health human resource planning
- Forget about increased private financing
- Invest in research
- Put citizens at the centre of a reformed health care system

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