



**Schizophrenia Society of Ontario's Submission to the Standing Committee on Finance's
Pre-Budget Consultations
August 5, 2016**

The Schizophrenia Society of Ontario appreciates the opportunity to contribute to the Standing Committee on Finance's Pre-Budget Consultations in advance of the 2017 Budget.

About the Schizophrenia Society of Ontario

The Schizophrenia Society of Ontario (SSO) is a charitable health organization that supports individuals, families, caregivers and communities affected by schizophrenia and psychosis across the province. For over 30 years we have made positive changes in the lives of people affected by schizophrenia by building supportive communities, through services and education, advocating for system change and conducting research into the psychosocial factors that directly affect mental illness.

This submission is informed by our extensive history working with people affected by severe mental illness and their families in Ontario and our recent engagement with people and organizations across Canada. Through our work we have seen the devastating impact that persistent barriers to accessing timely mental health care can have: (re)hospitalizations, contacts with police and, most tragically, deaths by suicide.

As Canada's premiers call for an increase in health care spending with a newly developed Health Accord it is crucial that investment in mental health is prioritized within a broader, long-term agreement to ensure quality, sustainable supports.

About Schizophrenia and Recovery

Schizophrenia is a serious, but treatable, mental illness affecting one per cent of Canadians. Although experiences vary, it is generally characterized by symptoms of psychosis, negative symptoms and thought disorder. Schizophrenia can affect anyone, irrespective of culture, race, socioeconomic status, or gender and onset usually occurs between the ages of 16 and 24.

Despite the presence of symptoms or diagnoses, recovery is possible and is a nonlinear, individual process. Sustainable access to a combination of informal supports, social supports, community-based services and medical supports is essential to achieve good health and quality of life, yet Canadians living with mental illness are still not getting the help they need.

Unlike with other health conditions, only one in three Canadians who experience a mental illness—and as few as one in four children and youth—are able to access and receive help.¹

Recommendations

Recommendation 1: Increase federal funding for mental health care to enable implementation of federal and provincial/territorial mental health strategies.

Although provinces and territories have established mental health strategies, corresponding spending on mental health has historically lacked compared to overall health-care funding in Canada. With deinstitutionalization, mental health care moved from primarily institutionalized settings to community-based settings. Although it is accepted best practice for mental health care delivery to be provided within the communities in which people live, investment in community mental health services to support this transition continues to be inadequate and inconsistent. Recognizing this historic neglect of the mental health sector, the Standing Senate Committee on Social Affairs, Science and Technology's 2006 *Out of the Shadows At Last* report recommended the establishment of a time-limited Mental Health Transition Fund for federal investment into the delivery of community mental health services by provinces/territories; however, this recommendation was unheeded and significant barriers to care persist.

Canada's mental health spending comprises about seven per cent of overall health spending compared to other high-income countries that invest 10 per cent or more in mental health, such as England and New Zealand.² The Mental Health Commission of Canada (MHCC) recommends that in order for mental health outcomes to be improved, governments must increase the proportion of health spending that is devoted to mental health to nine per cent over 10 years and increase the proportion of social spending that is devoted to mental health by two percentage points from current levels. Moreover, a growing number of international reports demonstrate the significant return on investment for funding mental health interventions,³ particularly for programs that help people access treatment early, or help them stay out of hospital or out of the criminal justice system.⁴

There is a well-established economic case for investing in mental health care in Canada. It is estimated that direct and indirect costs of mental illness to the Canadian economy are over \$50-billion and rising, with schizophrenia accounting for the highest expense in terms of direct costs to the health system,

¹ Statistics Canada. (2003). Canadian community health survey: Mental health and well-being. The Daily. Retrieved from <http://www.statcan.gc.ca/dailyquotidien/030903/dq030903a-eng.htm>

² World Health Organization (WHO). (2011). *Mental health atlas, 2011*. Retrieved from http://www.who.int/mental_health/publications/mental_health_atlas_2011/en/

³ WHO. (2013). *Investing in mental health: Evidence for action*. Retrieved from http://apps.who.int/iris/bitstream/10665/87232/1/9789241564618_eng.pdf

⁴ Mental Health Commission of Canada. (MHCC). (2013). *Making the case for investing in mental health in Canada*. Retrieved from http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

such as medications and hospitalizations.⁵ A recent Ontario report, for instance, notes that people with psychotic disorders, such as schizophrenia, use the emergency room more frequently than those with other mental health conditions⁶ suggesting that these individuals are not getting the care they need in their communities.

Moreover, the costs of chronic mental illness on individuals and families can be profound and far-reaching. Individuals are at increased risk of stigma, discrimination, social isolation, homelessness, violence, substance use, and suicide. At the same time, barriers to comprehensive and early treatment and inadequate supports for caregivers contribute to emotional and financial costs to families. Many families incur significant out-of-pocket expenses for essential mental health care for their relative, such as medications and psychotherapy, and their productivity at work may be impacted by their caregiver responsibilities.

As such SSO supports calls for a federal commitment to a multi-year Mental Health Transition Fund for implementing mental health strategies and enabling communities to mobilize around and respond to local needs. This is well-aligned with recommendations from MHCC, as well as with the Department of Health's mandate to make high-quality mental health care more accessible. It also aligns with federal-level goals aimed at increasing access to needed supports such as developing a national housing strategy, establishing national accessibility legislation and supporting a national pharmacare strategy.

Recommendation 2: Mental health-directed funding should be targeted to specialized services and promising practices which are known to be effective.

Although schizophrenia and other psychotic illnesses can have a devastating impact on individuals and families, and can be costly to society, access to proven specialized treatments and supports continues to be inaccessible for many Canadians. For instance, Canada lacks a national strategy or funding commitment to early intervention (EI) services for psychosis.⁷ Research shows that EI services yield better outcomes than standard care after the onset of psychosis,⁸ and that those outcomes related to both clinical and treatment costs are maintained years after the intervention was provided.⁹ Despite its clinical and cost effectiveness, many Canadians, particularly in rural or remote communities, cannot access EI services. Even within provinces that have prioritized this intervention, EI services vary significantly in availability, delivery models, and policy/funding commitments.¹⁰

⁵ MHCC (2011). The life and economic impact of major mental illness in Canada. Retrieved from

http://www.mentalhealthcommission.ca/English/Pages/Case_for_Investing_in_Mental_Health_in_Canada.aspx

⁶ Brien, S., Grenier, L., Kapral, M.E., Kurdyak, P., & Vigood, S. A Report on the Quality of Mental Health and Addictions Services in Ontario. A HQO/ICES Report. Toronto, Health Quality Ontario and Institute for Clinical Evaluative Sciences; 2015.

⁷ Iyer, S., Jordan, G., MacDonald, K., Joobar, R., & Malla, A. (2015). Early intervention for psychosis: A Canadian perspective. *The Journal of Nervous and Mental Disease*, 203(5).

⁸ Ibid.

⁹ Mihalopoulos, C., Harris, M., Henry, L., Harrigan, S., & McGorry, P. (2009). Is early intervention in psychosis cost-effective over the long term? *Schizophrenia Bulletin*, 35(5).

¹⁰ Iyer et al. (2015).

In addition to specialized supports for psychosis, funding should be targeted for other promising practices, such as peer-led support programs for individuals and families; employment services with a continuum of supports; housing initiatives shown to improve chances for mental health recovery; and training and incentives for treating mental illness for primary care providers, such as general practitioners (GP) and nurse practitioners, who are often the first point of contact for people experiencing mental health concerns, given the growing wait times for specialists and community supports. Increased training and incentives would make GPs more equipped to manage mental health needs, and improve inefficiencies related to wait times for psychiatrists.

Recommendation 3: Mental health funding should be targeted for initiatives that promote innovation in mental health.

Historically research is done without a mandate to carry results forward into practice to improve the way people live. What is more, traditional models of care, such as one-to-one, in-person treatment, are not able to effectively reach people across the country and may not be the preferred method of care for some individuals.¹¹ Innovation in mental health care is crucial to addressing these issues and federal funding targeted for mental health should prioritize innovative initiatives to meet mental health needs.

To address these gaps, Integrated Advancements in Mental Health Care (I AM) is a new venture by SSO focussed on creating practical solutions to problems and issues experienced by people living with chronic mental illness. The goal of I AM is to bring together various partners with unique perspectives and to use research, along with input from clients and families, to develop concrete, practical and accessible solutions to help people live better lives. An inaugural initiative of I AM is a pilot project which teaches families Cognitive Behavioural Therapy (CBT) techniques for schizophrenia to enable them to better support their relative's recovery. This helps to break down barriers for individuals and families who may otherwise not be able to access CBT services.

Federal funding for mental health should target cross-sector collaboration and initiatives that have the potential to transform how mental health services are accessed and delivered so Canadians can get the help they need when they need it. For instance, creating incentives for corporations to invest in local mental health organizations and initiatives can foster innovation and has the promise of significant returns on investment. It can also reduce costs to an over-burdened healthcare system, and aligns well with the federal government's commitment to promoting innovation across sectors.

¹¹ Kazdin, A.E., & Reabbit, S.M. (2013). Novel models for delivering mental health services and reducing the burdens of mental illness. *Clinical Psychological Science* 1(2), 170-191. doi 10.1177/216770261243566

Recommendation 4: Invest in a national pharmacare strategy

For many people with a mental illness, access to effective medication treatment, alongside other clinical and social supports, is essential to recovery. However, one's ability to benefit from a particular medication treatment is often contingent on their ability to pay for this treatment, which can range from \$200-\$2,000 depending on the medication. For many individuals and families, paying out-of-pocket for their medication is often impossible – even if it is the most appropriate medication for them – and many forego treatment altogether due to cost-related barriers. In fact one in 10 Canadians do not take their medications as prescribed due to costs.¹²

In addition, public and private drug insurance plans vary significantly across Canada and availability of medications and eligibility criteria differ across programs, compromising consistency in care and equitable access to treatment. Working with provinces and territories to make prescription drugs more affordable is within the Minister of Health's mandate and conforms to the *Canada Health Act's* principle of universality. SSO supports the creation of a pan-Canadian strategy that protects or improves existing individual access to medications, creates access for people who are currently uninsured or under-insured and ensures universality and equality for accessing medications. To successfully implement such a strategy, there must be corresponding financial investment from all levels of government.

In summary, SSO supports calls for the creation of a multi-year Mental Health Transition Fund which would increase crucial federal funds for mental health care service delivery, as well as for housing and social participation initiatives. Focus should be on increasing access to specialized services, such as those for schizophrenia and psychosis, and on promoting innovation in mental health care. In addition, SSO supports calls for investment in a national pharmacare strategy so that *all* Canadians can access medications that they need, irrespective of their ability to afford them.

For questions, please contact Erin Boudreau, manager of policy and community engagement, at eboudreau@schizophrenia.on.ca or 1-800-449-6367 x 255.

¹² Law, M.R. et al. (2012). The effect of cost on adherence to prescription medications in Canada. *Canadian Medical Association Journal*, 18(3).