NOTES FOR AN ADDRESS BY

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Check against delivery

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

Honourable Senators:

The CMA is pleased to once again appear before this committee to highlight the critical need to address the issues facing mental health, mental illness and addiction care.

As you are aware, in our previous appearance, we made a series of recommendations to the federal government which we stand by today.

Since then, the committee has released its Report on Mental Health, Mental Illness and Addiction programs and policies in Canada and the associated Issues and Options paper, a comprehensive and thorough study of the players, programs and services — as well as the scope and breadth of concerns — related to mental health and mental illness care.

In that context, the Canadian Medical Association (CMA) is now focusing on the role of the federal government in the areas of:

- Leadership;
- Accessibility and availability; and
- Accountability.

Leadership

The CMA believes that an unprecedented level of federal leadership and intergovernmental collaboration is needed to address the epidemic of mental health problems and addiction in Canada.

A first step to achieving this would be to create, and adequately resource, a Centre for Mental Health within Health Canada led by an Associate Deputy Minister.

This ADM would initiate and coordinate activity across all federal departments to address federal government responsibilities to specific populations under its direct jurisdiction.

The ADM would also oversee pan-Canadian policies and programs that impact on mental health, mental illness and addiction, and support intergovernmental collaboration.
This would accomplish two objectives.

It would send the message that the federal government seriously intends to address the historical imbalance in the treatment of mental health and illness care, and ensure that mental health, mental illness and addiction is not seen as separate from the health care system but an integral component of both acute care, chronic care and public health services.

In terms of equitable availability, federal, provincial and territorial governments must take a “holistic” approach recognizing the interplay of health services, education, housing, income, community and the justice system on mental health and mental illness care.

**Accessibility & Availability**

Accessibility is the number one concern regarding the health care system for patients and their families. This is particularly true for access to mental health and addiction services and programs.

The CMA has long identified accessibility as an essential issue that must be addressed to improve the health care system. In fact, the National Physician Survey, released in 2004, found that 65.6% of physicians rated accessibility to psychiatrists as fair or poor nationally.

However it must be recognized that it is not only an issue of accessibility but an issue of availability. Many important mental health and addiction services can’t be accessed by patients because they are simply not available.

In my hometown of Windsor, the reorganization of health services has resulted in a decrease in the number of acute and long-term psychiatric beds. And while the population base in Essex county requires 35 psychiatrists — we have only twelve. We borrow two child psychiatrists for a few days each month, because we don’t have our own in town; let alone the five actually we need. Our children wait up to one year for care from the local youth services program. I know you will agree that this is not acceptable.

In September 2004, the CMA released a national plan of action to address issues of accessibility, availability and sustainability across the health system.

This plan, *Better Access Better Health*, includes recommendations such as establishing pan-Canadian wait-time benchmarks, a health human resource reinvestment fund, expanding the continuum of care and an increase in federal “core” funding commitments would all have a positive impact on the accessibility of mental health and addiction services.

As noted in *Better Access Better Health*, availability is first and foremost about the people who provide quality care and about the tools and infrastructure they need to do so.

Mental health and illness depends on integrated and interdisciplinary care from a variety of health care providers. The shortage of family practitioners, specialists, nurses, psychologists and other professionals in the public health system impacts our ability to deliver care and services.
Therefore, in terms of addressing accessibility and availability, the CMA believes priority must be given the establishment of a national health human resource strategy to finding a solution to the chronic shortage of health professionals.

**Accountability**

Since 2000, First Ministers and their governments have committed to reporting on numerous comparable indicators on health status, health outcomes and quality of services.

Unfortunately, mental illness — despite a critical need — has received little attention in these reports.

Of the now 70 indicators that have been developed, only 2 directly address mental illness — those are potential years of life lost due to suicide and prevalence of depression.

Also, no performance indicators related to mental health outcomes or wait times for mental health services have been included.

This is yet another example of how mental illness related issues are overlooked, and how a vicious circle is created since the lack of indicators makes it harder to present the case for greater attention.

Therefore, the CMA strongly supports setting national standards and targets on both resourcing and availability of mental health services and addiction treatment.

The objective of these targets is to reduce the burden of mental illness, but it must be understood that standards and targets can not be established until we have a clear and accurate picture of the current situation in Canada.

Pan-Canadian research is needed to determine the gaps in availability of services and the wait times to accessing services across the country.

**Conclusion**

So in conclusion, the CMA believes that in terms of the federal role in enhancing the delivery of mental health services in Canada priority should be given to:

- Establishing a strong federal office for mental health, mental illness and addiction to coordinate and collaborate on issues of accessibility and availability.
- The federal government working with the provinces and territories to develop a health human resource strategy for the field of mental health, mental illness and addiction.
- Creating standards and targets to enhance the mental health system and make it more accountable to patients and the public.

And, as a final point, I want to again stress the need for an effective national public awareness strategy to reduce the stigma associated with mental illnesses and addictions in Canadian society.
Until we address the stigma associated with mental illness and addiction too many Canadians will not seek the care they need -- and those who do will continue to experience societal ignorance and prejudice.

Thank you.