



Brief to the Senate Committee on Social Affairs, Science and Technology May 12, 2004

ON THE OCCASION OF THE APPEARANCE OF THE PRESIDENT, PHIL UPSHALL, AS A WITNESS
BEFORE THE COMMITTEE ON MAY 12, 2004 WITH REGARD TO THE COMMITTEE'S EXAMINATION OF
ISSUES CONCERNING MENTAL HEALTH AND MENTAL ILLNESS

The Mood Disorders Society of Canada (MDSC) has been active at a national level in addressing the needs of consumers and family members affected by depression, bipolar illness and other related mood disorders since 1995, and since 2001 as a registered charitable organization. The Board of Directors of the Mood Disorders Society of Canada is composed of consumer and family members actively engaged in their own careers but personally cognisant of the issues which confront Canadians living with depression, bipolar illness and other mood disorders and their families. The Board, although small in numbers, is well balanced geographically and includes representation from a number of communities including our Aboriginal community.

Principle Mandate of MDSC

MDSC is a national, registered, not for profit, consumer driven, voluntary health charity committed to ensuring that Canadians affected by depression, bipolar illness and other related mood disorders enjoy the fullest, most productive lives possible, within a healthy, stigma-free environment. The mandate of MDSC is being undertaken to the greatest degree possible by way of web based activities and electronic networking, as it is the goal of MDSC to operate primarily as a virtual, non-governmental organization.

MDSC recognizes the important need for a federal focus on mental health and mental illness issues because:

- Mood disorders and their treatments are poorly understood by Canadians. This has led to unnecessary disability, stigma and discrimination notwithstanding the fact that over 1 million Canadians are currently suffering from one of these illnesses and an additional 2-1/2 to 3 million family members will be impacted by the consequences of their loved ones suffering from a mental illness.
- 80% of Canadians who could benefit from treatment of their mental illness do not receive appropriate care.
- Access to treatment is not equal and in many rural regions of Canada treatment is unavailable.
- The emotional, physical health, social, economic costs of not receiving care are enormous.
- There are high levels of morbidity associated with untreated mood disorders through suicide and elevated medical health complications.
- Aboriginal and First Nations peoples have historically suffered and continue to suffer unacceptably high rates of depression, and other mood disorders and the Federal Government has a special mandate to direct its attention to these problems and assist in their resolution.
- The Government of Canada has a direct responsibility to Canada's armed forces, to employees covered by the Canada Labour Act, to inmates in federal correctional institutions

and other unique population to recognize and deal with their mental health and mental illness issues

- More national research into the causes, treatment and prevention of mood disorders is needed from a client centred and holistic health promotion perspective.

What does MDSC do?

- **Awareness:** MDSC raises awareness of mood disorders as treatable medical disorders and works to eliminate discrimination and stigma among the public, treatment and service providers, and governments. Consumers who take an active role in understanding and managing their condition will have better health outcomes. Improved health knowledge enhances active involvement in care.
- **Education:** MDSC is building a national clearinghouse of information and resources related to mood disorders, treatment, research, the health care environment, and health promotion and legislative issues. The MDSC recognizes that the saliency of health promotion is increased when messaging is delivered through a positive peer based program.
- **Advocacy:** MDSC advocates for the creation of adequate and accessible, stigma free programs for those Canadians living with or suffering from a mental illness, appropriate supports for their families and care givers, programs promoting and assisting in the maintenance of or return to positive mental health, and more research funding targeted to mental illness and mental health.
- **Leadership:** MDSC provides expert advice from a consumer and family perspective to groups involved in system design, research and policy and program development. MDSC representatives are members of a number of international, national and provincial committees and advisory boards dealing with all aspects of mental illness and mental health care in Canada.
- **Self-Help and Peer Support:** MDSC develops programs to encourage Canadians to seek the care they need and link them to community peer supports and treatment services. Working with our provincial and territorial partners we promote greater involvement of consumers and families in supporting each other as well as managing their health care.
- **Partnering:** MDSC partners internationally with the Global Alliance on Mental Illness Advocacy Networks (GAMIAN-Europe), and the Depression and Bipolar Support Alliance of the United States (DBSA). MDSC partners with national and provincial NGOs whose mandates and activities are complimentary. MDSC supports the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) and its Call for Action, and in particular, its advocacy for an effective national strategy on mental illness and mental health.

What services does MDSC provide?

- **Information and Resources:** Relevant and credible web based and print information is available about: mood disorders; treatments; improving healthy outcomes; how to access care; how to set up a self-help group, research programs, public policy and systems design etc. MDSC's web site will host video taped interviews of experts and celebrities on topics dealing with mood disorders in particular as well as all aspects of mental health.
- **National Speakers' Bureau:** Consumers and family members are available to speak to community groups about The Mood Disorders Society of Canada, mood disorders and their treatment, health promotion, and the benefits of self-help.
- **National Newsletter:** A national e-newsletter is being developed focusing on issues of interest to those experiencing a mood disorder.
- **Forums and Chat Line:** MDSC has commenced the operation of web-based discussion forums and chat lines to link together people interested in mood disorders so they can share information and provide support for each other. Real time "ask the expert" forums are offered through its web site. In doing so we identify issues of common concern, which will inform our educational activities and direct our advocacy efforts for appropriate change.
- **Networking Opportunities for Provincial Peer Support and Self-Help Associations:** MDSC has recently completed its "Council of the Provinces" meetings with provincial mood

disorders and other peer support associations. Subsequent to that meeting, MDSC hosted a National Scientific and Cultural Consultation bringing voices of the research, spirituality, Aboriginal, seniors, youth and workplace communities to advise MDSC and invited guests on appropriate future directions in these various areas. Subsequently, Michael Decter, the Chair of the Health Council of Canada, provided a cogent comment with regard to the need for recognition of the role of mental illness in the national health care scheme.

CURRENT STATUS OF MENTAL ILLNESS AND MENTAL HEALTH ISSUES IN CANADA

MDSC is aware of the substantial number of briefs and other presentations which this Committee has received during its current hearings and we do not think it is necessary for us to repeat the quotes from the World Health Organization, the United States' President's Special Commission, the United States' Surgeon General and other leaders in the field who have recognized the shortfalls of both mental health promotion and the treatment of those with mental illnesses both globally and within the context of various national identities.

In the Canadian context, we note the following:

- no Prime Minister of Canada or leading Cabinet Minister has ever acknowledged the size of the burden of mental illness on the health care system in Canada, or on the lives of individual Canadians and their families
- No federal or provincial government agency has undertaken the development of a mental illness surveillance system that would provide a comprehensive data set of health care usage by Canadians living with or suffering from a mental illness.
- Health Canada has over the past many years continued to reduce the level of importance of issues of mental illness within its organizational structure.
- The Standing Committee on Justice and Human Rights of the House of Commons recognized the need for mental health reform within the Correctional System of Canada
- The Senate Standing Committee on Veterans' Affairs has commented twice on the lack of attention to mental health issues paid to our armed forces' mental health, although it has required the Department of National Defence to do so
- The Standing Committee on Health of the House of Commons has paid no significant attention to issues of mental illness and mental health notwithstanding its mandate
- Several Standing Committees of both the House of Commons and the Senate have commented with regard to the lack of adequate mental health services for Aboriginal populations, homeless populations and other significantly marginalized groups within Canada
- Until recently Finance Canada had dramatically discriminated against Canadians with a disabling mental illness who would otherwise be entitled to claim the Disability Tax Credit.
- The Human Resource and Social Development Department has developed some significant programs to assist Canadians and their families dealing with disabling mental illnesses, and the Canada Pension Plan disability payment is a much needed support that must be maintained and enhanced to the extent that more applicants are approved at first instance without the need for appeal.

MDSC believes that it is clear that the Federal Government does not take seriously the obligation to which it constantly refers - that of ensuring that the Canada Health Act is equally accessible to all Canadians and in fact by its passive policies in this regard has ensured that mental health promotion and services are never put on the agenda of either First Ministers' meetings or Health Ministers' meetings. This course of conduct has resulted in the development of a two tier mental health care system in Canada. The first tier of services is provided by employment assistance programs purchased by employers or employees. The second tier is the inadequately funded and managed public mental health care system.

THE NGO'S POSITION

NGO's whose principle mandate is that of delivering services or otherwise engaging in education and advocacy on behalf of Canadians suffering from a mental illness or their families or which is to promote the mental health of Canadians inhabit a unique area of the NGO spectrum in Canada. This is because as deinstitutionalization occurred rapidly throughout Canada during the 1970's, 1980's and 1990's, it became the mantra of the then reformers that community based mental health services were in fact the best way to provide health care to Canadians suffering from a mental illness. The expressed plans were always that the funds saved by the provinces after the beds were closed would be directed to the provision of these community services. This in fact did not occur. Beds were closed and psychiatric patients were effectively dumped on the street with very little access to the needed supports. It was the worst possible event that could have happened to them. Being in a community and suffering from cancer may in fact result in the expression of support, both from community agencies and from neighbours - the community in this regard is a safe place. This comparison, however, does not extend to the psychiatric patient, who, without support, is forced back into his or her community and who then become the subjects of stigma and discrimination and for whom their home and community becomes a prison.

NGOs such as MDSC and others provide through peer support and self-help activities, significant community services and safe places for consumers to come together to heal, share stories, learn skills and to have a spring board back into other community environments. They also provide a level of comfort to families who can know that their loved one is in a setting where the sharing of stories and the support of their peers can provide not only respite for the family, but also a significant "treatment" for the consumer. Family members also derive substantial benefits from peer support activities and volunteer involvement.

In tandem with the deinstitutionalization process and the removal of funds from the mental health care system by the provinces, both the federal and provincial governments undertook fiscal policies which resulted in substantial reductions, and in many cases, complete elimination of core and program funding for mental health NGOs including many mood disorders associations in the provinces, so at the time their services were most needed, their ability to provide those services were substantially reduced.

MDSC believes that NGOs, whose principle mandate includes the delivery of services to Canadians living with or suffering from a mental illness, are an integral part of the primary health care system, and their services need to be funded accordingly. MDSC draws this distinction because NGOs with other physical health mandates are not expected to provide health care services which are in most instances available through hospital based assistance.

Another significant element that NGOs such as MDSC confront is the stigma and discrimination associated with mental illness. Unlike other NGOs such as cancer, heart and stroke and diabetes where community support can be readily marshalled, no national or provincial NGO in the mental health field has been able to structure a major fundraising campaign that has the capacity to build momentum over the years. This inability has, to date, prevented the NGO community from developing major charitable fundraising campaigns and engaging as true partners in research or in national awareness and educational campaigns.

RECOMMENDATIONS

MDSC is pleased to provide you with the following recommendations:

- MDSC as a member of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) fully endorses the recommendations of CAMIMH set out in its submission to this Committee dated July 18, 2003.
- MDSC recommends that your final report recognize that the five pillars of the Canada Health Act are inclusive to all Canadians and in particular those Canadians living with or suffering from a mental illness.

- MDSC recommends that your final report note that future fund transfers by the federal government to the provincial government dealing with the delivery of health care by the provinces should have attached to them conditions relating to the exclusive expenditure of the portion of the funds on the delivery of mental health care services in the provinces and the allied condition that provincially supplied funds not be reduced.
- MDSC recommends that your final report suggest the following simple steps which can be taken immediately for the development of a national strategy:
 1. (a) an interdepartmental deputy minister level committee should be established and have as its mandate the development and implementation of a national strategy on mental illness and mental health. This committee should have a "Blue Ribbon Panel" advisory board which should meet on a frequent basis during the first two years to advise and guide the committee as well as to provide an ongoing evaluation process (b) the committee would be given the authority to immediately undertake negotiations with CIHI and other agencies as deemed appropriate to immediately establish a comprehensive national surveillance program
 2. The Government of Canada should immediately announce the establishment of a National Foundation for mental illness and mental health research. The Board should be made up of national NGO and professional representatives as well as members from the research community. The initial funding for the Foundation would be \$25 million dollars and the government would commit to "matching funds" to those raised from the private sector to a maximum of an additional \$25 million dollars over the next two years. The Foundation would be established along the structural lines but independent of the Canadian Institutes of Health Research
 3. CHST and other health care transfers to the provinces would have a proportion specifically directed to the provision of mental health services within the provinces and there would be a condition attached that would prevent provincial funding from being reduced upon receipt of the federal funding and a further condition requiring ongoing audit and evaluation of the provincial programs to ensure value for dollars
 4. A Declaration by the Federal Government that it would immediately begin to model anti-stigma and anti-discriminatory behaviours by, among other things, ensuring that its language usage, its human rights and labour code be amended to recognize that those Canadians living with or suffering from a mental illness are equally entitled to the protection of the Canada Health Act as well as accessibility to all federal levels of employment
 5. The Federal Government commit more funds through Health Canada, HRSD, and other funding departments to the provision of core funding for NGOs in the mental illness and mental health sector and that such funding would require the recipients to undertake results based management and provide high level accountability for the funds so received.

MDSC is pleased to have had the opportunity to provide you with our observations and advice as you continue your deliberations on this most important subject. MDSC is willing to assist this committee in any way possible, now or in the future.

Respectfully submitted.
 Mood Disorders Society of Canada
www.mooddisorderscanada.ca
 May 12, 2004