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More Money for Health care isn't a Panacea

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As Canadians wait with some disillusionment to see if our first ministers can find a health-care "fix for a generation," we're going to put a fresh idea on the table: more money isn't always the way to solve our health-care problems.

That's not to say that our health-care system isn't chronically underfunded, or that it's capable of sustaining the increasing pressures placed on it by an aging population and the costs of new treatments and technologies.

But believe it or not, many health issues can be improved, if not resolved through the consensus of premiers and the prime minister to establish common approaches to common health issues right across the country.

Mental illness and mental health fall into this category. Together, they probably represent one of the worst health care "brands" in the country, yet are among the most debilitating and common health issues, affecting about one in five of our neighbours --almost six million Canadians. While the Canadian Alliance on Mental Illness and Mental Health will focus attention on these issues during Mental Illness Awareness Week (Oct 4-10), we still lack the marketing power or public profile of so many important health issues that Canadians face: heart disease and stroke, cancer, diabetes, etc. We don't have telethons, we don't have mass fundraising efforts, and frankly, we deal with a health issue that doesn't have a cure -- only a treatment.

Stigma and discrimination associated with mental illness are still perhaps among the most profound barriers to treatment. Politicians, business leaders, teachers, doctors, lawyers -- all manner of professions have people living with a mental illness. Many of these same people fear what "others will think" if they publicly acknowledge their health issue and seek treatment.

Jane Pauley, former anchor of NBC's Dateline and now host of The Jane Pauley Show, announced recently that she has bipolar disorder -- also known as manic depression. Unlike the response she would have received if she had any other serious health condition, she was met by tabloid headlines asking, "Is Jane Pauley Crazy?" It was perhaps another unfortunate reminder to Canadians, whether in the public eye or not, that admitting to a mental illness can often result in more suspicion than support.

So what can our first ministers do to support a health issue affecting as many as 20 per cent of our citizens? An issue that accounts for half of the 10 most common causes of workplace disability. An issue that Health Canada estimates costs our economy more than \$14 billion a year. An issue the Business and Economic Roundtable on Mental Health says costs our private sector as much as 14 per cent of their net profits in productivity losses.

The first ministers must agree to a national strategy and action plan to address public education and awareness, research, cross-jurisdictional sharing of information and a public policy framework that deals with human resource shortages and with service delivery in community settings.

When first ministers talk about reducing waiting lists, they must consider the Canadians who have waited for so long for access to the mental-health care components of our health-care system that many have simply given up and gone untreated.

One of the reasons there is not much data concerning waiting lists for mental health services is that there are not enough services to wait for -- and certainly no consistency in services across provinces. In fact, many low-income individuals with severe mental illnesses who need emergency care often find that no services are available and end up on the street or in our correctional facilities instead of getting the care they need.

When first ministers talk about the rising cost of drugs and a national plan to pay for the most expensive of these drugs, they must consider the millions of Canadians with mental-health problems who must pay for their own drugs and in many cases accept old or less appropriate medications with significant side-effects before they can gain access to the appropriate medications with the greatest likelihood of success.

When first ministers talk about healthy living and upstream prevention strategies to keep Canadians healthy in the first place, mental health promotional strategies should be at the top of their list. They must consider the countless families who silently suffer from a family member's mental illness. They must look towards greater awareness, detection, early diagnosis and treatment not only to reduce waiting lists down the line, but to significantly contribute to healthy and happy families across our communities.

A philosopher once said, "it is no measure of health to be well-adjusted to a profoundly sick society." While Canadians may not be profoundly sick, our health-care system is profoundly failing millions. The answer lies in the willingness of 13 people around a table in Ottawa to worry less about who is to blame for failures to date and less about posturing for a televised meeting. Our first ministers must acknowledge the economic and social impact of mental illness and mental-health issues, and commit to something much harder than throwing more money at the problem -- and that is to fundamentally fix the inadequacies of existing systems.

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