



**CANADIAN MENTAL  
HEALTH ASSOCIATION**

**ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE**

## **The Canadian Mental Health Association (Saskatchewan Division) Inc.**

# **A NEW WAY OF THINKING**

**It is obvious from the statistics and lived experiences of those living with a mental illness that there needs to be a fundamental shift on how we provide and fund mental health services in our Province. Given the geographical separation of our communities and the diverse populations that we serve, incorporating a strategy that provides services at a community level will only help to empower and support those living with a mental illness.**

**Saskatchewan Election  
November 2011**

## PURPOSE

The purpose of this package is to assist those in the Province who are concerned about making improvements to our mental health system to effectively communicate with candidates and the general public.

## BACKGROUND

MENTAL HEALTH doesn't often get attention at election time, but as we approach the 2011 Saskatchewan election, the statistics are staggering:

- 20% of Canadians will personally experience a mental illness.
- Mental illness indirectly affects all Canadians at some time through a family member, friend or colleague.
- Mental illness affects people of all ages, educational and income levels, and cultures. (Fast Facts: Mental Health/Mental Illness, CMHA National, [www.cmha.ca](http://www.cmha.ca))

The 1960s and 1970s saw an international movement towards deinstitutionalization of the mentally ill, moving them out of asylums and other facilities, and releasing them into the community. Studies found that the vast majority of those who had been placed in asylums could be healthy and productive members of society if placed in the community and provided with the proper care and medication.

In 1963, the National Scientific Planning Council of the Canadian Mental Health Association released "More for the Mind", which insisted that mental illness should be dealt with inside the same organizational, administrative and professional framework as physical illness. It recommended that psychiatric services be integrated with the physical and professional resources of the rest of the health care system.

In 1964, the Royal Commission on Health Services stated: "Any distinction in the care of physically and mentally ill individuals should be eschewed as unscientific for all time". The Hall Commission recommended that patients capable of receiving care in general hospital psychiatric units should be moved from psychiatric hospitals and it was expected that patients would occupy beds in psychiatric units of general hospitals for brief periods of time during episodes of illness, but otherwise would live successful and satisfying lives in their communities.

Thus, in the 1960s the process of deinstitutionalization began and over these decades the number of people confined to mental institutions fell dramatically from just under 70,000 to about 20,000. However, while great savings were made by shutting down empty institutions, much of this money was absorbed by general government funds, and did not make it into community care.

## THE COST OF MENTAL ILLNESS TO SOCIETY

**There is increasing evidence to support the argument that interventions for schizophrenia, depression and other mental illnesses are not only available and effective, but are also affordable and cost effective.**

The financial impact of poor mental health is staggering:

- Annually, the private sector spends between \$180 and \$300 million on short-term disability benefits related to mental illnesses. For long-term disability benefits related to mental illnesses, \$135 million was paid. (**The Cost of Mental Health Services in Canada**, Institute of Health Economics, Final Report, June 2010)
  - Mental illness costs the Canadian economy a staggering \$50 billion a year and each day 500,000 people will miss work due to mental health problems.
  - Each year employers and insurers spend a whopping \$8.5 billion on long-term disability claims related to mental illness.
- Mental illness is the number one cause of disability in Canada, accounting for nearly 30% of disability claims and 70% of total costs. Mental health disorders in the workplace cost Canadian companies nearly 14% of their net annual profits and up to \$16 billion annually.
  - The unemployment rate among people with serious mental illness is 70-90%. There is a 60% drop in family income when a breadwinner is diagnosed with mental illness. (**Mental Health is Everyone's Concern Fact Sheet**, The Canadian Mental Health Association, May 2010)

Clearly, there is an enormous economic reason to address mental health in our communities and **THE TIME TO INVEST IS NOW.**

**PERSONS WITH MENTAL ILLNESS FACE SEVERAL BARRIERS, WHICH PREVENT OPPORTUNITIES FOR ECONOMIC ADVANCEMENT.** They often encounter difficulty securing adequate education, housing and employment and face undue discrimination and stigma in these domains due to their mental health status, as well as society's misconception of mental illness. Due to these factors, many people with mental illness often cannot earn adequate income in the labour market and must rely on income support programs.

## BENEFITS OF COMMUNITY-BASED CARE

People with lived experience, their family members and natural supports can and should play an integral role in the mental health sector. CMHA programs **EMBODY THE PRINCIPLES OF INCLUSIVENESS AND RECOVERY**. Participants in this type of programming are proven to spend less time in hospital, use fewer crisis services, and experience easier transition into community living. (*Consumer/Survivor Initiatives: Impacts, Outcomes and Effectiveness*, CMHA Ontario, CAMH, CMHA and OPDI, March 2005)

**It is now widely recognized that people living with mental illness can live productive and meaningful lives in the community.**

There is widespread agreement that the “old” mental health service delivery method, centered on hospital inpatient care is outmoded and ineffective. A new approach that has emerged is to move clients served in inpatient hospital units into community care settings and maintaining them there. This “new” service delivery method is now widely accepted and the approach ties in with the proposal to integrate mental health and addiction services into the general health care system. (*How Much Should We Spend on Mental Health?*, the Institute of Health Economics, 2008)

Balanced care is essentially community-based, but hospitals play an important backup role. This means that mental health services are provided in normal community settings close to the population served, and hospital stays are as brief as possible, arranged promptly and employed only when necessary.

Cost-effectiveness studies on deinstitutionalization and of community mental health care teams have demonstrated that quality of care is closely related to expenditure. Community-based mental health services generally cost the same as the hospital-based services they replace. (*What are the Arguments for Community-Based Mental Health Care?*, World Health Organization, 2003)

## CORRECTIONS AND MENTAL HEALTH

**It is a fact that today's Canadian prisons and penitentiaries are ill-equipped to handle the growing number of prisoners with serious mental illnesses.**

Howard Sapers, Correctional Investigator of Canada reports "federal penitentiaries are fast becoming our nation's largest psychiatric facilities and repositories for the mentally ill. As a society, we are criminalizing, incarcerating and warehousing the mentally disordered in large and alarming numbers. The needs

of mentally ill people are unfortunately not always being met in the community and social welfare systems. As a result, the mentally ill are increasingly becoming deeply entangled in the criminal justice system". (*Annual Report of the Office of the Correctional Investigator, 2009-2010*)

The annual average cost of keeping a federal inmate now exceeds \$100,000 per year (or just over \$275.00 per day), up from \$83,000 per year in 2003/04. By contrast, offenders supervised in the community cost considerably less – about one eighth that of keeping them in prison.

The Report of the Standing Committee on Public Safety and National Security released a document in December 2010 entitled "Mental Health and Drug and Alcohol Addiction in the Federal Correctional System". It further states:

- 21.8% of female offenders and 10.4% of male offenders had a mental health indicator at time of admission;
- 30.1% of female offenders and 14.5% of male offenders had past psychiatric hospitalization;
- 33.2% of female offenders and 20.6% of male offenders admitted having bad psychiatric medication prescribed, a percentage which had almost doubled since 1998-1999; and,
- 8.7% of female offenders and 5.9% of male offenders were psychiatric outpatients when admitted to detention.

(*Mental Health and Drug and Alcohol Addiction in the Federal Correctional System*, The Report of the Standing Committee on Public Safety and National Security, December 2010)

The report further recommends:

*"That the federal government, in cooperation with the provinces and territories, make a commitment to and a serious investment in the mental health system, in order to ease the identification of and access to treatment for people suffering from mental health and addictions before they end up in the correctional system."*

## POINTS FOR DISCUSSION WITH CANDIDATES

1. We should have a comprehensive, multi-year provincial strategy for improving our mental health system. Saskatchewan is far behind in monies it provides for mental health compared to other provinces (i.e 5% vs. average 6.1%). This represents a shortfall of over \$40 million compared even to other provinces' underfunded systems.
2. We need to ensure that mental health is critical in all new initiatives including health human resource planning, primary health care redesign, lean initiatives, community health care and health promotion initiatives.
3. We need to ensure representation in collaborative balance and care initiatives by people with lived experience, including persons with mental health issues and their families.
4. We need to encourage Government to follow through on commitments made regarding Sask. Hospital North Battleford and complex needs and step-down beds.
5. We need to ensure an adequate reasonable benefit structure for those with mental health issues in the Saskatchewan Assured Income for Disabilities (SAID) program to ensure adequate income for healthy living, both physically and mentally.
6. We need to ensure that the Provincial Mental Health Strategy includes and adequately supports infrastructure, salaries, transportation and other resources needed for services delivered at the community level by not-for-profit mental health agencies.
7. We need to ensure adequate social housing and other supported housing for persons affected by mental illness.
8. We need to ensure adequate assisted/supported employment opportunities for those affected by mental illness.
9. We need to ensure that resources are made available to Regional Health Authorities to provide adequate and ongoing smoking cessation aids and programs, especially when persons are not able to smoke in inpatient units.
10. We need to ensure that the Justice and Corrections systems consider and provide for mental health/illness requirements in their delivery of services and that this is incorporated into release plans of inmates.