A Reason to Hope. The Means to Cope.
The Schizophrenia Society of Ontario
Société ontarienne de la schizophrénie
Une source d'espoir, de soutien et d'entraide.

January 21, 2008

Submission to the Honourable Dwight Duncan
Minister of Finance
2008 Pre-Budget Consultations

The Schizophrenia Society of Ontario (SSO) appreciates the opportunity to participate in the Finance Minister's pre-budget consultations.

The Schizophrenia Society of Ontario is a non-profit organization with a network of twenty chapters, eight regional offices and more than 500 active volunteers across the province. Our mission is to improve the quality of life for individuals and families affected by schizophrenia through education, support, awareness raising, public policy & research. Reaching over 30,000 people each year, SSO is the largest organization representing people affected by schizophrenia in Ontario.

We will address the first question posed by the Minister regarding priority areas for 2008 budget. However, first, I would like to provide some context by speaking briefly about mental illness and schizophrenia and the impacts on individuals, families and the community.

Mental illness affects all Ontarians. People of all ages, education and income levels and ethnic and cultural backgrounds experience mental illness. One in five people will directly experience mental illness during their lifetime, and the remainder will experience mental illness through a family member, friend, colleague or acquaintance. One in 100 people, approximately 120,000 Ontarians, will develop schizophrenia which is generally regarded as the most severe and most debilitating mental illness.

The impacts of mental illness are far reaching. Mental illnesses contribute more to serious disability than any other disease group, with the annual cost of mental illness in Canada exceeding $15 billion. Mental illness can affect all aspects of person's life including education, employment, housing, social and family networks, recreation and day-to-day living. Not surprisingly, people with mental illnesses are over represented among the poor, homeless and prison populations and have an increased risk of suicide. Close to 90% of people who commit suicide have been diagnosed with a mental illness.

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Treating mental illness and supporting people in their recovery and continued wellness are critical from a human as well as an economic perspective. There are several opportunities for doing so within the Government's campaign commitments. These include:

1) Expanding the Government's health care wait times strategy to include psychiatric care and treatment,
2) Continuing to enhance the strength of mental health and addictions services with increased funding and strong provincial policy direction, and
3) Building a poverty reduction strategy

1) Including Psychiatric Care and Treatment in the Provincial Wait Times Strategy

Since 2004, the Government has made significant progress in reducing wait times in five priority areas. Wait times have become an effective strategy for allocating resources and increasing accountability for treating certain conditions and performing procedures. Including psychiatric wait times within the provincial strategy is a concrete strategy for improving access to mental health care in Ontario.

Mental health care has, and continues to be, chronically under-resourced. In fact, despite absolute increases in mental health funding, the slice of the health care pie allocated to mental health spending keeps getting smaller. From 1998 to 2007, mental health care spending in Ontario dropped from 5.3% to 3.3% of overall health care spending.

The lack of resources in the mental health system is also seen through lengthy wait times to access specialty psychiatric services. Individuals with serious mental illnesses - illnesses which can be life threatening in their acute stages - can wait four to six months or longer to see a psychiatrist. Wait times for children are even longer. At any given time, 7,000 children are waiting an average of six months to get an appointment with a mental health specialist.

Such treatment delays can have serious consequences. Because the onset of many mental illnesses occurs in the adolescent and early adult years, untreated mental illnesses can interrupt education and result in young people dropping out of school. Long periods of not receiving treatment can lead to alcohol and substance abuse, deterioration of a person's condition, homelessness, suicide, and conflict with the law.

Mental illnesses are however very treatable. With access to timely and comprehensive treatment, patient outcomes can be significantly enhanced leading to improved prognosis and more rapid recovery, decreased need for

hospitalization, minimized disruption of school and employment, and reduced risk of suicide.

Including psychiatric care and treatment in the Government's wait time strategy will help ensure adequate resources and accountabilities are in place to improve access to mental health care in Ontario. The Schizophrenia Society of Ontario has identified three areas within mental health care for which wait times need to be reduced:

I. Wait times for psychiatric care and services, including access to psychiatrists or other mental health specialists, and access to acute care psychiatric hospital beds. In the last five years over 400 mental health beds have been lost in the province such that acute care psychiatric beds are routinely restricted to people who are likely to be a danger to themselves or others.

   Precedents for including psychiatric care wait times has already been set at the national level, with the Canadian Psychiatric Association identifying benchmarks to be included as part of the national wait times strategy.

II. Wait times for assessment in hospital emergency rooms. The government has already identified emergency room wait times as a priority for its wait times strategy. We strongly support this inclusion and urge the government to ensure that psychiatric emergencies are adequately incorporated within the emergency room wait times strategy and that standards for handling psychiatric emergencies be developed. Involving psychiatric specialists, patients and caregivers in the development of the emergency room wait time strategy and standards will help ensure that psychiatric emergencies are treated as seriously as physical emergencies.

III. Wait times for access to medications. Effective treatment of schizophrenia includes a combination of anti-psychotic medications, therapy, in-patient care (if necessary), and social supports such as housing, education, employment, income and recreation. Anti-psychotic medication is however the foundation for treatment of schizophrenia.

   People with schizophrenia, and other mental illnesses respond differently to different medications. Medications that effectively treat symptoms in one person will not necessarily treat symptoms in another. As a result, access to all available anti-psychotic medications is necessary for insuring optimal treatment options. Because the majority of people with schizophrenia access medications through the Ontario Drug Benefit Formulary, open access to all psychiatric medications must be assured in a timely manner. At present, the average length of time for a new medication to be approved by Health Canada and to be subsequently included on the Ontario Formulary is two to three years.

In summation, wait times have become a catalyst for mobilizing resources and creating momentum to address specific health care issues. The human and social costs of long wait times for psychiatric care and treatment are too great to ignore. By including psychiatric care as a component of its wait time strategy in the 2008 budget the Government is poised to address mental health care.

2) Strengthening mental health and addictions services with increased funding and strong provincial policy direction

Despite the Government's investments in the mental health sector during its last mandate we continue to see the effects of an under-resourced system. One of the markers of this under-funded system is the continuing increase in criminalization of people with mental illness. More than ever before, people with mental illness are becoming involved with the criminal justice system and prisons are becoming the defacto institutions for people with mental illness. Approximately 20% of adults in prisons have a past or current mental illness.

Perhaps not so ironically, as we lose acute care psychiatric beds, we are gaining forensic psychiatric beds. During the past five years we have seen a 13.6% increase in forensic beds. Although this increase is needed so that people with mental illness do not languish in jails, it is also imperative that we support people up front to keep them out of the justice system in the first place. The Government's continuing emphasis on court diversion and mental health courts is important. However, up front medical and community services and social welfare programs that help people recover, stay well and keep out of the criminal justice system, must also be supported. These include acute care psychiatric beds, therapies and rehabilitation programs, ODSP and Ontario Works, subsidized or supportive housing, and employment programs.

With the establishment of Local Health Integration Networks, having strong provincial policy direction from the Ministry of Health and Long-Term Care will be important to ensure that mental health care is a priority at the local level, and that the needs of consumers and families are adequately addressed. In taking a provincial stewardship, accountability and policy development role, the Ministry should ensure representation from a diversity of organizations, sectors and family and consumer groups.

3) Building a poverty reduction strategy

People with mental illness need a range of services and supports to facilitate recovery from acute illness phases and to remain well. Income security and access to safe, affordable housing are fundamental to an individual's recovery and on-going stability.

In Ontario, over one-third of people receiving the Ontario Disability Support Program (ODSP) have a mental illness. Half of these, approximately 35,000 people, suffer from psychosis related illnesses such as schizophrenia.

ODSP is Ontario's financial safety net for people with disabilities who are unable to work. At present ODSP rates for a single person are approximately 60% of the poverty line. A financial safety net that falls far below the poverty line is not much of a net, and is unacceptable in a humane society.

While poverty does not cause severe mental illnesses such as schizophrenia, many people with mental illness are consigned to a life of poverty because their illnesses prevent them from working. Poverty in turn, can increase stress on people with mental illness, which can trigger relapse of illness.

In the 2008 budget the Schizophrenia Society of Ontario urges the Government to raise ODSP and Ontario Works (OW) rates to cover the real costs of living including costs of housing, food and other basic needs such as transportation, telephone and utilities. As well, to prevent continued erosion of benefits, OW and ODSP rates should be annual indexed.

In summary, the Schizophrenia Society of Ontario, calls on the Ontario Government make the following commitments in its 2008 Budget:

- Include psychiatric care and treatment in the Ontario Wait Time strategy emphasizing three key wait time areas: psychiatric care, emergency rooms and access to medications,

- Enhance the strength of mental health and addictions services with increased funding and strong provincial policy direction with the goal of reducing criminalization of people with mental illness, and

- Build a poverty reduction strategy including increasing ODSP and OW rates.

Thank you for considering this submission.

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