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June 6, 2012

Hon. Jason Kenney, P.C., M.P.
Minister of Citizenship and Immigration
Citizenship and Immigration Canada
Ottawa, Ontario K1A 1L1

Dear Minister Kenney,

Many sectors of the medical community¹ are showing great concern about the impact of the recently announced cuts² to the Interim Federal Health Program (IFHP). The Canadian Medical Association³, the Royal College of Physicians and Surgeons of Canada, and six other national health care organizations sent you a letter regarding these pending cuts, which target already vulnerable refugees.

The Interim Federal Health Program has a long history of providing health care, necessary medications, and some extended health benefits, such as vision, dental care and mobility devices, for refugees, vulnerable members of our community who are fleeing danger and persecution. Often, they have experienced trauma, and already face many barriers to good health as they seek refuge in Canada. Arriving in a new country, often without financial resources, refugees rely on the IFHP to ensure a standard of care.

As psychiatrists, we join the above organizations in voicing our grave concern about the impact of these cuts on the physical and mental health of our refugee patients, and urge you to reverse this policy. Under the new policy, which will come into effect on June 30th, 2012, all coverage for medications will be cut for refugees, except in cases of danger to public health or safety, as will coverage for vision, dental and supplementary benefits⁴. Further, coverage for physician visits and hospital care will be cut completely for many refugees, depending on their country of origin, unless a threat to public health or safety is identified.

We are concerned about the access to mental health care for refugees under this new policy. According to information released by your ministry⁵, coverage for psychiatric care and medications for psychosis would be provided only if the person would otherwise pose harm to others. This language, which deems patients worthy of care only if they are a potential harm to others, serves to

¹ <http://blog.openmedicine.ca/node/339>

² <http://www.cic.gc.ca/english/department/media/releases/2012/2012-04-25.asp>

³ <http://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/SuppBenefitsKenneyEN.pdf>

⁴ <http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp>

⁵ <http://www.cic.gc.ca/english/refugees/outside/coverage.asp>

further stigmatize our already stigmatized population, and does not address the dire need for medication and treatment for all patients who need them, whether or not they pose a risk to others. We are also concerned about what coverage will be provided for people who are suicidal and require either outpatient or hospital based care.

Further, we are very concerned about all the people who may not be a threat to themselves or to others, but who still require treatment. How are we to tell a woman with PTSD that she can no longer receive an antidepressant or anxiolytic to help her cope with the effects of trauma, and that she cannot even see a psychiatrist for an appointment to receive treatment? How should we tell a recently arrived mother fleeing from danger and suffering from depression that neither she nor her child are eligible for care, simply because of their country of origin?

In terms of cost, we know that treating symptoms of mental illness early, on an outpatient basis, will prevent crises and save money, in comparison to costly emergency department visits or inpatient admissions. Aside from cost, as physicians we have an ethical responsibility to serve people requiring care, and under this policy change we will have to turn away many refugee patients needing mental health services.

Finally, we are also concerned that the cuts to refugees' physical health medications, such as insulin or cardiac medications, and basic primary care will have a grave impact on people's mental health, and contribute to the burden of distress for an already vulnerable population. This policy will have severe consequences for all refugee patients, and in particular those who are suffering the most.

As psychiatrists, we seek to provide care to all people living in Canada based on clinically assessed need, irrespective of immigration status or country of origin. We add our voice to the growing list of medical organizations expressing concern about the policy change to the IFHP, and urge you and your Ministry to reverse these cuts.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Fiona McGregor". The signature is written in a cursive, flowing style.

Fiona McGregor, MB ChB, MRCPsych, FRCP(C)
President, Canadian Psychiatric Association