FEDERAL LEADERSHIP NEEDED TO DEVELOP NATIONAL STANDARDS FOR MENTAL HEALTH

The federal government needs to take the next step by showing leadership in working in collaboration with provinces and territories across Canada to develop national standards for our mental health system.

BY MICHAEL TEEHAN

HALIFAX, N.S.—We live in a time of unprecedented interest in mental health. And we have seen how federal leadership can act as a catalyst for change. The Senate report that led to the Mental Health Commission of Canada and their innovative housing first approach to homelessness is a prime example. Now the federal government needs to take the next step by showing leadership in working in collaboration with provinces and territories across Canada to develop national standards for our mental health system. Currently, inadequate funding, fragmentation, and the lack of coordination among service providers are challenges that continue to plague our health-care system.

Some years ago I attended a talk by a colleague who is an intensive care unit specialist. At one point he spoke about a drug that is rarely used—perhaps four to five times a year—for patients who are desperately ill. Evidence shows that use of this drug increases survival rates by three to four per cent. However, the cost is approximately $70,000 per treated patient.

A few days earlier, as part of my practice with young people with psychotic illnesses, I made a home visit to the apartment of a young man in a run down, low cost apartment building in an area rife with crime and violence. We found him by his window, vigilantly scanning for danger. His apartment was in shambles, and he was in a state of severe self-neglect. His surroundings amplified the tendency to suspicion and distrust from his illness. He was unable to care for himself.

Over the next few days, through intense advocacy and persistence our team found him supported housing in a safer area of town, and connected him to daily supports. In the past five years, we have had no crises, remains in that safe environment, and has had a decent life. The cost for this intervention? Less easy to quantify than the ICU intervention perhaps but probably in the hundreds of dollars, but interventions save lives.

Throughout my career, resources dedicated to mental health care, in particular to patients with severe and persistent mental illness, always seem to come up short. This was true when large institutions provided most of the care, and it is true today of our community-based care. What frustrates patients, families and caregivers is the knowledge that good mental health care—health care that may cost very little—can transform the lives of people like this young man. Coordinated medical care, education about the illness, clean and safe housing, income support and assistance with accessing school or work, are the minimum requirements of a decent life.

And yet, many of those in need receive only partial or no services. The Mental Health Commission of Canada has called for an increase in mental health funding from seven to nine percent of health care budgets, which translates into close to a 30 per cent increase. This still leaves the proportion of health budgets dedicated to mental health at less than 10 per cent. Is this enough? Consider that a recent study in Ontario concluded that the burden of mental illness and addictions in Ontario is more than 1.5 times that of all cancers and more than seven times that of all infectious diseases. Certainly, new investments could improve the delivery of care and coordination of services significantly. But we also need to take steps to spend our limited resources wisely, and coordinate the multiple agencies and services which operate separately now.

The federal government has withdrawn from many aspects of health care, citing provincial jurisdiction. And yet it funds a significant portion of provincial budgets. Should it not ensure that those tax dollars are well spent and benefit all Canadians, writes Michael Teehan.