



Canadian Psychiatric Association
Dedicated to quality care
Association des psychiatres du Canada
Dévouée aux soins de qualité

141 Laurier Avenue West 141, avenue Laurier Ouest
Suite 701 Bureau 701
Ottawa, ON K1P 5J3 Ottawa (Ontario) K1P 5J3
Tel: (613) 234-2815 tél : (613) 234-2815
Fax: (613) 234-9857 téléc : (613) 234-9857

www.cpa-apc.org
cpa@cpa-apc.org

Dear Minister Alexander,

October 7, 2014

I am writing to request that you reconsider the federal government's appeal of the Federal Court ruling 2014 FC 651, *Canadian Doctors for Refugee Care v Canada (Attorney General)*. As you know, Justice Mactavish ruled that the 2012 cuts to the Interim Federal Health Program (IFHP) violated sections 12 and 15 of the *Canadian Charter of Rights and Freedoms*. As you are also aware, there was widespread concern and opposition voiced by regional and national medical groups and health care providers, including the Canadian Medical Association, to the 2012 IFHP cuts.

The Canadian Psychiatric Association, the national voice of Canada's 4,500 psychiatrists, shares the concerns raised by our medical colleagues that refusing coverage of primary or preventative care treatment to refugee claimants disadvantages highly vulnerable and marginalized individuals during a particularly high-risk period. While the intent of such measures may be to save health-care costs, in fact, such cuts would reflect poor health policy planning since they would result in both increased illness burden and increased public health care costs. This is especially true considering the nature of mental illness burden that refugee claimants commonly face.

While the proposed mechanisms under Bill C-31 ostensibly provide coverage for conditions posing a threat to public health or safety, to adequately protect public health and safety, appropriate primary and preventative care of the mental health conditions refugee claimants suffer from is essential. Refugee claimants are already displaced individuals with a high risk of past traumatic experiences, which places them at high risk of serious mental illnesses such as posttraumatic stress disorder and other conditions. These individuals require proper and timely primary and preventative mental health care not only to improve their health, but to avoid deterioration that leads to even more costly care and can increase risk of harm to themselves or others. The distinction made in Bill C-31 regarding care only being accessible in situations posing a threat to public health or safety is an artificial one. With serious mental illness, early appropriate mental health care is required to avoid deterioration, and to ensure safety issues do not arise.



Canadian Psychiatric Association

Dedicated to quality care

Association des psychiatres du Canada

Dévouée aux soins de qualité

141 Laurier Avenue West Suite 701 141, avenue Laurier Ouest Bureau 701
Ottawa, ON K1P 5J3 Ottawa (Ontario) K1P 5J3
Tel: (613) 234-2815 tél : (613) 234-2815
Fax: (613) 234-9857 téléc : (613) 234-9857

www.cpa-apc.org
cpa@cpa-apc.org

Minister, Bill C-31 was introduced in February 2012 by the Honourable Jason Kenney. Even in the intervening 2 ½ years we have made tremendous strides in raising public awareness about mental health stigma, including through the work of the Mental Health Commission of Canada. Appealing the Federal Court decision that struck down the IFHP cuts would be particularly puzzling in this environment, as it would not only ignore the legitimate mental health care needs of a vulnerable population, it would also ignore the social and fiscal costs associated with withholding primary and preventative mental health care to mentally ill individuals. On behalf of the Canadian Psychiatric Association, I request that you reconsider the government's appeal of this ruling.

Sincerely,

Padraic Carr
MD, FRCPC, Dip. ABPN, DFAPA, FCPA