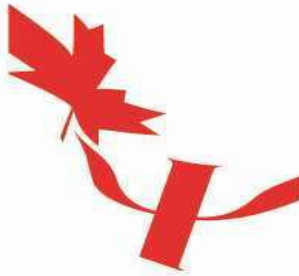


CANADIAN  
PSYCHOLOGICAL  
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SOCIÉTÉ  
CANADIENNE  
DE PSYCHOLOGIE

## **Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada**

### **A Review of the Final Report of the**

### **Standing Senate Committee on Social Affairs, Science and Technology**

#### **INTRODUCTION**

On May 9, 2006, the Senate Standing Committee on Social Affairs, Science and Technology tabled their final report on mental health. This is the most comprehensive report on the topic in the history of the country. As such, it deserves attention.

Previously, the Committee tabled in the House of Commons a 6 volume report on health care in Canada. Like the Ronanow Commission, the health report did not address mental health.

Mr Romanow called mental health the “Orphan of Medicare”. Senator Kirby and his colleagues were very concerned that mental health was being overlooked. They took on the commitment and over the past two and one half years, the Committee has held hearing, received briefs, conducted literature searches, and explored innovations internationally. The culmination is *Out of the Shadows at Last*.

#### **PSYCHOLOGY’S INVOLVEMENT**

CPA has been involved from the beginning. We met with the Committee staff on several occasions, President John Arnett and Executive Director John Service testified, we provided letters and a brief and kept in touch with developments throughout the life of the hearings.

As Chair of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), CPA’s Executive Director testified, met with Committee staff and individual Senators, and was well positioned to have input at a content level. CAMIMH’s Executive Director, Phil Upshall, was very active with the Committee

and the Committee's staff. CAMIMH is seen as a trusted coalition that brings the collective views of 15 organizations to any issue.

A number of psychologists were invited to testify on a range of topics.

CPA was given an embargoed copy of the Highlights and Recommendations of the report several days in advance. The Association and CAMIMH were invited by the Senate Committee to attend the press conference that announced the Report.

## **REPORT OVERVIEW**

As stated above, this is the first comprehensive examination of mental health issues in Canadian history. For this fact alone, the Report deserves serious attention.

The Senate Committee looked at a number of very important issues that directly affect psychology and the country. It was very encouraging to see a focus on:

1. a national action plan for mental health,
2. a mental health commission,
3. a mental health transition fund,
4. research and evaluation,
5. patient/family centered care,
6. strengthening self help,
7. improving access and community based services,
8. vulnerable populations such as children and seniors,
9. the workplace, and
10. a call for the Federal Government to improve services and working conditions within their jurisdiction (federal public service, veterans, armed forces, criminal justice, RCMP, natives, etc).

The Report is a good platform to begin serious discussions in Canada about mental health. This is its overriding social value. Some of the recommendations have strong provincial/territorial support. This is a consensus document that can lead to significant improvement in mental health in Canada. There is room for psychology to find a place and to be included.

On the other hand, with a comprehensive and overarching report of this type, there are missing pieces, disappointments, etc. This is true of this report from the specific perspective of psychology. There is a discussion of the limitations of the Report at the end of this overview.

It is recommended that psychologists, psychology associations and education and training programs read the Highlights and Recommendations volume if they do not have time to read the entire 500 page report.

Below is a brief summary of some of the major issues of interest to psychology. The summary does not do the report justice, but it does highlight some, but not all, of the issues germane to the discipline.

## **MAJOR ISSUES**

### **Canadian Mental Health Commission**

Perhaps the most important recommendation is a confirmation of the importance of the Canadian Mental Health Commission. The Commission has been agreed to by all the provinces and territories except Quebec (for constitutional reasons). It was announced by former Minister of Health Dosanjh. It awaits approval from Mr Harper's government. In response to a questionnaire sent to each of the parties during the last federal election, the Conservative Party stated in a reply to the Canadian Alliance on Mental Illness and Mental Health that "The Conservative Party of Canada, and our Health Critic, Steven Fletcher, have long called for a Mental Health Commission of Canada and a Conservative government will ensure that such a commission is established". They also stated that "A Conservative government will develop a new national disease strategy for mental illness in cooperation with the provinces and would respect the advice and work already completed by the Senate on this issue and would seriously consider its recommendations when formulating our National Strategy on Mental Illness and Mental Health".

The Commission has several purposes, the most important of which is the development of a national action plan for mental health. The Canadian Alliance on Mental Illness and Mental Health has been calling for a national action plan for a decade. Canada is the only G 8 country not to have a plan.

It will be important for provincial psychology associations to recommend qualified psychologists to their governments for possible appointment to the Commission. In addition, any psychologist who wishes to be considered should forward their name and vita to their Minister of Health or their equivalent. It is important to do this in the very near future.

The Commission will keep the spot light on mental health for a concerted period of time, five to ten years. This will help significantly in giving mental health issues more prominence in the minds of Canadians and with politicians. This is critical if we ever want mental health to achieve the status and support of diabetes, cancer, heart disease, etc.

The danger is that the Commission will take a very traditional view of mental health. This would be a serious mistake. A traditional view would mean for example:

1. an medicine centric system to the exclusion of other points of view and delivery systems,
2. a focus primarily on publicly funded services to the exclusion of programs that provide access regardless of their public or private source of delivery,
3. an overly strong focus on the serious and persistent mentally ill to the exclusion of other issues,
4. a focus on mental illness to the exclusion of mental disorders and behavioural health,
5. a strong focus on illness and a lesser focus on promotion, prevention and resilience, and
6. possible Commission membership composition that has an overrepresentation of one or two professions to the exclusion of others such as psychology.

### **Mental Health Transition Fund**

This was one of CPA's recommendations based on our experience chairing the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative and membership on the Steering Committee of the Canadian Collaborative Mental Health Initiative. The Mental Health Transition Fund (MHTF) is a targeted means of transferring federal tax dollars to the provinces and territories for mental health and only for mental health.

Like the Commission, the MHTF has the potential of keeping the focus on mental health. Grants will be given for innovative programs in communities across the country. The Primary Health Care Transition Fund was successful in seeding change. It is hoped that this will be the case with the MHTF.

The Report recommends that the Mental Health Commission manage the MHTF. This could work as long as the MHTF does not divert the Commission from accomplishing its primary goals as set out in the Report. If that were to be the case, the Commission could be a failure.

Provincial and territorial governments are supportive of the MHTF because it will mean more federal money. Some of the fund's money is for housing for the seriously mentally ill, some is to fund experiments in creating "a basket of community services" and some is to promote interprofessional collaboration. It is in the latter two areas that psychology will need to be creative and vigilant in order to be included.

As we saw with the Primary Health Care Transition Fund, provincial and territorial governments may target the money exclusively through physician's services or exclude the private sector, schools etc.

## **Research and Evaluation**

There are a series of recommendations on research. Most of them focus on increasing funding for the Canadian Institutes for Health Research (CIHR) and particularly the Institute for Neuroscience, Mental Health, and Addictions (INMHA). In recommending \$25 million dollars for INMHA, the Committee wants a split between clinical research, health services, and population health. This is a welcome recommendation. One danger is that, without specifying how much is to go into each envelope, most of the money could go to biomedical basic research or clinical trials for pharmaceuticals. This would not move the behavioural health agenda forward.

The Committee urges the government to increase health research funding to equal 1% of health care expenditures. This is support for a similar recommendation that came out of the National Health Forum. CPA and the Canadian Consortium for Research support this notion. The problem is that there is no direction from the Committee to ensure that an appropriate percentage of the expenditures will be for mental health research and to require each Institute to spend a certain proportion on mental health. In the absence of such assurances, the traditional MRC research agenda will receive most of the funding.

There are recommendations that ask that CIHR to increase fund raising with the private and not-for-profit sectors. There are obvious dangers in this. In addition, CIHR is asked to include more community people in consultations and peer review panels.

There are calls to evaluate more effectively service delivery, Employee Assistance Programs etc.. The focus on evaluation and accountability is interesting.

The Committee calls for better data collection, improved knowledge exchange and improved mental health surveillance. These need to be supported and the psychology private sector and other publicly funded human services systems must be included. Currently, CPA has a \$25,000.00 grant from the Public Health Agency of Canada for a pilot project to collect data from private practice psychologists, psychiatrists, and social workers. The project partners intend to expand the scope of the data collection to include psychological services in criminal justice, the workplace and EAP, education, and social welfare systems.

## **Specific Populations**

**Children and youth:** There is discussion about family involvement, the legal age of majority, age cut-off points leaving adolescents in limbo between services, promotion and prevention, and the use of schools.

One glaring error is the omission of school psychologists from inclusion in the mental health teams to be based in schools. The teams as delineated include social workers, child/youth workers, and teachers. A more reasoned approach would have included psychology and defined its role as supervisor of, trainer of and consultant to the teams as well as a referral resource, diagnostician and care provider.

This chapter highlights the need for the integration of human services delivery systems. The Committee is obviously frustrated with the silos of education, criminal justice, social welfare, the workplace, health and the private sector. This anti-silo theme reoccurs throughout the Report.

**Seniors:** Some of the recommendations are helpful. They call for payment by the state at competitive rates for home delivered mental health services. However, much of the chapter has a definite medical slant, one of the limitations of the Report.

**Workplace:** Mental health issues in the workplace are a serious concern. The Report talks about healthy workplaces, promotion and prevention in the workplace, and return to work programs. Many of the recommendations resonate. One limitation is the too strong focus on the seriously and persistently mentally ill in the workplace and not enough on the majority of the workplace issues of mild to moderate mental health problems, abusive relationships, addictions, etc. This bias towards the seriously and persistently mentally ill is pervasive and a shortcoming of the Report.

## **Promotion and Prevention**

It was good to see that the Committee put some focus on promotion and prevention. They acknowledged CPA for our recommendation to develop a Canada Food Guide for mental health and to make it widely available for all Canadians. It would be known as the Canadian Mental Health Guide. The Report would have profited from a more in-depth discussion of promotion, prevention and resilience.

## Legal and Pension Issues

It is interesting that the Report begins with legal issues that include confidentiality, age of consent, legal directives, competency etc. It is not clear why this is the case.

One of the strengths of the Report is the discussion about income support for the mentally ill. This is an important factor in management and recovery.

## Government Services

Another strength of the Report is the call for the Federal Government to address mental health issues more systematically and effectively in their areas of responsibility such as aboriginals, the criminal justice system, the armed forces, veterans, the RCMP, and the federal civil service. The Committee recommends the Federal Government provide a positive and mentally healthy work environment and ensure its employees have good third party insurance coverage. In terms of service delivery, there are interesting recommendations for each of the areas mentioned above.

Another set of recommendations suggests that federal government departments better co-ordinate services among themselves and demonstrate a higher level of accountability by reporting annually to the Canadian people through Parliament. In terms of the **Armed Forces**, the report underlines the mental health needs of personnel at home, with their families and in deployment. It calls for more access to mental health professionals and services. What it does not underline is the dearth, by Armed Forces policy, of clinical psychology personnel to provide care in Canada and during deployment.

For **Veterans**, there are recommendations for improved access to community based services.

It was very interesting to note the section on the mental health needs of **immigrants** to Canada. This is a group all too often excluded from mental health policy and planning.

Under **Corrections**, psychology received some specific mention. It was noted, for example, that psychological services are over demanded and all too often review and non treatment focused. There was a link to the Correctional Investigator's 2005 Report which focused on mental health and which CPA was involved in promoting to CSC and the government.

There is a lengthy treatment of some of the issues facing **First Nations, Metis, and Inuit** people and communities.

## Limitations of the Report

As stated above, a report of this magnitude covering a topic of this diversity and complexity, will leave everyone wanting. The trick is to leave everyone equally happy and equally unhappy.

From a psychology perspective, the Report suffers from one of its objectives. The Committee, from the beginning, stated that it would produce a report that was pragmatic and politically palatable. The Committee is true to its word. This is a document of immediate possibilities as opposed to offering a new vision for the country. One can argue the pros and cons of this approach.

The outcome, however, is that there is an overemphasis on serious and persistent mental illness, the publicly funded system, the physician centered system and the old ways of doing business.

The result is a more than necessary limitation of the field of possibilities for psychology. The Committee, more than any other major health report of late, acknowledges the co-existence of the publicly funded and the private practice sectors. The Report does not, however, wrestle with the issues this presents, both in terms of the opportunities and the problems. Consequently, a large and growing subset of psychology, the private practitioner, is not included. This reduces solution options because it eliminates many members of the largest specialty provider of mental health services in the country.

Adherence to the politically possible requires clinging to the “old ways” and the current paradigms. This means there is an explicit and implicit overemphasis on medical systems, frameworks, and solutions. This is not unexpected in that the Canadian health care “system” is and always has been a publicly funded community and hospital based physician services system. There is little acknowledgement of this fact nor is there enough of an emphasis on more transformational and visionary alternatives and solutions.

The Committee was not persuaded to seriously look at behavioural health or health psychology in depth. This was a mistake for a number of reasons. For example, this is a rapidly growing area of research and service delivery. Psychological factors in health have serious positive and negative consequences. CPA argued that it was necessary to strongly link psychological factors to health in order to help “normalize” these factors, to reduce stigma and to improve health.

There were some obvious errors as well. For example, the aforementioned omission of school psychologists from school based mental health teams is a case in point.



## **Final Point**

For all the bouquets and warts, this report dealt more fairly and explicitly with psychology than most if not all of the health and mental health reports of the past decade. Out of the Shadows at Last is an important document that gives Canada a platform from which to discuss, reform, and improve mental health services write large. It also provides opportunity and room for psychology to be an important partner.

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