



Speaking Notes for Appearance before the Standing Senate
Committee on Social Affairs, Science and Technology

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Merci Monsieur le Président. Je suis très heureux d'avoir l'opportunité de rencontrer le Comité pour discuter du système de santé au Canada et la place de la santé mentale dans ce système.

La Société canadienne de psychologie (SCP) a soumis un mémoire au comité en 2003. Nous avons aussi soumis plusieurs autres documents. J'en ai apporté des copies pour le comité.

You will have heard much about prevalence, incidence, the need and the growing body of data that speaks to the importance of the issue. I am not going to refer you to them again here.

Rather, I want to keep my remarks short and to focus on several fundamental questions. These include:

1. Political leadership
2. Mental health across the continuum of care
3. Intersectoral disorganization
4. Stigma as systemic discrimination
5. Interdisciplinarity

Political Leadership

This is the most important issue. Health services are delivered for the most part by governments who decide what to fund and what not to fund, what to "list" and what to "delist". It is evident that for many Canadians, provincial and territorial governments have effectively decided to "delist" mental health services in both a real and a relative sense.

Governments are the only ones that can change this situation. We have in Canada a medicare system that was built on the state of knowledge that existed in the 40s, 50s and 60s. It is now only partially adequate for the realities of the 21st Century. There is not much the provincial and territorial governments can

do. However, as the Senate of Canada is a federal institution, I will focus on the role of the federal government.

You have already heard many good ideas. Just today the Canadian Medical Association discussed the use of the tax system to strengthen mental health.

1. The Canadian Psychological Association is committed to the notion that Canada must have a national action plan. How can we develop a system without a plan? How can several levels of governments co-operate without a plan. The federal government needs to champion the development of a national action plan such as the one presented to you by the Canadian Alliance on Mental Illness and Mental Health. CPA is a member of the Alliance.
2. The Federal Government must transfer significant dollars to the provinces. It is completely impossible to contemplate meaningful change without meaningful investment. The dollars must be significant and targeted specifically for mental health in order to sustain meaningful change over a long time frame. There will be no significant change without significant investment for all the obvious reasons:
 - a. Current demands within the system,
 - b. The current design and administration of the system which is overwhelmingly biomedical,
 - c. Provincial and territorial governments' fiscal realities, and so on.
3. The Government of Canada also needs to develop an office or division of mental health in Health Canada. It is a sad reality that the mental health presence in Health Canada has all but disappeared. Mental health issues are more relevant than ever and yet they are all too often overlooked by Health Canada.
4. The Government of Canada is developing a new public health agency. It is important to meaningfully include mental health and human behaviour in the governance and administrative systems and the activities of this new agency.

Mental Health and the Continuum of Care

Mental health affects us all. Let me use my profession, psychology, as an example. Psychology is the study of the biological, cognitive, affective, social, cultural and environmental determinants of behaviour. In other words, how we think, feel and behave in our social and physical environments.

Using this definition as a touchstone, it is easy to see how psychological issues affect us all and are fundamentally important across the continuum of care:

- Wellness maintenance and enhancement
- Injury and illness prevention
- Accurate diagnosis and cure (studies show that 30% to 60% of the concerns patients bring to primary care physicians are either a psychiatric or psychological problem or the mental health issue is a significant factor in the diagnosis and treatment)
- Effective rehabilitation and relapse prevention
- Chronic disease and long-term disability management
- Palliation

Mental health suffers when it is conceptualized as a small fringe element of the “crazy”. We must build our funding and delivery systems to get the right patient to the right service at the right time.

We have built the Canadian system around body parts: Organs, tissues, fluids, nerves, and so on. In fact, we perform biomedical miracles. Just the other day the media reported that a newborn in the United States was doing well after receiving 8 transplants.

What we have forgotten in this “parts” mentality is the fact that the parts are housed in a person and, in no small measure, it is the person that gets better or not. My dad was a surgeon in Sackville NB and Lindsay Ont. He was convinced that his role was to help the patient get better and that it was the patient’s attitude and habits that most determined success or failure.

Our health systems must be built around this reality that mental health issues are inimical across all of health and health care. Otherwise, mental health will remain in its marginalized ghetto for decades to come.

Stigma and Discrimination

Use of the word ghetto brings us to the issue of stigma. You have heard a great deal about stigma, so I won’t discuss it here except to say that stigma is better understood as part of systemic discrimination. Robert Kennedy, a Congressman from Rhode Island gave a speech at an American Psychological Association Meeting in Washington in 2002.

I was mildly interested in hearing a Kennedy but also a bit jaded: Here is another Kennedy. His point captured me immediately. His premise was and is that mental health patients and professionals are subject to systemic discrimination. Examples include:

- Pejorative language: “Psycho”, “nut bar”, “retard”

- Marginalization: In society and in institutions that serve the public
- Lack of meaningful presence at important decision-making tables: Examples abound, the appointments to the Health Council being one. It is similar to the plight of women before the feminist revolution. “Don’t worry your pretty little head, we are looking after your interests. You are not quite ready for prime time”

As we can see, stigma is a subset of this broader problem. The solutions are the same as in the case of other forms of discrimination be they based on race, religion, colour, gender, etc. The solutions include, and again these are just exemplars:

- Significant financial investment in services (health services, housing, community services, school, criminal justice and social welfare based services, etc.)
- Affirmative action. This requires differential proportional investments in mental health to make up for lost ground. This will mean slower growth on the biomedical side. Mental health services are puny and starved while, in comparison, the bio-medical area is on ‘roids, by comparison
- Public education and the reduction of stigma
- The inclusion of mental health services across the continuum of care

Inter-sectoral Mobility of Services and Patients

I worked as a clinician at the Aberdeen Hospital in New Glasgow NS before abandoning that bucolic setting for the wilds of Ottawa some ten years ago. In New Glasgow I specialized in children, adolescent and family services. I had a waiting list of two years. Can you imagine a child or adolescent, with problems serious enough to see the psychologist at the hospital waiting two years. Ridiculous.

Just as upsetting was the anger and frustration of many patients who had to endure yet another intake. The child or adolescent and their family had had to tell their story in great detail to an endless string of “helpers” to the point where they were fed up. In addition, with a waiting list of two years, I had to spend time once again collecting much of the same information.

The person with mental health problems may receive services from a broad number of professionals, systems (health, social welfare, criminal justice, education) and non-regulated helpers (clergy, school counselors, women’s shelter workers, home care providers, etc).

Real and meaningful change will involve a rationalization of this system so the information follows the patients and costly redundancy is reduced.

This enhanced co-operation must also include the growing private sector. We need to develop effective interfaces between the private and public systems to enhance cost-effective care. All too often the public system develops with little to no thought to this interface with private practice.

Because of virtual “delisting” of mental health services in the public system and their very slow growth, more and more Canadians are receiving services on a pay-as-you-go basis. This leaves our less affluent fellow citizens in a very precarious situation.

Inter-professional Collaboration

There are attempts to enhance inter-professional collaboration. This is a very important trend that could help reduce the gap between physical and mental health services. If inter-disciplinary teams are developed with population health needs in mind, then the inter-professional services will require a robust mental health presence. If the teams develop based on current funding and administrative models, all is lost and it will be more of what we can afford based on the confines and realities of our current system.

Thank you for this opportunity to discuss these important issues. They are important to me personally, important to my Association and my discipline, and they are of vital importance to the Canadian people. It is time for bold strokes that will make a meaningful difference over the next ten to twenty years.

Thank you.

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