



A REASON TO HOPE. THE MEANS TO COPE.  
THE SCHIZOPHRENIA SOCIETY OF ONTARIO  
SOCIÉTÉ ONTARIENNE DE LA SCHIZOPHRÉNIE  
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

November 27, 2006

The Honourable Greg Sorbara  
Minister of Finance  
C/O Budget Secretariat  
Frost Building North, 3rd floor  
95 Grosvenor Street  
Toronto ON M7A 1Z1

### **Re: Pre-Budget Consultations**

Dear Minister Sorbara,

The Schizophrenia Society of Ontario appreciates the opportunity to provide input into the Government's pre-budget consultation process.

The Schizophrenia Society of Ontario (SSO) is a family based organization providing support, education and advocacy on behalf of people and families affected by schizophrenia. With over 1,400 members in 24 volunteer run chapters, SSO is the largest organization representing people affected by schizophrenia in Ontario.

### **The Costs and Impacts of Severe Mental Illness in Ontario**

Mental illness affects people of all ages, educational and income levels and cultures.

- 1 in 5 people Ontarians will suffer from mental illness at some point in their lives.
- 1 in 100 Ontarians (approximately 120,000 people) will develop schizophrenia in their lifetime. Schizophrenia is generally regarded as the most severe and most debilitating mental illness.

The economic and social costs of schizophrenia are high:

- Schizophrenia costs the Canadian economy \$6.85 billion. Of this, \$2.02 billion is spent in direct and indirect health care costs. This represents approximately 1.7% of Canada's national healthcare expenditures, and \$4.83 billion is through lost productivity.<sup>1</sup>
- Less than 20% of people with schizophrenia are employed in the competitive market place.<sup>2</sup>

- 60% to 70% of people with schizophrenia do not partner or marry
- People with schizophrenia are over-represented among the poor, homeless and prison populations.<sup>3</sup>
- Suicide is the leading cause of premature death among people with schizophrenia. 10% will die from suicide.

## **Recovery is Possible**

Recovery from mental illness, including schizophrenia is possible and desirable from both an economic and social perspective. With improved recovery, Ontario citizens and the economy benefits from:

- Decreased rates of hospitalization
- Savings to the mental health system
- Decreased involvement with the criminal justice system
- Reduced need for crisis intervention
- Increased participation in the labour market
- Enhanced participation in community life

Facilitating recovery is an active process and requires the ongoing commitment of the government. Facilitating recovery requires providing medical and mental health services, as well as a wide range of social and economic supports outside the health system. These include ensuring access to adequate income, affordable and appropriate housing, employment support, education, recreation and family and social supports.

## **Budget Recommendations to Support Recovery**

### **Supporting Families Affected by Mental Health Issues**

The Schizophrenia Society of Ontario recognizes the important investment in community mental health and addiction services the Government has made in its last three budgets. We urge the Government to continue these important investments, and to expand investments to include support for families affected by mental health problems.

Families are a critical, yet often unrecognized and overlooked stakeholder in the mental health. The presence of a serious mental illness can have a significant impact on the well being of all family members. Evidence shows that mental illness can impact a family's day-to-day living, health, social and family relations, careers and financial situation.<sup>4,5</sup> At the same time that families are coping with these added stresses, family members contribute tremendously as caregivers for their loved ones with mental health problems. For instance, family members may act as informal case managers, provide crisis intervention, monitor symptoms and

support adherence to treatment plans, provide housing and assistance with daily living and maintain treatment records including medication compliance.

Research shows that family involvement in the mental health system and in an individual's treatment plans results in:

- Decreased rates of hospitalization and relapse
- Better adherence to treatment choices
- Increased rates of recovery
- Decreased involvement in the criminal justice system
- Savings to the mental health and addiction system<sup>6</sup>.

Despite the critical role of families, resources and supports for families within the mental health system are few. The recently released Senate Committee's report, *Out of the Shadows at Last*, recognized that support of families is lacking and recommended that provinces ensure that "existing and new consumer and family organizations be funded at an annualized and sustainable level."<sup>7</sup>

Investing in families who support their loved ones through mental health problems is a wise Government investment. The Schizophrenia Society of Ontario urges the Ontario Government to support families by funding family peer support and education programs to support and better equip families in their roles as caregivers.

### **Increasing Rates of the Ontario Disability Support Program**

Over one-third (36%) of Ontario Disability Support Program (ODSP) recipients in Ontario live with a mental illness. Half of these, approximately 35,000 people, suffer from psychosis related illnesses such as schizophrenia.

Although this Government has increased ODSP rates by 5% during its mandate, ODSP benefit rates remain well below the poverty line. For example, a single person living on ODSP receives less than \$12,000 per year, which is a paltry 60% of the poverty line.

While poverty does not cause severe mental illnesses such as schizophrenia, many people with mental illness live in poverty because their illness makes it difficult for them to work. Poverty, in turn, increases stress which can actually trigger relapse of mental illness and thus impair recovery.

We urge the Government to increase ODSP rates by 10% in the 2007 budget and to increase rates annually thereafter to cover annual cost of living increases. Such an increase would be a step towards enabling people on ODSP to better meet their basic needs such as food, shelter and clothing.

In closing, the Schizophrenia Society of Ontario appreciates the difficult decisions the Government will be making as it considers the 2007 budget. We thank you for the commitments you have demonstrated to the mental health and addiction sectors and to people with disabilities to date and urge you continue with these important investments.

Sincerely,

Mary Alberti  
Executive Director

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<sup>1</sup> Goeree, R. et. al. (2005). *The Economic Burden of Schizophrenia in Canada in 2004*. *Curr med Res Opin.* 21(12): 2017-2028.

<sup>2</sup> Lauriello, J. et. al. (1999). *A Critical Review of Research on Psycho-social Treatment of Schizophrenia*. *Society of Biological Psychiatry.* 46, 1409-1417.

<sup>3</sup> Health Canada (2002). *A Report on Mental Illnesses in Canada*. Ottawa, Canada

<sup>4</sup> Cochrane, JJ; Goering, PM and JM Rogers (1997). *The Mental Health of Informal Caregivers in Ontario: An epidemiological survey*. *American Journal of Public Health,* 87, 2002-2007.

<sup>5</sup> Roberts, AA (1999). *The Labor Market Consequences of Family Illness*. *Journal of Mental Health Policy and Economics.* 2, 183-195.

<sup>6</sup> Barbato, A., & D'Avanzo, B. (2000). *Family interventions in schizophrenia and related disorders: a critical review of clinical trials*. *Acta Psychiatrica Scandinavica,* 102, 81-97.

<sup>7</sup> Standing Senate Committee on Social Affairs, Science and Technology (2006). *Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada*. (pp. 247).