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.

Schizophrenia and the Mental Health System

What is Schizophrenia

- Schizophrenia is a serious, treatable brain disease that drastically affects behaviour. In its acute stages, it deprives a person of contact with reality.

- Common symptoms include thought disorders, delusions, hallucinations (seeing or hearing things that do not exist), hostility and extreme suspiciousness or paranoia, social and emotional withdrawal, lack of motivation, difficulty in abstract thinking and depression.

- The exact cause of schizophrenia is not known. Two neurotransmitters in the brain are believed to be involved in the development of schizophrenia. Genetic and environmental factors are also believed to be linked with development of schizophrenia.

Who is Affected by Schizophrenia

- 1 in 100 people will develop schizophrenia in their lifetime. In Ontario that is over 120,000 people.

- Schizophrenia strikes men and women equally, and people of all racial, ethnic, class and economic backgrounds.

- Schizophrenia generally strikes young people in the prime of their lives, in their late teens and early adult years.

- Families are greatly disrupted by schizophrenia. Families are usually the primary care providers of people with schizophrenia. They must cope with the unpredictability of the individual affected, the side effects of medication, and with the frustration and worry about their loved one's future.

Economic Costs

- Direct and indirect costs of schizophrenia in Canada are approximately $6.85 billion annually.[1]

- It is estimated that less than 20% of people with schizophrenia are employed in the competitive market place.[2]

- Social assistance programs (Ontario Disability Support Program and Ontario Works) are the main source of income for people with schizophrenia.

Social Costs

- Schizophrenia has a profound impact on a person's development and ability to function in all aspects of life including self-care, family and social relationships, education, employment and housing:

    - Schizophrenia is ranked the third most disabling condition in the world.
    - Most people with schizophrenia cannot secure and maintain regular full-time employment.
    - 60% to 70% of people with schizophrenia do not marry or partner.[3]
    - Approximately 60% of people with schizophrenia live with their families[4] and most have difficulties socializing.
    - People with schizophrenia are over represented among the poor, homeless and prison populations.
    - Between 30% and 35% of homeless people and 75% of homeless single women in Toronto have a mental illness.[5]
    - Substance use/abuse is common among people with schizophrenia. Up to 80% of people with schizophrenia will abuse substances in their lifetime.[6]
    - Suicide is the leading cause of premature death among people with schizophrenia. 10% will die from suicide.

Treatment of Schizophrenia

- Hospital and community based mental health services are both essential for treatment and support of people with schizophrenia. The episodic and cyclical nature of schizophrenia means acute psychiatric services, including hospital stays will always be needed. Although most mental health care is provided outside of hospitals, hospitalization is important for people who remain chronically mentally ill despite treatment advances.

- Comprehensive, effective treatment includes a combination of anti-psychotic medication, counseling or therapy, hospitalization if required, family and community education and support, and psycho-social supports such as housing and employment support, recreation and education.

- Early diagnosis, intervention and treatment are vital for improving chances of recovery and limiting long-term damage resulting from schizophrenia.

- Anti-psychotic medication is the cornerstone of treatment for schizophrenia. Unrestricted access to anti-psychotic medications through both private and public drug plans is essential in the treatment of schizophrenia.

Access to Treatment

- People with schizophrenia occupy 1 in 12 hospital beds in Canada.[7] This is the greatest number of beds occupied by a specific condition. Despite this, many families affected by schizophrenia experience difficulties securing treatment for their family members with schizophrenia. Shortages of acute care hospital beds, mental health laws which make it difficult to necessitate treatment, premature discharge and misdiagnosis are barriers to treatment.

- The average length of stay in hospital for schizophrenia is decreasing. The length of stay dropped from 38 days per year in 1995 to 27 days per year in 1999.[8]

- People who are chronically and severely mentally ill often remain symptomatic after discharge from hospital and would continue to benefit from hospitalization.

- Hospital discharge planning could be improved to avoid discharge without family consultation or plans for essential follow-up services by the hospital or other services. Clinicians discharge approximately three of four patients back to their families.[9]

- Studies show that when community mental health programs such as ACT teams and case management are in place, they reduce hospitalizations, emergency room visits and crisis. ACT programs have been shown to reduce hospitalization.

- Bill 68, also known as Brian's Law, was passed in 2000 making provisions for Community Treatment Orders (CTOs). CTOs are contracts issued by physicians that define treatment programs or the conditions under which someone with a mental illness may live in the community.

- CTOs can only be issued for people with a prior psychiatric history. They do not assist families in securing treatment or care for their loved ones for the first time.

Violence and Mental Illness

- There is a tendency in the media and among the public to associate violence with mental illness. The fact is that people with mental illness are more likely to be the victims of violence, rather than the perpetrators of violence.[10] The majority of people who are violent do not suffer from mental illnesses.

- The main predicators of violence are: past history of violence (regardless of having a mental illness or not), drug and alcohol use (regardless of having a mental illness or not), and failure to take medication.[11]

- A subset of people with schizophrenia and other psychotic disorders may be violent if their paranoid delusions and other symptoms are not treated, especially if they are abusing alcohol or drugs. However, numerous studies show that when symptoms are treated the risk of violence is very low.[12]

- In most cases where violent acts are committed, the individuals responsible are found to be not taking their medication. Violence, then is a treatment issue and individuals with severe mental illness must have access to treatment. Mental health laws which necessitate treatment before an individual demonstrates risk to oneself or others are required.[13]

- When people with mental illness do exhibit violent behaviour, it generally not directed to the general public. The most common targets of violence are family members with the behaviours being seen in the home, not in public.[14]

Criminalization of People with Mental Illness

- Research shows that when appropriate services such as case management and supportive housing are available, the number of crises requiring immediate intervention, including intervention by police, significantly decreases. Hospitalizations are reduced by up to 86%.[15]

- Without inadequate treatment options available, the police and criminal justice sector are currently handling more and more people with severe mental illness.

- The Ontario Association of Chiefs of Police recognizes that vulnerable people are having greater contact with the police and criminal justice system due to the inadequate funding of community mental health services.[16] Between 1998 and 2001, uniformed police in London doubled the time they spent dealing with people with serious mental illness from 5,000 to over 10,000 hours per year.[17]

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