



November 16, 2017

Hon. Eric Hoskins, MPP
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor, 80 Grosvenor St.
Toronto ON M7A 2C4

Delivered via email to ehoskins.mpp@liberal.ola.org

Dear Minister Hoskins,

As Ontario's largest non-profit health organization supporting individuals, families, caregivers and communities affected by schizophrenia and psychosis across the province, the Schizophrenia Society of Ontario (SSO) would like to share our concerns around access to proper care and supports for individuals living with these illnesses.

As you know, schizophrenia affects about one percent of the Canadian population, and roughly three percent of the population will experience a psychotic episode. Although experiences vary, schizophrenia is generally characterized by symptoms of psychosis such as hallucinations, negative symptoms such as social withdrawal, and thought disorder, which can include disorganized speech. The illness can affect anyone irrespective of culture, race, socioeconomic status, or gender and onset usually occurs between the ages of 15 and 30.

But there is hope. People living with schizophrenia and psychosis can and do get better. Despite the presence of symptoms or diagnoses, recovery is a nonlinear, individual process. Sustainable access to a combination of medical supports, community-based services, social and informal supports is essential for achieving both good health and quality of life.

In our experience, we know that medications are an important part of the treatment plan for people living with schizophrenia and other psychotic illnesses. Response to psychiatric medications is highly individualized, variable and related to several components such as genetics, age, gender and socio-environmental factors. We also know that response to schizophrenia medications is particularly heterogeneous with tolerability and experience of side effects varying from person to person. Currently available medications used to treat mental illness are not ideal as they often do not fully diminish symptoms and many can cause serious, and sometimes dangerous, side effects which can negatively impact treatment adherence and undermine recovery.

This further reinforces the need to have access to *all* clinically approved medications to allow individuals and their healthcare providers to choose the treatment that works best for them, with minimal side effects.

Yet, evidence suggests that mental health medications in general are not prioritized compared to other types of medications by health technology and decision-making bodies. For example, a recent publication by the Canadian Health Policy Institute noted that mental health treatments, including those for schizophrenia, have statistically faced a lesser likelihood of receiving positive recommendations and reviews take a longer amount of time.

Although some mental health medications are eventually listed on public drug plans, wait times for listing schizophrenia-specific medications also varied widely in this study, with wait for coverage for some medications exceeding two years in Ontario. We believe this is problematic, and indicative of a larger systemic problem around mental health treatments.

We also understand that governments are becoming more stringent on what is funded by public drug plans; if a treatment has a negative recommendation it is less likely to be listed under public drug programs.

As the provincial government moves on its commitment to improve mental health for Ontarians, we believe a crucial aspect of mental health care is being overlooked by not providing physicians with the tools required to properly treat those living with schizophrenia. While we are pleased that the province is focusing on improving mental health, it has not translated into an equivalent focus on treating mental illness.

Access to a wide range of treatments and supports has been a longstanding policy priority for SSO as evidenced by our paper, [*Prescription for Holistic Care: Improving Access to Medications through Ontario's Mental Health and Addictions Strategy*](#). The paper highlights the barriers to accessing medications in Ontario and identifies concrete recommendations for how these issues can be addressed as part of the province's mental health and addictions strategy. In addition, through our online [*Medication Resource Centre*](#), we provide information on anti-psychotic medications and other psychotropic medications used in Ontario, including managing side effects and working with a healthcare team. The resource has been reviewed by individuals living with schizophrenia and psychosis, family members and members of our Scientific Advisory Council.



We hope that by sharing our concerns, we can continue to work together with you and your ministry to find solutions to these issues, and to ensure that those living with schizophrenia are able to receive the right care in the right place at the right time. We would welcome the opportunity to meet with you on this topic.

Should you have any questions in the meantime, please feel free to reach out to me directly.

Sincerely,

A handwritten signature in blue ink that reads "Mary Alberti".

Mary Alberti, CEO
Schizophrenia Society of Ontario

Cc: Dr. Bob Bell, Deputy Minister, Ministry of Health and Long-Term Care
Suzanne McGurn, Assistant Deputy Minister and Executive Officer, Ontario Public Drug Programs, Ministry of Health and Long-Term Care