

November 25, 2016

Hon. Eric Hoskins, MPP  
Minister of Health and Long-Term Care  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4  
Submitted via email: [ehoskins.mpp@liberal.ola.org](mailto:ehoskins.mpp@liberal.ola.org)

Re: Targeted Mental Health Funding

Dear Minister Hoskins,

On behalf of the Schizophrenia Society of Ontario (SSO), I want to applaud your leadership to better mental healthcare for all Ontarians. In light of the current Health Accord discussions, we are especially encouraged by your political tenacity to get pharmacare on the national agenda.

As Canada's First Ministers call for an increase in healthcare spending with a newly developed Health Accord, it is crucial that in addition to priorities such as pharmacare and homecare, targeted investment in mental health is prioritized within a broader, longer-term agreement to ensure quality, sustainable supports.

The Schizophrenia Society of Ontario (SSO) is a charitable health organization that supports individuals, families, caregivers and communities affected by schizophrenia and psychosis across the province. For over 30 years we have made positive changes in the lives of people affected by schizophrenia by building supportive communities, by providing services and education, by advocating for system change and by conducting research into the psychosocial factors that directly affect mental illness.

Canada's mental health spending, as you are aware, comprises about seven percent of overall health spending compared to other high-income countries that invest 10 per cent or more in mental health, such as England and New Zealand.<sup>1</sup> In Ontario, mental illness accounts for about ten per cent of disease burden yet only receives seven percent of healthcare dollars. Relative to this burden, mental healthcare in Ontario is under funded by about \$1.5 billion.<sup>2</sup>

Research suggests that in the absence of targeted federal health transfers, provincial and territorial governments will continue to face difficulties closing these crucial gaps.<sup>3</sup>

There is a well-established economic case for investing in mental healthcare in Canada. It is estimated that direct and indirect costs of mental illness to the Canadian economy are over \$50 billion and rising, with schizophrenia accounting for the highest expense in terms of direct costs to the health system, such as medications and (re)hospitalizations.<sup>4</sup> A recent Ontario report, for instance, notes that people with

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<sup>1</sup> Jacobs et al. (2010). The cost of mental health and substance abuse services in Canada. Retrieved from Institute of Health Economics website: <http://www.ihe.ca/index.php?publications/the-cost-of-mental-health-and-substance-abuse-services-in-canada>

<sup>2</sup> CAMH. (n.d.). *Mental illness and addictions: Facts and statistics*. Retrieved from [http://www.camh.ca/en/hospital/about\\_camh/newsroom/for\\_reporters/Pages/addictionmentalhealthstatistics.aspx](http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx)

<sup>3</sup> Bartram, M. (2016). A targeted federal transfer for mental health: Are prospects better under the Trudeau liberals? In Doern, B. & Stoney C., (Eds.), *How Ottawa Spends, 2016-2017 The Trudeau Liberals in Power* (pp. 216-239). The School of Public Policy and Administration at Carleton University.

<sup>4</sup> Mental Health Commission of Canada [MHCC]. (2011). The life and economic impact of major mental illness in Canada. Retrieved from [http://www.mentalhealthcommission.ca/English/Pages/Case\\_for\\_Investing\\_in\\_Mental\\_Health\\_in\\_Canada.aspx](http://www.mentalhealthcommission.ca/English/Pages/Case_for_Investing_in_Mental_Health_in_Canada.aspx)

psychotic disorders, such as schizophrenia, use the emergency room more frequently than those with other mental health conditions<sup>5</sup> suggesting that these individuals are not getting the care they need in their communities. Moreover, the costs of chronic mental illness on individuals and families can be profound and far-reaching. Individuals are at increased risk of stigma, discrimination, social isolation, homelessness, violence, substance use, and suicide.

At the same time, unlike with other health conditions, only one in three Canadians who experience a mental illness – and as few as one in four children and youth – report that they have sought and received services and treatment.<sup>6</sup> In the case of schizophrenia, although an estimated one per cent of people – equating to 136,000 Ontarians in terms of the current population – have schizophrenia, 2015/16 figures show that a mere 11,544 individuals were actually served by Assertive Community Treatment (ACT) teams and only 10,959 by Early Intervention (EI) services.<sup>7</sup>

Despite its clinical and cost effectiveness, many Canadians, particularly in rural and/or remote communities, cannot access EI services because services vary significantly in availability, delivery models and policy/funding commitments,<sup>8</sup> even in provinces such as Ontario, that have prioritized this intervention. This is particularly concerning because research shows that EI services yield better outcomes than standard care after the onset of psychosis,<sup>9</sup> and that those outcomes related to both clinical and treatment costs are maintained years after the intervention was provided.<sup>10</sup>

Barriers to accessing these services are obviously significant. According to ConnexOntario statistics, the average wait times for schizophrenia- and psychosis-specific services across LHINs is 42 days.<sup>11</sup> In Toronto alone, wait times range from eight to 12 months for case management and more than one year for ACT services.<sup>12</sup> In addition, there are currently over 8,500 applicants on the Coordinated Access to Supportive Housing waitlist,<sup>13</sup> yet there are only 4,400 supportive housing units.<sup>14</sup> As a result, individuals in need of supportive housing in this region have to wait about five years to receive it.<sup>15</sup>

Accessing psychotropic medications can also be difficult. One's ability to benefit from a particular medication treatment is often contingent on their ability to pay for it. For many individuals and families, paying out-of-pocket for their medication is often impossible – even if it is the most appropriate medication for them – and many forgo treatment altogether due to cost-related barriers. And in fact, as you are aware, one in 10 Canadians do not take their medications as prescribed due to prohibitive costs.<sup>16</sup>

<sup>5</sup> Brien, S., Grenier, L., Kapral, M.E., Kurdyak, P., & Vigood, S. A Report on the Quality of Mental Health and Addictions Services in Ontario. A HQO/ICES Report. Toronto, Health Quality Ontario and Institute for Clinical Evaluative Sciences; 2015.

<sup>6</sup> Statistics Canada. (2003). Canadian community health survey: Mental health and well-being. The Daily. Retrieved from <http://www.statcan.gc.ca/dailyquotidien/030903/dq030903a-eng.htm>

<sup>7</sup> Ministry of Health and Long-Term Care. Health data branch web portal, healthcare indicator tool. Community Mental Health And Addictions (CMH&A) - Functional Centres. Retrieved on October 6, 2016.

<sup>8</sup> Iyer, S., Jordan, G., MacDonald, K., Joobar, R., & Malla, A. (2015). Early intervention for psychosis: A Canadian perspective. *The Journal of Nervous and Mental Disease*, 203(5). Iyer et al. (2015).

<sup>9</sup> Ibid.

<sup>10</sup> Mihalopoulos, C., Harris, M., Henry, L., Harrigan, S., & McGorry, P. (2009). Is early intervention in psychosis cost-effective over the long term? *Schizophrenia Bulletin*, 35(5).

<sup>11</sup> ConnexOntario (2016). Average wait times for mental health services, September 1, 2015-August 31, 2016. Extracted from the Mental Health Helpline (MHH) Database on September 22, 2016.

<sup>12</sup> The Access Point. (2016). *Frequently asked questions*. Retrieved from <http://theaccesspoint.ca/frequently-asked-questions/>.

<sup>13</sup> Provincial Human Services & Justice Coordinating Committee (HSJCC). (2015). *Pre-Budget Consultations*: <http://www.hsicc.on.ca/Provincial/Public%20Policy/PHSJCC%202015%20Pre-Budget%20Submission%20-%202015-01-30.pdf>

<sup>14</sup> Commitment to Community (C2C). (2015). Policy paper on the City of Toronto's poverty reduction strategy: Affordable housing in the City of Toronto: <http://www.socialplanningtoronto.org/wp-content/uploads/2015/06/Housing-Final2.pdf>

<sup>15</sup> Addictions and Mental Health Ontario (AMHO). (2014). *Time for Concerted Action on Affordable Housing: The Case for Investment in Supportive Housing*: [http://www.addictionsandmentalhealthontario.ca/uploads/1/8/6/3/18638346/supportive\\_housing\\_proposal\\_from\\_amh\\_ontario\\_final.pdf](http://www.addictionsandmentalhealthontario.ca/uploads/1/8/6/3/18638346/supportive_housing_proposal_from_amh_ontario_final.pdf)

<sup>16</sup> Law, M.R. et al. (2012). The effect of cost on adherence to prescription medications in Canada. *Canadian Medical Association Journal*, 18(3).

The challenges with accessing effective mental healthcare are not unique to Toronto or Ontario but affect all Canadians. Indeed, wait times vary significantly across Canada and many locations lack local programs and services, despite best evidence which supports community-based mental healthcare; not only are local services easier to access, evidence suggests that people simply do better when they receive help close to home.

To address these historic gaps, SSO supports the Mental Health Commission of Canada's recommendation to increase the proportion of health spending that is devoted to mental health by two per cent over 10 years and increase the proportion of social spending that is devoted to mental health by two percentage points from current levels.<sup>17</sup>

This would mean raising the proportion of health spending that is devoted to mental health from seven to nine percent by 2022. Based on the approximately \$155 billion in federal public spending on health in 2015,<sup>18</sup> to reach nine percent immediately would require a direct injection of \$3 billion.

This funding must be targeted to interventions that we know work. Although schizophrenia and other persistent mental illnesses can have a devastating impact on individuals and families, and can be costly to society, there are proven treatments and supports which continue to be inaccessible for many Canadians.

*We appreciate your attention to this matter and hope that you will heed our call for more funding that is targeted to mental health, and in particular, greater supports for the 136,000 Ontarians living with schizophrenia and psychosis.*

For questions, please contact Erin Boudreau, manager of policy and community engagement, at eboudreau@schizophrenia.on.ca or 1-800-449-6367 x 255.

Sincerely,



Mary Alberti  
CEO

CC Hon. Jane Philpott, Minister of Health  
Kamal Khera, MP, Parliamentary Secretary to the Minister of Health  
Adam Vaughan, MP (Spadina-Fort York)  
Han Dong, MPP (Trinity-Spadina)

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<sup>17</sup> MHCC. (2012). *Changing directions changing lives: The mental health strategy for Canada*. Calgary, AB: Author.

<sup>18</sup> Canadian Institute for Health Information. 2015. *National Health Expenditure Trends 1975-2015*. Author, Ottawa.