

RESPONSE TO
MENTAL HEALTH COMMISSION OF CANADA
ON
TOWARD RECOVERY AND WELL-BEING : A
FRAMEWORK FOR A MENTAL HEALTH STRATEGY
FOR CANADA

BY
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Response to: *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* by the Mental Health Commission of Canada, January 2009.

We wish to congratulate the Mental Health Commission for developing this draft Framework for a strategy to tackle the issues surrounding mental health, mental illness, recovery and well-being. For far too long the majority of Canadians and those in the health "care" professions have ignored or avoid the issues of mental health and mental illness. The Commission has a great opportunity to bring attention to the needs of those dealing with mental illness and to engage the public in developing a response that focuses on recovery and the well-being and mental health of everyone in society.

We are supportive of the eight goals you have set as the basis for the strategy. We particularly note the emphasis on recovery and well-being, mental health promotion, the elimination of discrimination and the determination to develop a dynamic social movement that will keep the public aware of and responsive to the needs of people living with mental health problems. Society must support research into mental illness and ensure that it receives the same focus as that currently given to such illnesses as diabetes or cancer.

We think this *Framework* document is an important step forward. However, there are some issues that we think need greater emphasis.

1. The needs of the older population receive little attention despite the growing evidence that mental illness is a significant problem for that segment of our population. There are common assumptions, found among seniors themselves, that depression and dementia are unpleasant "facts" of life for the elderly. In fact, depression is not a normal part of aging and prevention, early detection and appropriate treatment could go far towards meeting the needs of older adults at risk of/coping with depression, and even dementia to some extent. One consequence of the failure to diagnose and treat depression is that suicide rates are high among older persons, especially among males.

2. Beyond the stigma of mental illness itself, older adults are also deeply affected by ageism. Ageism is very common at all levels of the health care professions as well as in society in general. In fact, so pervasive is this stigma that many older adults themselves have come to believe that they cannot escape late life onset depression and other forms of mental illness by virtue of their advancing years and therefore do not even seek help. There is a desperate need for education about both aging and mental illness for all those who work with older adults, older adults themselves and all those who care for and about them.

3. There is a desperate shortage of geriatric specialists in every province and territory and positions in medical schools go unfilled. As well, the shortage of appropriately trained and available family physicians is a huge concern when considering the issues of mental illness and the elderly. In fact, much of the serious depression found among community dwelling older adults goes undiagnosed and untreated. Even those who are treated are usually managed by family physicians and rarely see a mental health specialist. The *Framework* needs to put a greater emphasis targeting the recruitment and training of specialists in mental health and mental illness to work with older adult populations.

4. The *Framework* needs to put a greater emphasis targeting the recruitment and training of specialists in mental health and mental illness to work with the older population. It is also important to educate all primary care providers, family physicians and frontline workers who work with people experiencing mental illness.

5. **Goal 3** highlights issues of diversity and the needs of a multicultural population. Recent immigrants are a significant percentage of the older population and they tend to face greater obstacles in finding the mental health services they need. We believe that this needs even greater attention. Unfortunately, people who do not speak English or French, those who are aboriginal or very recent immigrants, are less likely to find the support and services they need. Cultural, racial, life style or religious prejudices held by those providing services or who should be receiving services make it even harder to reach many who are suffering from mental illness. Diverse communities themselves must be a focus for education about mental health and mental illness so old prejudices and ignorance can be overcome.

6. The importance of the need for ongoing education and training for everyone working with people dealing with mental illness requires a distinct **Goal** in the strategy. This education and training is needed for **everyone**, from front line workers providing direct care to physicians and hospital managers. It is unfortunate but true, that unintended abuse and neglect does occur and the best way to stop this is through ongoing education and training. Furthermore, the fact that many people self-medicate is part of the problem of misuse and abuse.

7. There is a shortage of mental health professionals and recruitment is very difficult given societal prejudice against mental illness and the personal economic cost paid by those working in the field. High priority to human resource issues is essential or else very little will be achieved despite the *Framework's* good intentions. We suggest that this issue be highlighted as one of the Goals rather than be included as a subset of **Goal 5**.

8. The *Framework* writes about a Mental Health "System" yet acknowledges that there is no "system". Resources and services are unevenly provided across the country with the result that those in need struggle to get the help they must have to even hope for recovery. E-health is not a substitute for "person to person" services. Frequently mental health services are segregated from the mainstream health care/cure system. We need to see the full integration of mental health promotion and care into the continuum of health care for all those dealing with mental illness. **Goal 5** focuses on the issue of access and equity to a system of services but appears to treat the system as distinct **from** the "main stream" health care system. If the mental health services are not part of a fully integrated system of health care, discrimination and the under-servicing of people will continue. In the case of older adults, this is even more imperative, given the complexity of both physical and mental health concerns with this population. We must view people as "whole persons".

9. Addictions are barely touched on in the *Framework* document. However, we know that there is frequently a link between mental health and addictions. We are thinking about the wide range of addictions from medications to alcohol, from gambling to recreational drugs. A national strategy to deal with mental health and well-being will be deficient if it fails to draw attention to this concern.

10. A strategy for mental health is fine and necessary, but without adequate funding to move the strategy forward, the work of the Mental Health Commission will be a waste of time.

In closing, we are pleased to see such a good start for a *Framework Strategy* coming from the Mental Health Commission of Canada. We commend the work you have done – it is a good beginning. We look forward to having the opportunity to work with you to achieve the goals you have set out for all Canadians. It will be a great success if, in the near future, mental health issues have come “out of the shadows”.

April 9, 2009