

Written Submission for the Pre-Budget

By: Schizophrenia Society of Canada (SSC)



August 2021

Recommendations

- **Recommendation 1:** That the federal government improve access to mental health care through a Mental Health and Substance Use Health Care for All Parity Act. Mental health care supports should be broadly inclusive of individuals with schizophrenia and early psychosis.
- **Recommendation 2:** That the federal government create and evaluate measurement performance for spending for trauma informed and recovery-oriented care for those living with schizophrenia and other psychotic disorders. Special attention should be paid to primary care administered to Indigenous peoples through the First Nations and Inuit Health Branch and this is especially relevant during the COVID-19 pandemic as those living with schizophrenia are twice more likely to contract the COVID-19 virus.
- **Recommendation 3:** That the federal government evaluate current federal policing procedures for training in mental health crisis intervention. New training programs should be considered that show understanding of trauma informed care for increased mental health crisis response teams and standardized, sustained, and frequent training for RCMP and other law enforcement officers in de-escalation and mental health crisis response is urgently needed to save lives.
- **Recommendation 4:** That the federal government invest in research efforts into the diagnoses, treatment and care based on trauma informed and recovery-oriented practices for individuals living with early psychosis and schizophrenia. Increased research and data in Canada will allow the government and healthcare providers to improve patient-centric decision-making and improve the quality of life of Canadians based on appropriate evidence-based data.

Submission

About SSC

The Schizophrenia Society of Canada (SSC) is a non-profit, charitable organization established in 1979. SSC exists to "Build a Canada where people living with early psychosis and schizophrenia achieve their potential." This is possible with early intervention and recovery focused mental health services.

SSC has a strong conviction that things can definitely be different and better for those experiencing early psychosis and for the one in one hundred who will develop schizophrenia. Significant advances in our understanding of mental illness and treatment modalities, alone with early intervention and access to person-centred and recovery-focused mental health services, have demonstrated that there is life after a diagnosis of early psychosis and schizophrenia. Tailored mental health services and supports for individuals can help them to live beyond the limitations of their mental illness with purpose, hope, meaning, and significance.

We recognize the long overdue need for funding parity between mental and physical health across Canada, and we hope the Federal Government will take steps towards parity so that Canadians have timely access to a range of recovery-oriented mental health services and supports.

Recommendation 1

That the federal government improve access to mental health care through a Mental Health and Substance Use Health Care for All Parity Act. Mental health care supports should be broadly inclusive of individuals with schizophrenia and early psychosis.

The SSC joins several partner organizations in calling for the implementation of a Mental Health and Substance Use Health Care for All Parity Act. A parity act demonstrates the government's commitment to mental health and the recognition that both mental and physical health are of equal vital importance. Further, taking the step to introduce national legislation on mental health sends a strong message to provincial governments, workplaces and organizations as to the importance of equal consideration and support for mental health and wellness.

In Canada, mental health has long been viewed as secondary to physical health. This has resulted in underfunding of mental health services. Underfunding of mental health services has contributed to significant wait times for public resources, a lack of data collection and research, and in many regions - inadequate or non-existent resources entirely.

Peer countries have already recognized a lack of parity in healthcare services and have responded accordingly. For example, the United Kingdom has already enacted parity acts. Canada can also be a global leader in investing by taking this important step. A parity act that enshrines mental health standards of care and support across Canada would set a new precedent and signal that Canada truly values mental health equally to physical health.

We strongly believe the federal government has a leadership role to play with respect to mental health funding and for the drive for parity as it negotiates current and future health accords with the provinces. Future funding should apply a parity lens that ensures any federal funds are at par.

SSC and its partners would welcome the opportunity to work with the federal government in the creation of a Mental Health Parity Act to improve mental health for Canadians struggling not only with schizophrenia and early psychosis, but with any mental illness.

Recommendation 2

That the federal government create and evaluate measurement performance for spending for trauma informed oriented care and recovery for those living with schizophrenia and other psychotic disorders. Special attention should be paid to primary care administered to Indigenous peoples through the First Nations and Inuit Health Branch and this is especially relevant during the COVID-19 pandemic as those living with schizophrenia are twice more likely to contract the COVID-19 virus.

Access to quality primary health care is essential to ensure the well-being of those struggling with their mental health. There exists an inequity of access and expenditure for this group that dies on average between 10 to 20 years earlier than the rest of the population. Primary care should be trauma informed, where the care provider understands that an individual is likely to have a history of trauma, and approaches care in a way that promotes an environment of healing and recovery rather than deploying practices that could re-traumatize. Trauma-informed care should also be equitable and accessible to people with schizophrenia and other psychotic disorders in order to save lives. This is especially true during the COVID-19 pandemic, and research has shown¹ that those living with schizophrenia are twice as likely to contract the COVID-19 virus.

The COVID-19 pandemic has also exposed the mental health impacts of social distancing. As individuals were asked to keep their distance from their loved ones, this took a toll on their mental wellbeing. A study shows that the pandemic could be a catalyst for a new onset of psychosis in individuals with SMI. Social distancing may lead to poor psychiatric outcomes such as social isolation and loneliness, which are common experiences in individuals with serious mental illness.²

Many of these individuals do not have a primary care physician, while others remain hesitant to enter healthcare facilities as a result of the pandemic. Virtual care may be an option for some, but for many individuals living with schizophrenia, this option is not feasible or accessible for various reasons.

The federal government is uniquely positioned to offer leadership across the country on performance monitoring for primary care. This is particularly the case for Indigenous peoples. It is unacceptable that life expectancies are greatly reduced for these marginalized Canadians. With the implementation of performance monitoring and trauma-informed care, the government can both directly and indirectly ensure that resources are adequate and directly supporting those living with schizophrenia and other psychotic disorders.

¹ MedPage Today (2021). <https://www.medpagetoday.com/infectiousdisease/covid19/90905>

² US National library of Medicine, National Institutes of Health (2020). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7250778/>

SSC is pleased to offer our expertise and collaboration towards ensuring government policies and programs respond to the mental health needs of Canadians, who have too often been overlooked. We are encouraged by the federal government's recent commitments to support mental health treatments, and will continue to advocate on behalf of Canadians' best interests.

Recommendation 3

That the federal government evaluate current federal policing procedures for training in mental health crisis intervention. New training programs should be considered that show understanding of trauma informed care for increased mental health crisis response teams and standardized, sustained, and frequent training for RCMP and other law enforcement officers in de-escalation and mental health crisis response is urgently needed to save lives.

Recent examples demonstrate that federal and regional law enforcement agencies are not always well-enough equipped to respond appropriately to mental health crises. Oftentimes, incorrectly handled mental health interventions have had tragic consequences for those living with mental illness. As such, it is imperative that we learn from the current inadequacies and develop proper procedures for law enforcement to respond to mental health crises.

Over the last three years, SSC has been involved in a nationally-funded research study, *Training to Improve Interactions between Police and Individuals in Mental Crisis: Impacts and Efficacy*, alongside Ryerson University, Wilfrid Laurier University, and the University of Victoria to evaluate the effectiveness of scenario-based training in teaching police officers in Southern Ontario how to engage in de-escalation when dealing with a person in mental health crisis. Our analysis indicates that scenario-based training involving high intensity mental health crisis simulations is successful in bringing about marked improvements in officer's de-escalation skills in pre-post-testing.

Currently, police training in mental health crisis intervention is haphazard. In the absence of provincial standards in this area, it is vital that new training programs be evaluated and are shown to work. SSC urges the government to be a leader in this area, and to increase the number and availability of mobile crisis teams that deploy trauma-informed care and front-line mental health experts to respond to those in mental health crisis.

Standardized, sustained, and frequent training for officers in de-escalation mental health crisis response is urgently needed to save lives. Our project also confirms that an evaluation framework to assess officer competencies in de-escalation is vitally needed.

Australia serves as a best practice example of how a police force can incorporate an effective holistic de-escalation and mental health crisis response approach through the [PACER \(Police, Ambulance and Clinician Early Response\) model](#). This team consists of a police officer, paramedic and mental health clinician who respond to crisis together to help people of all ages within the community. Canada should consider looking to Australia's successful model for Canadian implementation.³

³ PACER – Police, Ambulance, Clinical, Early, Response. South Eastern Sydney Local Health District <https://www.health.nsw.gov.au/innovation/2019awards/Pages/pacer.aspx>

Recommendation 4

That the federal government invest in research efforts into the diagnoses, treatment and care for individuals living with early psychosis and schizophrenia. Increased research and data in Canada will allow the government and healthcare providers to improve patient-centric decision-making and improve the lives of Canadians based on appropriate evidence-based data.

The COVID-19 pandemic has had significant impacts on the mental health of Canadians. These impacts will unfortunately have long-term implications on the mental well-being of individuals across the country.

Last year, only two months prior to the COVID-19 pandemic peaking in Canada, the Canadian Network for Research on Schizophrenia and Psychoses was created. The Canadian Network for Research on Schizophrenia and Psychoses aims to offer the structure for coordination of schizophrenia research nationally. The network is working hard to bring together relevant leaders from the schizophrenia and psychosis community to advocate for partnerships, develop further science opportunities and increase research.

To achieve their goals, and the greater goals of the schizophrenia and psychosis community, more funding is needed. While SSC was pleased to see funding towards mental health in Budget 2021, we strongly believe that specific funding is needed to achieve evidence-based results when discussing treatment and care for those living with early psychosis or schizophrenia.