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Dear Ms. Bradley:

We appreciate the opportunity to discuss our concerns with you and Francine Knoops, and to help ensure that the final draft fully incorporates the vision expressed in the original Senate report, *Out of the Shadows at Last* for an inclusive mental health strategy.

Apparently, the consultations held by the MHCC did not bring to light any major concerns relating to individuals diagnosed with severe mental illnesses. Nevertheless, the Commission has a duty to protect the most vulnerable individuals in our society regardless of the input by various individuals and organizations who are better able to advocate for their own needs. After all, the Commission has had access to a wide range of authorities to draft a strategy that is inclusive of the most seriously mentally ill as well as individuals with mild to moderate mental health problems. We need to draw a clear distinction between the two factions or perspectives, acknowledging, as you have stated, that “one size does not fit all.”

1.1 Priority: Increase knowledge and skills in relation to mental health, mental illness and suicide prevention.

We need to recognize that medications are a crucial component of treatment of severe mental illnesses such as schizophrenia, bipolar disorder, clinical depression and psychosis. Information about proven, evidence-based drug therapies including antipsychotic and mood stabilizing medications needs to be incorporated in the strategy. Hospital care may be required in some instances to stabilize a patient experiencing psychotic symptoms. As a former psychiatric nurse in general and psychiatric hospitals as well as forensic facilities, you indicated that you have an appreciation and a real understanding of the need for drug therapies since you have seen the “huge success” that can happen with medication, which is an “extremely important component, and that for many, if not the majority of people, it is an extremely important part of recovery.”

A new class of antipsychotic medications became available in the early 1990s and they are the most effective treatments for relieving psychotic and other symptoms of mental illness. These medications restore the insight and autonomy for the majority of patients, providing them with the hope of recovery. They do not carry the same risk of harmful and potentially irreversible neurological side effects and movement disorders of older antipsychotic medications. While metabolic syndrome and weight gain are serious side effects for some individuals with the newer drug therapies, these can often be mitigated with medication, diet and exercise. A third generation of antipsychotic agents, introduced since 2007, are just as effective as other medications in the same therapeutic class, but have an extremely low risk of neurological or metabolic side effects.

While “hope” may be a key component of recovery for many individuals with mild to moderate mental health problems, psychotropic medications are essential to the recovery of the majority of individuals living with severe mental illnesses. These chronic brain diseases have a genetic predisposition and cannot be prevented; however, the appropriate use of pharmaceutical therapies can significantly reduce personal suffering and modify the chronic course and associated disability of the illness.

We question the rationale of linking depression and suicide, while at the same time, completely disregarding the fact that a higher percentage of people diagnosed with bipolar disorder and schizophrenia commit suicide. It is discriminatory to focus exclusively on one mental illness while ignoring similar risks with other mental illnesses.

There are different risks in various diagnostic groups with regard to loss of life. Some people with an untreated psychosis act on delusions and hallucinations compelling them to kill others as well as themselves. Some individuals believe that they are possessed with extraordinary powers, perhaps even fly, and die as a result of misadventure.

1.2 Priority: For infants, children and youth, increase the capacity of families, schools and communities to promote mental health, reduce stigma, reduce mental illness and suicide and intervene early.

We also need to acknowledge, as you have pointed out, that we have very good early psychosis intervention programs across the country. This information, along with the need for more financial support for these programs, needs to be included in the strategy.

2.1 Priority: Re-orient policy and practice toward recovery and well-being.

As far as actions are concerned, we also need to promote ongoing neuroscience research to support advances in clinical recovery as well as the development of better and more effective pharmacological treatments to improve outcomes. Furthermore, we must ensure universal access of new pharmacological treatments as they are approved by Health Canada.

2.3 Priority: Uphold the rights of people living with mental health problems and illnesses.

A fundamental right enshrined in our Canadian Charter of Rights is the right to access to the highest attainable standard of physical and mental health treatment and services. However, the right to be well is often trumped by the right to refuse treatment even when individuals do not recognize that they are ill. Impaired self-awareness or lack of insight (anosognosia) is the most devastating symptom of severe mental illness and the main reason for a patient experiencing psychotic symptoms refusing to take prescribed medication. The implications of this neurological disorder need to be addressed in order to provide a more balanced strategic document that does not exclude the most severely mentally ill who lack insight into their illness and do not have the capacity to make informed treatment decisions because of their impaired insight or judgement.

2.3.1 Action: Review and reform legislation and policies across jurisdictions and sectors, in alignment with the UN Convention on the Rights of Persons with Disabilities

There is no question that we need to be respectful of human rights; however, these are already protected within the human rights legislation and the mental health acts of each province.

Therefore, we are troubled by the recommendation to reform our legislation and policies to align them with the position held by individuals and organizations that support anti-psychiatry views by opposing involuntary hospitalization and treatment.

The draft document makes the following suggestion:

“The ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) by the Government of Canada in 2010 provides a new touchstone for mental health legislation. The CRPD pushes for legislation to place a greater focus on protecting human rights, rather than exclusively specifying the conditions under which it is legally permissible to restrict people’s freedom against their will (‘committal’).” 47

(Reference 47: Kaiser, H. A. (2009). Canadian mental health law: The slow process of redirecting the ship of state. *Health Law Journal*, 17, 139-194.)

This statement disregards the fact that Canada has made a Reservation and interpretative Declaration to its application of the Convention to maintain the right to hospitalize and treat mentally ill patients on an involuntary basis without compromising its responsibilities under the terms of the UN Convention as follows:

“Canada recognises that persons with disabilities are presumed to have legal capacity on an equal basis with others in all aspects of their lives. Canada declares its understanding that Article 12 permits supported and substitute decision-making arrangements in appropriate circumstances and in accordance with the law.

To the extent Article 12 may be interpreted as requiring the elimination of all substitute decision-making arrangements, Canada reserves the right to continue their use in appropriate circumstances and subject to appropriate and effective safeguards.”

We question why the Commission is encouraging further debate on a very controversial topic even though Archibald Kaiser, a member of the Mental Health and the Law Committee, has acknowledged the implication of Canada’s Declaration in his PowerPoint document, *The Challenges of Modernizing Canadian Mental Health Law* that “legalized involuntary treatment will not disappear.”

2.4 Priority: Reduce the proportion of people living with mental health problems and illness in the criminal justice system and provide appropriate services, treatment and supports to those who need it.

There is an urgent need for more psychiatric beds as well as appropriate community services and supports. The consequences of untreated mental illness are devastating. In the meantime, our prisons have become de facto institutions for people with severe mental illnesses who are often incarcerated with misdemeanor charges. Eleven per cent of offenders entering the prison system have a diagnosable mental illness and 14.5 per cent have been hospitalized for psychiatric illnesses in the past.

Compared to the general prison population, people with untreated mental illnesses spend twice as much time in jail and are often kept in isolation if they are a danger to themselves or others. They are also more likely to commit suicide.

3.1 Priority: Strengthen the capacity of community-based mental health services to foster recovery and well-being.

The actions need to be more specific as far as intensive treatment and include the urgent need for additional psychiatric beds. After all, our general hospitals provide community-based treatment for people with severe mental illnesses. And you indicated that, certainly there is a need for beds and access to them “when they are appropriately needed.”

That need is now. Editorials in newspapers across the country have asserted this fact. When addressing the Ontario Select Committee on Mental Illness and Addictions last year, Dr. Richard O’Reilly, made a passionate plea for better treatment facilities for the most impaired individuals in our society, many of whom are homeless. The quality of life for these individuals is abysmal. According to his presentation, they need more than a home; they need treatment:

“In every area of medicine, people with the most severe illness get priority, and I think this often doesn’t happen for this group of (mentally ill) individuals... There are too few psychiatric beds in the system. I’m sure the committee doesn’t want to hear me say that; I’m sure the government doesn’t want to hear me say that, but unfortunately, wishful thinking doesn’t take away the reality.”

6.3.2 Action: Increase the support for the development of organizations that are led by people living with mental health problems and illnesses at the national, regional and local levels.

The draft strategy has acknowledged the significance of families in the transformed mental health system including their involvement as a “key lever for the shift toward a recovery orientation around the world.” Therefore, we are concerned by a recommendation excludes established organizations and associations supporting people with schizophrenia and bipolar disease as well as their families where the board of directors is largely made up of family care givers.

Also, Cfact membership maintains that discussions about medication withdrawal must be in consultation with the patient’s physician and indeed, this is the recommendation made in several books about the topic. Therefore, we do not believe that organizations led by people with lived experience who are promoting medication withdrawal should be supported with financial resources from federal, provincial or local governments. The high risk of relapse and re-hospitalization will be detrimental to the clinical recovery that is an essential component of the personal recovery journey for an individual with a chronic, biologically based mental illness.

In conclusion:

The MHCC, with all of its resources, has a duty to include the views, concerns and essential needs of our most vulnerable citizens. The MHCC also has a duty to recognize the recent advances in neuroscience and the ongoing research to develop more effective drug therapies for biologically based severe mental illnesses. These are the key factors as far as generating the hope of recovery for thousands of Canadians living with schizophrenia, bipolar disorder, clinical depression and other psychotic disorders; therefore this information also needs to be incorporated in the strategy.

At the same time, we urge that caution be used when promoting the hope of recovery for all. We do not have the medical evidence to support such a sweeping claim. However, optimal symptom control with drug therapies as well as appropriate community services and supports will, no doubt, substantially enhance the quality of life of these individuals and enable them to become an active participant in their own recovery process.

We are encouraged by your commitment to “strengthen” the explanation and the attention paid to intensive treatment and care for people who are severely mentally ill to help ensure that the proposed “recovery model” is inclusive of people not only with mild to moderate mental health problems but also those with the most severe forms of mental illness.

We would also like to see the strategy endorse the need for all training programs for mental health professionals to incorporate science-based evidence about psychotic disorders and treatment requirements. Otherwise, the first priority outlined in the draft strategy, “to increase knowledge and skills in mental health, mental illness and suicide prevention,” will be incomplete.

We recognize the considerable challenges and pressures in putting together a draft mental health strategy with input from thousands of Canadians. Surely, we all share the same objective, that is, to have a Mental Health Strategy for Canada that will guide our provincial governments to set priorities as far as treatment, services and supports that are essential for the mental health and well-being of all its citizens.

Thank you again for your interest in our concerns. We wish you and all members of the MHCC well in your final deliberations while putting together a mental health strategy that respects the most basic and cherished right of all, the right to be well.

Yours very truly,



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