



# News Release

## FOR IMMEDIATE RELEASE

### **“It’s Time to Change Our Minds”**

## **The Canadian Mental Health Association Manitoba Division releases its Election Platform Recommendations**

**Winnipeg, MB, July 7, 2011** – The Canadian Mental Health Association Manitoba Division, in collaboration with all six Regional Offices across the Province of Manitoba, have developed a comprehensive Provincial Election Platform Strategy entitled “It’s Time to Change our Minds”.

Mental Health doesn’t often get attention at election time but as we approach the 2011 Manitoba election the statistics are staggering:

- 20% of Canadians will personally experience a mental illness.
- Mental illness indirectly affects all Canadians at some time through a family member, friend or colleague.
- Mental illness affects people of all ages, educational and income levels, and cultures.

George Pasioka, Chairperson, CMHA Manitoba Division states “working collaboratively with the six Regions across the Province of Manitoba we have developed recommendations that we feel will improve mental health services”. He further stated “We look forward to working together with our Provincial Government on implementation”.

Connie Krahenbil, Executive Director of the Canadian Mental Health Association Manitoba Division adds “As a leader in the mental health community we felt it was important to provide our Provincial candidates with recommendations that would help them reform how mental health services are delivered in our Province”. She further states “while there has been a National focus on mental health, the way we provide and fund services Provincially hasn’t changed much and we feel our document encourages discussion on how we can do things better.”

The CMHA Manitoba Division formed in 1956, and as a social advocate, we encourage public action and commitment to strengthening community mental health services, legislation, and policies affecting services. Our mental health projects are based on principles of empowerment, peer and family support, participation in decision-making, citizenship, and inclusion in community life.

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CANADIAN MENTAL  
HEALTH ASSOCIATION  
L'ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

The Canadian Mental Health Association  
Manitoba Division

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**It's time to change our minds**

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Manitoba Election  
October 2011

## EXECUTIVE SUMMARY

Mental health is fundamental to overall health and productivity and it is the basis for successful contributions to family, community, and society. Mental health problems and illnesses are real and disabling conditions that are experienced by one in five Manitobans. Left untreated, mental illnesses can result in disability and despair for families, schools, communities, and the workplace. This toll is more than any society can afford.

As the Canadian Mental Health Association Manitoba Division we work closely with the six incorporated Regions in the Province. We are in a unique position to work with our Provincial Government to provide regionalized, accountable, effective, and affordable community based mental health services. The structure of our grassroots organization allows for the voices of our clients and their natural supports to influence our policies, programs, and advocacy work.

We commend the general commitments made to mental health by the Province and we feel those commitments can be enhanced by the following recommendations:

- 1) **The Poverty Reduction Strategy be strengthened by:**
  - a) Increasing in the Portable Housing Benefit - both in funding and availability throughout the Province.
  - b) Establish benchmark reductions in poverty levels within four years.
  - c) Implement the recommendations in the Ombudsman's Review of the Employment and Income Assistance Program, including increasing EIA Rates and improving access to benefits.
  
- 2) **Mental health services in the Province of Manitoba be improved by the development of an integrated Service Delivery Strategy**
  - a) Integrate mental health into primary care services and support collaborative balanced care initiatives.
  - b) Increase self-help services.
  - c) Ensure representation in collaborative balanced care initiatives by people with lived experience.
  - d) Encourage the implementation of a comprehensive Provincial Mental Health Strategy, and ensure that the Provincial Mental Health Strategy has measureable outcomes.
  - e) The Government of Manitoba be involved and show political leadership in the development of a National Mental Health strategy.
  - f) Commit and dedicate a percentage of mental health funding to community based mental health organizations.
  - g) Sufficient funding to ensure that salaries outside of the RHA system are competitive within the health care sector
  - h) Ensure that the Provincial Mental Health Strategy includes and supports services delivered at the community level by non-for-profit mental health agencies
  
- 3) **The Government of Manitoba to develop a Mental Health and Corrections Strategy that includes:**
  - a) A review and revision of the Mental Health Act.
  - b) Ensures that the Justice system considers mental health in its courts and in the delivery of services.
  - c) Comprehensive mental health and support services that are incorporated into the release plans of inmates

## Election Campaigns should be a time to talk about issues that matter— issues fundamental to our prosperity, health and quality of life.

**MENTAL HEALTH** doesn't often get attention at election time but as we approach the 2011 Manitoba election the statistics are staggering:

- 20% of Canadians will personally experience a mental illness.
- Mental illness indirectly affects all Canadians at some time through a family member, friend or colleague.
- Mental illness affects people of all ages, educational and income levels, and cultures.<sup>1</sup>

The 1960s and 1970s saw an international movement towards deinstitutionalization of the mentally ill, moving them out of asylums and other facilities, and releasing them into the community. Studies found that the vast majority of those who had been placed in asylums could be healthy and productive members of society if placed in the community and provided with the proper care and medication.

In 1963, the National Scientific Planning Council of the Canadian Mental Health Association released *More for the Mind* which insisted that mental illness should be dealt within the same organizational, administrative and professional framework as physical illness. It recommended that psychiatric services be integrated with the physical and professional resources of the rest of the health care system.

In 1964, the Royal Commission on Health Services stated: "Any distinction in the care of physically and mentally ill individuals should be eschewed as unscientific for all time". The Hall Commission recommended that patients capable of receiving care in general hospital psychiatric units should be moved from psychiatric hospitals and it was expected that patients would occupy beds in psychiatric units of general hospitals for brief periods of time during episodes of illness, but otherwise would live successful and satisfying lives in their communities.

Thus, in the 1960s the process of deinstitutionalization began and over these decades the number of people confined to mental institutions fell dramatically from just under 70,000 to about 20,000. However, while great savings were made by shutting down empty institutions much of this money was absorbed by general government funds, and did not make it into community care.

No assurances were made that those discharged had access and were taking the medication they needed. While some of those discharged did integrate with the community, a significant number estimated at around 75% did not. Many of these individuals became homeless. Today up to 40% of homeless have some sort of mental illness.<sup>2</sup>

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<sup>1</sup> **Fast Facts: Mental Health/Mental Illness**, CMHA National, cmha.ca

<sup>2</sup> **Homelessness in Canada**, Wikipedia, [http://en.wikipedia.org/wiki/Homelessness\\_in\\_Canada](http://en.wikipedia.org/wiki/Homelessness_in_Canada)

There is increasing evidence to support the argument that interventions for schizophrenia, depression and other mental illnesses are not only available and effective, but are also affordable and cost-effective.

Poor mental health is expensive

The financial impact of poor mental health is staggering:

- Annually, the private sector spends between \$180 and \$300 million on short-term disability benefits related to mental illnesses. For long-term disability benefits related to mental illnesses, \$135 million was paid.<sup>3</sup>
- Mental illness costs the Canadian economy a staggering \$51-billion a year, and each day 500,000 people will miss work due to mental health problems.
- Each year employers and insurers spend a whopping \$8.5 billion on long-term disability claims related to mental illness.
- Mental illness is the number one cause of disability in Canada, accounting for nearly 30% of disability claims and 70% of total costs. Mental health disorders in the workplace cost Canadian companies nearly 14% of their net annual profits and up to \$16 billion annually.
- The unemployment rate among people with serious mental illness is 70 - 90%. There is a 60% drop in family income when a breadwinner is diagnosed with mental illness.<sup>4</sup>

Clearly, there is an enormous economic reason to address mental health in our communities and **THE TIME TO INVEST IS NOW.**

**PERSONS WITH MENTAL ILLNESS FACE SEVERAL BARRIERS WHICH PREVENT OPPORTUNITIES FOR ECONOMIC ADVANCEMENT.** They often encounter difficulty securing adequate education, housing, and employment, and face undue discrimination and stigma in these domains due to their mental health status, as well as society's misconception of mental illness. Due to these factors, many people with mental illness often cannot earn adequate income in the labour market and must rely on income support programs.

It is recognized that mental health services provided outside institutional settings are beneficial in supporting those living with a mental health issue to live meaningful lives in the community. Research has also shown that it costs \$34,418 per year to support a person with mental illness in the community as compared to \$170,820 to keep the same person in a psychiatric hospital.<sup>5</sup>

<sup>3</sup> The Cost of Mental Health Services in Canada, Institute of Health Economics, Final Report, June 2010

<sup>4</sup> Mental Health is Everyone's Concern Fact Sheet, The Canadian Mental Health Association, May 2010

<sup>5</sup> Quick Facts: Mental Illness and Addiction in Canada, Mood Disorders Society of Canada, 2007

## In addition to the social and economic toll, those suffering from mental illnesses are also victims of human rights violations, stigma, and discrimination.

Cost-effectiveness is just one reason to invest in mental health programs, promotion and education. For example:

- People with mental illness are more at risk of becoming victims of human rights violations and are more likely to be discriminated against in accessing treatment and care;
- Caregivers benefit from a lower burden of care, which means better quality of life and fewer work days lost, and thus less loss of income;
- Employers benefit from better working environment, reduced absenteeism and higher productivity;
- Mental health is a key variable in successful programmes for sustainable development and poverty reduction.

Many Manitoba families already know that the biggest costs of mental health cannot be measured in dollars and cents. That is because 20 per cent of people will personally experience a mental illness in their lifetime, and most others will be indirectly affected by the addiction or mental illness of a family member, friend, or colleague.<sup>6</sup> **INDIVIDUALS KNOW THE PROFOUND HUMAN COSTS OF STIGMA**, loss of control, broken relationships, marginalization, and suicide. And families know the frustration of looking for community supports that are often insufficient. Our understanding of the mental health system must start with **PEOPLE**.

**ONE IN FOUR FAMILIES HAS AT LEAST ONE MEMBER WITH A MENTAL ILLNESS.** Family members are often the primary caregivers of people with a mental illness. The extent of the burden of mental illness on family members is difficult to assess and quantify, and is consequently often ignored. However, it does have a significant impact on the family's quality of life.<sup>7</sup>

The Canadian Mental Health Association's Framework for Support document affirms that income, education, housing and work are vital to the recovery of persons with a serious mental illness.<sup>8</sup> Statistics Canada's Low Income Cut-Off (LICO) is most often used to measure poverty and the LICO indicates that an individual with an income of less than \$18,260 living in a mid-sized community is living in poverty. In Manitoba people living on Income Assistance receive \$10,972.80 - \$11,616 annually<sup>9</sup> and in the absence of an adequate income,

<sup>6</sup> A Report on Mental Illness in Canada, 2002, Health Canada.

<sup>7</sup> Investing in Mental Health, Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health, World Health Organization, Geneva. 2003

<sup>8</sup> A Framework for Support, John Trainor, Ed Pomeroy and Bonnie Pape, Third Edition, Canadian Mental Health Association, National Office, 2004

<sup>9</sup> An Examination of Employment and Income Assistance and Private Market Housing Affordability for Single Persons in Six Urban Centres in Manitoba, Susan Mulligan M.C.P., The Canadian Mental Health Association Manitoba Division, 2010

acquiring all the essentials of life, such as food, housing, employment, and education, is virtually impossible.

We appreciate and commend the work of the Province of Manitoba in their poverty reduction efforts through their ALL Aboard: Manitoba's Poverty Reduction and Social Inclusion Strategy and HomeWorks Strategy; but more work and a new way of thinking is needed.

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**We Recommend that the Poverty Reduction Strategy be strengthened by:**

- 1) Increasing in the Portable Housing Benefit - both in funding and availability throughout the Province.
  - 2) Establish benchmark reductions in poverty levels within four years.
  - 3) Implement the recommendations in the ***Ombudsman's Review of the Employment and Income Assistance Program***, including increasing EIA Rates and improving access to benefits.
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## It is now widely recognized that people living with mental illness can live productive and meaningful lives in the community

People with lived experience, their family members and natural supports can and should play an integral role in the mental health sector. CMHA programs **EMBODY THE PRINCIPLES OF INCLUSIVENESS AND RECOVERY**. Participants in this type of programming are proven to spend less time in hospital, use fewer crisis services, and experience easier transition into community living.<sup>10</sup>

There is widespread agreement that the “old” mental health service delivery method, centered on hospital inpatient care is outmoded and ineffective. A new approach that has emerged is to move clients served in inpatient hospital units into community care settings and maintaining them there. This “new” service delivery method is now widely accepted and the approach ties in with the proposal to integrate mental health and addiction services into the general health care system.<sup>11</sup>

There are no persuasive arguments or data to support a hospital-only approach. Nor is there any scientific evidence that community services alone can provide satisfactory comprehensive care. Instead, the weight of professional opinion and results from available studies support balanced care.

Balanced care is essentially community-based, but hospitals play an important backup role. This means that mental health services are provided in normal community settings close to the population served, and hospital stays are as brief as possible, arranged promptly and employed only when necessary.

Cost–effectiveness studies on deinstitutionalization and of community mental health care teams have demonstrated that quality of care is closely related to expenditure. Community-based mental health services generally cost the same as the hospital-based services they replace.<sup>12</sup>

While research has led to changes to the organization of mental health services, in an international context Canada continues to spend less than most developed countries and the ratio of mental health to all government health spending is 7.2%, several points lower than the UK and Sweden.<sup>13</sup>

The Canadian Mental Health Association has six regions throughout the Province of Manitoba and we provide grassroots education, employment, housing, and support services. Our cost effective programs are based on principles of empowerment, peer and family support, participation in decision-making, citizenship, and inclusion in community life.

<sup>10</sup> **Consumer/Survivor Initiatives: Impacts, Outcomes and Effectiveness.** CMHA Ontario, CAMH, CMHA and OPDI, March 2005

<sup>11</sup> **How Much Should We Spend on Mental Health?**, the Institute of Health Economics, 2008

<sup>12</sup> **What are the arguments for community-based mental health care?** World Health Organization, 2003

<sup>13</sup> **The Cost of Mental Health Services in Canada**, Institute of Health Economics, Final Report, June 2010

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**We recommend :**

- 1) Commit and dedicate a percentage of mental health funding to community based mental health organizations.
  - 2) Sufficient funding to ensure that salaries outside of the RHA system are competitive within the health care sector
  - 3) Ensure that the Provincial Mental Health Strategy includes and supports services delivered at the community level by non-for-profit mental health agencies
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**We further recommend that mental health services in the Province of Manitoba be improved by the development of an integrated Service Delivery Strategy**

Specifically:

- 1) Integrate mental health into primary care services and support collaborative balanced initiatives.
  - 2) Increase self-help services.
  - 3) Ensure representation in collaborative balanced initiatives by people with lived experience.
  - 4) Encourage the implementation of a comprehensive Provincial Mental Health Strategy, and ensure that the Provincial Mental Health Strategy has measureable outcomes.
  - 5) The Government of Manitoba be involved and show political leadership in the development of a National Mental Health strategy.
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## It is a fact that today's Canadian prisons and penitentiaries are ill-equipped to handle the growing number of prisoners with serious mental illnesses

### Helping not punishing

Howard Sapers, Correctional Investigator of Canada reports "federal penitentiaries are fast becoming our nation's largest psychiatric facilities and repositories for the mentally ill. As a society, we are criminalizing, incarcerating and warehousing the mentally disordered in large and alarming numbers. The needs of mentally ill people are unfortunately not always being met in the community health and social welfare systems. As a result, the mentally ill are increasingly becoming deeply entangled in the criminal justice system."<sup>14</sup>

The annual average cost of keeping a federal inmate now exceeds \$100,000 per year (or just over \$275.00 per day), up from \$83,000 per year in 2003/04. By contrast, offenders supervised in the community cost considerably less—about one eighth that of keeping them in prison.<sup>15</sup>

The Report of the Standing Committee on Public Safety and National Security released in December 2010 entitled "Mental Health and Drug and Alcohol Addiction in the Federal Correctional System" further states:

- 21.8% of female offenders and 10.4% of male offenders had a mental health indicator at time of admission;
- 30.1% of female offenders and 14.5% of male offenders had had past psychiatric hospitalization;
- 33.2% of female offenders and 20.6% of male offenders admitted having had psychiatric medication prescribed, a percentage which had almost doubled since 1998-1999; and,
- 8.7% of female offenders and 5.9% of male offenders were psychiatric outpatients when admitted to detention.<sup>16</sup>

The report further recommends:

*That the federal government, in cooperation with the provinces and territories, make a commitment to and a serious investment in the mental health system, in order to ease the identification of and access to treatment for people suffering from mental health and addictions before they end up in the correctional system.*

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<sup>14</sup> Annual Report of the Office of the Correctional Investigator, 2009-2010

<sup>15</sup> Ibid

<sup>16</sup> Mental Health and Drug and Alcohol Addiction in the Federal Correctional System , The Report of the Standing Committee on Public Safety and National Security, December 2010

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**We encourage the Government of Manitoba to develop a Mental Health and Corrections Strategy that includes:**

- 1) A review and revision of the Mental Health Act.
  - 2) Ensures that the Justice system considers mental health in its courts and in the delivery of services.
  - 3) Comprehensive mental health and support services that are incorporated into the release plans of inmates.
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**Having a sense of hope is the foundation for ongoing recovery from mental illness.**

It is obvious from the statistics and lived experiences of those living with a mental illness that there needs to be a fundamental shift on how we provide and fund mental health services in our Province. Given the geographical separation of our communities and the diverse populations that we serve, incorporating a strategy that provides services at a community level will only help to empower and support those living with a mental illness.

A community is only as strong as its most vulnerable. We need to help people get out of the cycle of poverty and ensure that, with a variety of community supports, people can build their own self-sufficiency.

Governments are and should be concerned with safety. However utilizing our corrections system and criminalizing the ill is not effective and is having a detrimental impact on our communities. There are cost-effective alternatives that will meet the perceived safety needs of the public while providing the support and care needed to keep people from entering the corrections system in the first place.

As a community based organization working directly in six Regions throughout Manitoba, the Canadian Mental Health Association is in a unique position to work with our Provincial Government to ensure the delivery of effective, supportive, and cost effective community-based mental health services across Manitoba.

**ITS TIME TO THINK DIFFERENTLY; ACT DIFFERENTLY....**

**IT'S TIME TO CHANGE OUR MINDS.**

**A new way of thinking**

# CMHA Regions

