

OPINION

MENTAL HEALTH

Canada's mental health: time to commit to what we value



BY KAREN COHEN

Canada has seen an increase in public awareness of mental illness. Conversation on mental health has never been more engaged. Public figures and private citizens have stepped forward to share their personal stories. Raised awareness, accomplished also by organizations like the Mental Health Commission of Canada and the Canadian Alliance of Mental Illness and Mental Health, has done much to decrease the stigma of mental illness, but there is more we must do. But to make a real difference, we must move from awareness to action.

Psychologists are the largest group of licensed and specialized mental health-care providers in Canada. They have seven to 10 years of university study, which prepares them to develop and interpret psychological tests of emotional and cognitive functioning; to diagnose mental illness; to develop, deliver and evaluate psychological treatments like cognitive-behavioural therapy; and to do research.

While medication is necessary for some kinds of mental illness, psychological treatments are also effective either alone or in addition to medication; especially for the most common of mental health conditions, namely depression and anxiety. People who receive psychological treatments for depression relapse at a lower rate than do people treated with medication. Psychological treatments are the treatments of choice for many anxiety disorders. Psychotherapy reduces depression and anxiety in people with coronary heart disease (CHD) and, when combined with the usual medical treatments for CHD, a reduction in cardiac-related death results.

One in five Canadians will experience a mental health problem every year but only about one-third of those with a mental health problem receive help; because of stigma and because psychological services are not covered by our public health insurance plans. When psychological services are covered by private plans, the coverage is often too little for meaningful amounts of treatment. Without the means or the insurance coverage, many people who need psychological help just cannot afford it.

Some insurance plans put family physicians as the "gatekeeper" to accessing the services of psychologists. This is not a legislative or health care requirement since psychologists can assess, diagnose and treat mental health conditions without medical oversight. This requirement, levied by private health insurers, has no health purpose. It puts another roadblock between Canadians and the care they need while at the same time putting a greater burden on an already taxed public health-care system.

We would never envision a public health system that did not provide the services of a cardiologist for heart disease or an oncologist when it comes to cancer care. But we do have a system that does not provide access to the services of the country's largest group of regulated health-care providers when it comes to mental illness and behavioural health. Stigma not only gets in the way of seeking help, it impacts whether or

not help is made accessible.

This year, CPA commissioned a report that offers recommendations to enhance psychological services for Canadians. The report, *An Imperative for Change: Access to Psychological Services for Canada*, proposes a number of different models that could be adopted by our provinces and territories, funded variously by public and private insurance systems.

Canadians deserve access to effective mental health service on par with access to care for their physical health problems. They don't have it now. Other countries are doing more about it. The United Kingdom has invested 400 million pounds over four years to make psychological treatments available to those who need them. Australia has provided access to psychologists' services through publicly funded health insurance. In Canada, former Senator Michael Kirby is advocating for public funds to be invested in giving access to psychological and other mental health services to children and youth. Given that 70 per cent of mental health conditions begin before young adulthood, investing in the mental health of children and youth promises tremendous benefit to individuals, families, and communities.

Mental health problems currently cost the Canadian economy \$50-billion annually. Although there is great concern about containing health-care costs, when it comes to mental health, spending less on care costs more.

We can and must do better for Canadians' mental health. CPA has some concrete recommendations that will benefit individuals, communities, the workplace and the pocketbooks of mental health-care funders. It is time to commit to what we value. What can be more valuable than life lived experiencing the success of love, work and community? You need your mental health for that and psychologists know how to help.

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OPINION

CRIMINAL JUSTICE

Bill C-14 only deals with Not Criminally Responsible Act



BY J. PAUL FEDOROFF

OTTAWA—The federal government has championed Bill C-54, now reinstated as Bill C-14 in the Senate, as legislation that enhances victims' rights. So why are the victims and agencies devoted to helping them not cheering? The answer? Bill C-14 only deals with the Not Criminally Responsible Act. It does nothing about the majority of violent crimes. It does nothing to prevent crime. It does nothing new to help victims. It does nothing to support the families of individuals with a mental illness who seek help before tragic events occur. In fact, Bill C-14 may harm victims. Here is why.

People who commit violent crimes fall into two groups: people who intended to commit the crime (criminals), and those who did not (NCR accused). The second group consists of men and women who could not appreciate the nature and consequences of what they were doing because of severe symptoms caused by a mental disorder. After a finding of NCR by a judge, they receive care, often for the first time, by specialized teams of mental health professionals. The amount of freedom permitted to NCR accused is determined by Provincial Review Boards (PRBs) that already follow strict criteria designed to ensure the safety of the public. The re-offence rates of NCR accused are significantly lower than the re-offence rates of criminals who are found guilty and sent to prison.

Bill C-14 will change current legislation in several harmful ways. First, it will create a special group of "high risk" NCR accused. "High risk" will be determined by a judge based on the nature of the crime instead of the mental state of the accused, as assessed by expert treatment teams and verified by the PRB. NCR accused that are designated "high risk" will be detained, ineligible for eventual release by a PRB until a court revokes the "high risk" designation. This is worrisome. It means judges, whose expertise lies in sentencing criminals, not in assessing mental illness, will need to make decisions about the mental states of NCR accused. It also means that detention in custody will be independent of mental status.

Currently, PRBs make decisions that are not

needlessly restrictive but which ensure public safety. The proposed legislation changes this. Bill C-14 will extend the time by which PRBs are required to review decisions from one year to three years. This means "high risk" accused may get less, rather than more, intensive and focused treatment. In addition, Bill C-14 will prevent "high-risk" NCR men and women from exercising unescorted passes, which are an essential component of any progressive but cautious reintegration program. It is important to note that Bill C-14 does nothing to protect the public from dangerous offenders. Dangerous offenders, criminals who knowingly and persistently harm victims, are not NCR accused.

Advocates for Bill C-14 claim it will enhance victim involvement by ensuring they will be notified when NCR accused are discharged (they already are), allow non-communication orders between an NCR accused and the victim (this is already permitted) and ensure the safety of victims is considered (which it already always is, together with the safety of the public in general). In short, Bill C-14 does nothing new to enhance victim involvement.

Most people with mental disorders are law abiding. Some intentionally commit (usually minor) crimes and are correctly held responsible. However, there is a small sub-group of people who were suffering from impaired thinking due to an involuntary disorder of mental health so severe they literally did not know what they were doing. Statistically, those most at risk of being harmed by an NCR accused are close family members. Most of these victims do not want their mother, father, sister, brother, spouse or child to be treated like a criminal. Instead they want them to receive the effective care they need and deserve. They know that their personal safety is enhanced when their relative is treated instead of punished.

Attempting to enhance victims' rights by focusing on people who are not responsible due to mental disorders makes no sense, is counterproductive and stigmatizing. Interventions that slow or prevent the reintegration of the ill back to the community are harmful to everyone. Victims deserve better than what Bill C-14 provides.

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The Hill Times

Contribuez au renforcement de l'intégrité de notre système fiscal

CGA-Canada accueille favorablement le projet de loi C-549, *Loi modifiant la Loi sur la gestion des finances publiques*, présenté par le député Mike Allen, FCGA (Tobique-Mactaquac).

Pourquoi appuyer le projet de loi C-549?

- Les Canadiens méritent un système fiscal moderne, souple et à jour.
- Le projet de loi C-549 apportera certitude et transparence à notre système fiscal, en permettant d'éviter que les modifications proposées à la *Loi de l'impôt sur le revenu* soient reléguées dans les « limbes législatifs ».

Nous invitons tous les parlementaires à appuyer le projet de loi C-549.

Pour en savoir plus sur le projet de loi :
www.cga.org/canada-fr/simplificationfiscale

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