
BREAKDOWN A CANADA'S MENTAL HEALTH CRISIS

THIS IS YOUR BRAIN ON DRUGS
Doctors are learning how to treat addiction as a mental illness like any other, not a character flaw. News, page 8

MEDICINE'S BLIND SPOT
The medical system is among the worst culprits in the stigmatization of mental illness, writes K. Sonu Gaind. Comment, page 19

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Medicine's blind spot

Mental-health stigma: Are some patients worth less than others?

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Public discourse stimulated by The Globe and Mail's series on mental health and the Canadian Mental Health Commission's efforts to raise awareness of mental illness ideally move Canada further "towards a just society." Sadly, history has demonstrated that destigmatization seeking attitudinal change alone is insufficient to counter the discrimination faced by people suffering from mental illness. Without key policy changes, institutionalized stigma will remain unchallenged.

Statistics show that one in four Canadians will experience some form of mental illness during their lifetime. These Canadians also may face discrimination at work, difficulty obtaining housing, refusal of coverage by insurance companies, and release of non-criminal personal information on routine police checks. Considering these barriers, small wonder that many with mental illness do not step forward when they need help.

Surprisingly, the medical system itself is among the worst culprits in perpetuating discriminatory policies toward the mentally ill.

Despite remarkable scientific advances, entrenched prejudice remains when it comes to questioning the legitimacy of mental illnesses as "real" illnesses. When we readily accept that organs such as the heart or kidneys can have physical illness, why would we expect our vastly more complicated brains to be immune to physical problems? While addressing societal issues and life events is often essential in helping those with mental illness, medical care can also be necessary. Denying such care for mental illness is akin to suggesting heart-attack patients just improve their diets.

Health policy is rife with examples of failure to recognize mental illness. Ontario's much-touted wait-times strategy does not include any mental-health targets in its five priority areas, despite the fact that mental-health issues are consistently being rated as a top priority by consumer groups, primary health-care providers and even Ontario's own local health integration networks. Medical bodies also have blind spots when it comes to mental illness. The Ontario Medical Association's extensive "campaign for healthier care" has been publicizing health issues for two years. Yet, despite numerous media ads, fact sheets and backgrounders, mental illness has been conspicuously absent from this dialogue.

Such policy omissions affect patient care and the flow of public dollars. Specialists treating chronic medical conditions such as diabetes, asthma and Parkinson's receive a 50-per-cent premium on fees, yet the Ontario Health Insurance Plan does not offer any such incentive encouraging psychiatric care of chronic mental illness. The Ontario government cites success at reducing wait times in its priority areas, yet is more reticent at discussing funding strategies preceding such success. Several of the specialty groups whose services are targeted in the wait-times strategy priorities received more than $100,000 increases to their average annual fee-for-service billings after the last OMA/Ministry of Health and Long-Term care agreement, with the highest average increase per specialty being more than $130,000. To put this in perspective, this average increase for these specialists approaches the *total* average annual fee-for-service billings for a psychiatrist.

Would Ontarians knowingly support such disproportionate allocations of public moneys? To date, government has largely relied on ignorance of such disparities to maintain them.

Without diminishing the importance of cataract surgery or other services in the wait-times strategy, such disparities hurt patients on the "have not" end of the spectrum. While government may dismiss financial discussions as self-serving attempts by groups to get more money, such easy dismissal does a disservice to patients. The real debate should be about parity of care for mental illness, not about any group getting more.

Nowhere is this clearer than Ontario's family health team initiative. On the surface, it seems laudable, with its stated aim to facilitate collaborative care between family physicians and other providers. Instead of traditional fee-for-service remuneration, specialists obtain a flat sessional rate for three hours of service provision. Unfortunately, the FHT model entrenches significant funding disparities, with psychiatrists, pediatricians and geriatricians receiving a third less than internal medicine specialists for the same amount of time.

Does this simply mean that psychiatrists earn less than internists? If all we consider are physician earnings, perhaps; but if we look beyond any notion of self-interest, doesn't this also mean that services to the mentally ill are worth less, that their suffering is worth less and, in the end, perhaps even that they themselves are worth less? And it doesn't take a brain surgeon to figure out what message this sends to medical students considering careers in psychiatry.

While we have much to be proud of in our health-care system, our American neighbours seem ahead of us in recognizing the importance of parity for ensuring equal access for the mentally ill. In March, the House of Representatives passed the Mental Health and Addiction Equity Act, mandating insurance carriers to provide parity of coverage for mental-health services.

It's a rather perverse distortion when the "just society" we are striving for changes from one providing equality for all to one providing for just a few. I don't believe most Canadians would knowingly value those with mental illness less than other Canadians, but it's time we moved beyond seeking change in stigmatized attitudes and demanded change in institutionalized discriminatory policies. Words really are not enough.