

# My Quality

**Dr Sonu Gaiind**, psychiatrist  
Toronto, Canada

For far too long, mental illness has been stigmatized and marginalized. People with mental health problems often say that the way they are treated – not only by the medical system but by society, too – is worse than the illness itself. Even in the late 20th century many people were locked up in asylums, out of sight and out of mind.

In Canada and across the globe, mental health services have been underfunded for decades and too many people have received no help at all, leading to thousands of tragic and unnecessary deaths.

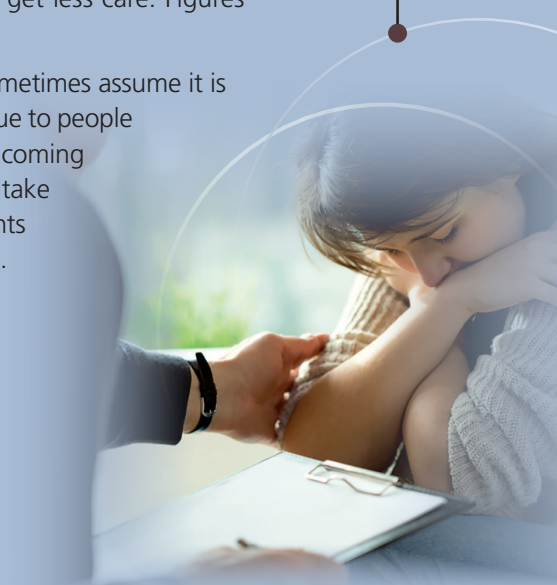
But in recent years, the picture has started to change. Mental health and mental illness are in the public eye more than ever. Canada had no mental health strategy a decade ago. It has one today.


But although there is more awareness of stigma, the problem remains. Part of it is how resources are allocated. “People with one type of illness are valued less than others,” says Sonu Gaiind, Director of mental health at the Humber River Hospital, Toronto, and Associate Professor of Psychiatry at the University of Toronto.

Mental health problems account for 20–25% of the health burden in Europe and North America but receive only 5–14% of the health budget. In Canada, just 7% of total health care spending is allocated to mental health.

Parity of esteem – the principle that mental health should be treated equally to physical health – has become a rallying cry among the mental health community. People with long-term severe mental illness have worse physical health but get less care. Figures show that they die 15–20 years earlier than the average.

“When you look at the shorter lifespans of this group, people sometimes assume it is due to suicide. But as much as 60% or more of the difference is due to people receiving poorer primary medical care. A typical story is of someone coming into the emergency room with chest pain, the doctor starts to take their history, the patient discloses they are taking antidepressants and at that point they often see a shift in the doctor’s attitude. The medical issues are not taken as seriously and the doctor orders a psychiatric assessment, assuming everything is explained by the mental illness. It’s called diagnostic overshadowing. So people with worse health get less health care.”





As former president of the Canadian Psychiatric Association, he says education of the public and of health care staff is needed to improve tolerance and reduce stigma. The puzzle is why stigma persists. Cancer and HIV infection used to carry a stigma, yet far more progress has been made in those areas than in mental illness. “It may reflect a subtle de-legitimization of mental illness. If we say someone is lazy, rather than ill with clinical depression, that justifies the stigma.”

Quality in mental health care has to start with access, he says. Without access to care, other factors are irrelevant. Yet access is a problem everywhere. In Canada, fewer than one in three people in need receives treatment. Partly this is because of stigma, which prevents people seeking help or leads to problems being missed when they do so, and partly it is due to lack of resources.

Next, quality depends on what patients have access to. Integrated care is vital – that is, care that addresses a person’s symptoms but also takes account of their physical health and the impact of psychosocial factors, including family, housing and work. That requires collaboration between health and social providers. “If we don’t deal with them we are not dealing with the illness,” he says.

Finally, quality depends on setting standards of care, such as waiting time targets. This is not done in mental health services as much as in other areas. “If we are not monitoring our performance we are not developing our service,” he says.

At a personal level, delivering good mental health care depends on establishing a therapeutic relationship with the patient.

“Always remember you have a person in front of you.

It is someone who is suffering. We use our expertise to reduce that suffering, both from symptoms and from other factors in their lives. Some doctors take a narrow view and just target the symptoms. But that is not enough. You need to talk to patients to understand them and their lives. It’s hard to do your job properly as a psychiatrist if you don’t talk to people.”

