



SCHIZOPHRENIA IN CANADA

A NATIONAL REPORT



A REASON TO HOPE. THE MEANS TO COPE.
SCHIZOPHRENIA SOCIETY

SOCIÉTÉ SCHIZOPHRÉNIE

UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.



METHODOLOGICAL NOTES

Acknowledgements

Schizophrenia in Canada: A National Report was completed by the Executive Directors of the Schizophrenia Societies across Canada, lead by **Chris Summerville** CEO, Schizophrenia Society of Canada.

For more information on schizophrenia visit www.schizophrenia.ca. The research for *Schizophrenia in Canada: A National Report* was conducted by Leger Marketing, and supported through an unrestricted educational grant from Pfizer Canada Inc.

Scope of the Report

This report looks at different aspects of schizophrenia across the country to draw important conclusions about schizophrenia care in Canada. This is not peer-reviewed research; the Schizophrenia Societies across Canada hope the findings and calls to action will spur discussion, enhance awareness, encourage action and policy changes to better serve the needs of the Canadian schizophrenia population, their families and caregivers.

Survey Methodology

The research for *Schizophrenia in Canada: A National Report* was conducted by Leger Marketing. Founded in 1986, Leger Marketing is the largest independent research firm in Canada. As part of this study, primary and secondary information was gathered. Between August and October 2008, three surveys were completed among randomly selected representative samples of adult Canadians, age 18 or older. In some cases provinces were over-sampled to allow for reporting at the provincial level. Base sizes and polling dates are referenced where necessary throughout this report.

Secondary information was gathered from a variety of sources including the Schizophrenia Societies across Canada, Canadian Mental Health Association, Canadian Institute for Health Information and the Fraser Institute. The secondary research referenced in this report was published within the past five years.

Notes: Statistics related to wait times and government expenditures in this report are based on mental health wait times and are not specific to schizophrenia.

Specialists referred to in the Psychiatric Wait Times section in this report refers to specialists in the Canadian Medical Association's membership rolls.

G.P. is the acronym for General Practitioner which includes all Family Physicians in Canada or in the respective province.

Median number of weeks is referred to in the discussions related to wait times. Median is the "middle" value in a list of numbers. The formula for the place to find the median is " $(\text{[the number of data points]} + 1) \div 2$."

REPORT OUTLINE

- Executive Summary** 4

- Part I:**
Understanding Schizophrenia 6
- What is Schizophrenia?
- Who is Affected by Schizophrenia?
- Is Schizophrenia Treatable?

- Part II:**
Stigma and Discrimination 12
- What is Stigma and How Does it Discriminate?
- How Do Canadians View People Living with Schizophrenia?
- How Does Stigma Affect Access to Care?

- Part III:**
Solutions 18
- Best Practices for Recovery
- Call to Action

- Appendices** 24



EXECUTIVE SUMMARY

This report describes what schizophrenia is, how people with schizophrenia are discriminated against and how the lack of access to proper care impedes their recovery. Research for the report found that government funding for mental health care varies across the country; wait times for treatment of mental illness are much higher than what is considered clinically reasonable by psychiatrists and psychologists; and numerous medications are available in Canada, yet access to them differs from region to region.

A caring and just society will provide an array of treatments and services that help those people with an illness live beyond the limitations of their illness. But that doesn't happen for people with schizophrenia. Social prejudice results in a lack of access to care in the form of treatment and community supports and closes off the road to recovery.

People with schizophrenia are just like everyone else, with hopes and dreams to lead a meaningful life but their illness may hamper this. They are people who want to live beyond the limitations of one of the most potentially devastating mental illnesses but the lack of recovery-oriented services gets in the way. They are people who want to be treated as equally as any other illness group, but stigma and discrimination get in the way.

THE SCHIZOPHRENIA SOCIETIES
ACROSS CANADA CALL UPON
EVERY CANADIAN CITIZEN,
MENTAL ILLNESS ADVOCATE AND
DECISION MAKER TO SUPPORT
A NATIONAL MENTAL HEALTH
STRATEGY. THE SCHIZOPHRENIA
SOCIETIES ACROSS CANADA
SUPPORT A MENTAL HEALTH
STRATEGY THAT ADDRESSES THE
DISPARITIES AND INEQUITIES
FACED BY THOSE LIVING WITH
SCHIZOPHRENIA AND THEIR
FAMILY MEMBERS.



PART I: UNDERSTANDING SCHIZOPHRENIA

WHAT IS SCHIZOPHRENIA?

WHO IS AFFECTED BY
SCHIZOPHRENIA?

IS SCHIZOPHRENIA
TREATABLE?

What is Schizophrenia?

Schizophrenia is a serious mental illness affecting the brain. It is a psychotic disorder, which involves a loss of contact with reality, making it very hard for a person to distinguish between what is real and what is not. Schizophrenia greatly alters how a person thinks and perceives the world and consequently how they feel and behave.¹

Signs and Symptoms

Individuals may first start to show signs and symptoms of schizophrenia in their late teenage years and/or early adulthood. In most cases, the early stages of schizophrenia progress slowly and the symptoms the individual exhibits are more puzzling rather than serious.² The earlier the individual experiences the symptoms of schizophrenia, if they are not treated, the more negative the symptoms become in the long run. The later an individual experiences symptoms, the ability to address and treat them is improved.³

Who has Schizophrenia?

The number of people with schizophrenia in Canada in 2004 was estimated at 234,305 or 1% of the population.⁵ The probability of individuals developing schizophrenia is higher for those that have the illness existing in their family history.⁶ Men and women are affected equally, but among the individuals who have schizophrenia, the male population is more likely to experience the illness at an earlier age than the female population.⁷ On average, males tend to experience symptoms of schizophrenia at the age of 18, compared to females who experience the illness at the average age of 25.⁸

Relapse Rates

Individuals who have schizophrenia tend to display the illness in cycles of remission and relapse. During the remission phase of the cycle the individual will behave normally, experiencing very few of the symptoms. However, during the relapse phase the individual will be most affected by the symptoms, ultimately affecting their daily functioning. During this phase, individuals will experience one or more of the main symptoms associated with schizophrenia.⁹

Individuals affected by schizophrenia can display numerous symptoms as there is no single symptom that is uniquely related to this illness. Some of the obvious symptoms include but are not limited to:

- Hallucinations
- Delusions
- Withdrawal from social activity
- Irregular thought patterns.⁴

¹ www.schizophrenia.on.ca/about-schizophrenia/3-about-schizophrenia/2-what-is-schizophrenia.html

^{2,8} www.cmha.ca/bins/content_page.asp?cid=3-100&lang=1

^{3,4,6} www.surgeongeneral.gov/library/mentalhealth/chapter4/sec4.html

^{5,7,9} www.schizophrenia.com/szfacts.htm#exp

The duration of the remission phase can be controlled with the use of medications and other treatment options, psychosocial rehabilitation and community supports and services as needed. With continued use of medication, about 40% of patients will experience relapse. This number is doubled if medication is stopped for any reason.¹⁰

How Does it Differ from Other Forms of Psychoses?

Psychosis is a general term that is used to describe conditions that affect the way a person thinks, feels and interacts with other individuals. Schizophrenia, on the other hand, is a specific term that is used to describe a type of psychosis. Another general difference between the two, is that if the condition is schizophrenia related, the symptoms will stay longer than six months compared to psychosis where the psychotic behaviour disappears within a six month period.¹¹

Loss of Life

Detection, recognition and management of factors that contribute to loss of life among people with schizophrenia (and mental illness in general) is made more difficult by the barriers related to the patients' illness, attitudes of medical practitioners and the structure of health care delivery services.

A diagnosis of schizophrenia has been shown to reduce a patient's average life expectancy by ten years.¹² It is also believed that people with schizophrenia do not receive the same level of care from physicians and so conditions which are known to be more prevalent among people with schizophrenia, such as high cholesterol, diabetes, bowel cancer and smoking related illnesses, may not be given the necessary attention.

¹⁰ www.schizophrenia.com/szfacts.htm#exp

¹¹ www.schizophrenia.com/diag.php#psychosis

¹² Ames D, Camm J, Cook P, et al., "Minimizing the risks associated with QTc prolongation in people with schizophrenia". *A consensus statement by the Cardiac Safety in Schizophrenia Group. Encephale* (2002), 28:552-562.

¹³ Lovett Doust JW, "Sinus tachycardia and abnormal cardiac rate variation in schizophrenia." *Neuropsychobiology* (1980), 6:305-312.

¹⁴ Davidson M., "Risk of cardiovascular disease and sudden death in schizophrenia." *Clin Psychiatry* (2002), 63(suppl 9):5-11.

Independent of medication use, people with schizophrenia are predisposed to TYPE 2 diabetes, obesity, abnormal variations in cardiac rate, and sudden death.¹³⁻¹⁶ These risks are combined with unhealthy diets, high rates of smoking, and a sedentary lifestyle.

Suicide is the most common form of death among individuals with schizophrenia. Individuals with this illness are 40–50 times more likely to attempt suicide than individuals who do not have schizophrenia.¹⁷ On average, 10% of individuals with schizophrenia will take their lives by suicide.

Quality of Life

Quality of life has been defined in many ways. In this report quality of life means the degree to which individuals enjoy their day to day lives. It comes from both the opportunities and limitations they experience and is based on both personal and environmental factors.

Leger Marketing polled a sample of Canadians 18 or older to determine how important it is to them to have access to various factors which affect quality of life, such as relationships with family and friends, work, neighborhood (housing), community, health, education and spirituality. Their responses are in the first column of the table on the following page. The Schizophrenia Societies across Canada also conducted a poll among its consumers, which include those living with schizophrenia and their families. These responses are in the second column of the table.

The differences between these two populations highlights a difference in priorities. People with schizophrenia are more likely than the general population to say that being part of a club or team, volunteer work and being involved in school is important. The four key elements to their quality of life are:

- having access to family support;
- affordable housing;
- medications; and
- community-based supports and services

Particular times that people with schizophrenia tend to be suicidal include:

- 1 Periods when they are very psychotic and out of touch with reality;
- 2 Periods when they are very depressed;
- 3 In the first six to nine months after they have started first taking medications, when they are thinking more clearly and learn that they have schizophrenia (and all the negative aspects that this connotes).¹⁸

¹⁵ Jeste DV, Gladsjo JA, Lindamer LA, et al., “Medical comorbidity in schizophrenia.” *Schizophr Bull* (1996), 22:412-430.

¹⁶ Mukherjee S, Decina P, Bocola V, et al., “Diabetes mellitus in schizophrenic patients.” *Compre Psychiatry*, 196;37:68-73.

¹⁷ www.schizophrenia.com/szfacts.htm#exp

¹⁸ www.schizophrenia.com/suicide.html

**Importance of Quality of Life to Canadians:
People Living with Schizophrenia compared to the General Public**

	Extremely Important %	
	General Population (n=1531)	People with Schizophrenia (n=233)
Access to hospitals / Hospital admission if needed	51	44
Hobbies and recreational activities	31	40
Having access to family and extended family for support	41	59
Social, recreational and leisure activities / Social, recreational and leisure activities designed for people living with mental illness	29	31
Affordable housing	41	68
Paid work	53	47
Romantic / sexual partner	39	23
Medications	31	71
Self help/peer supports / Self help/peer supports (meet with others living with mental illness)	20	38
Community based support and services	13	45
Being part of a group, club or team	10	24
Involvement in school/education	14	28
Volunteer work	10	24
Being part of a religious or spiritual community	12	29

Is Schizophrenia Treatable? And What is Recovery?

Although there is no cure, there are various treatment options that individuals with schizophrenia can utilize to help manage the severity of their illness and help them enhance their quality of life. Comprehensive treatment and management of the illness can help a person with schizophrenia recover to become functional again and find life personally and socially satisfying.

To many of us who do not know much about schizophrenia and have not experienced the illness, a definition of recovery may be purely symptomatic and refers to the ability to manage the symptoms of the illness. However, the Schizophrenia Societies across Canada commenced various research initiatives to examine how recovery is defined among those who have experienced the illness and what it means to them to recover from schizophrenia.

Recovery means being able to enjoy life to the fullest and to do simple but essential every day things such as going to work, socializing and being a part of a community. Recovery is about the ability to live a satisfying and hopeful life, to feel independent and able to contribute to society. In recovery, people reclaim their sense of self, their connectedness to others, their power over their own lives, the roles they value and their hope for themselves.¹⁹

Substance Abuse and Mental Services Administration (SAMHSA) identifies ten elements of recovery: self-direction, individualized and person-centered, empowerment, holistic, non-linear, strength-based, peer support, respect, responsibility and hope. Three main domains of self-described recovery definitions have been identified such as personal recovery, social recovery and illness recovery.²⁰

Specifically, “personal” recovery means “recovery of self” including such aspects as understanding of the illness experience, acceptance and integration of the illness experience, the attainment and enactment of individual strategies for managing and coping and the restoration of self-worth and self-confidence. “Social” recovery on the other hand includes such factors as a restored sense of social worth, a restored sense of social competency, meaningful engagement in work or school and meaningful, fulfilling relationships. Finally, “illness” recovery includes various indicators of illness and elimination or diminishment of these symptoms.²¹

As research clearly shows, recovery from schizophrenia involves much more than recovery from the illness itself. For many of those who have experienced this serious illness it also means “recovery” from discrimination, missed opportunities and lost dreams.²²

^{19, 22} Anthony, W.A et al., *Psychiatric Rehabilitation*. (Boston: Center for Psychiatric Rehabilitation, Boston University, 2002).

^{20, 21} Windell, Deborah L., “The personal experiences of treatment and recovery in first-episode psychosis: Insight and advice from the “real” experts.” (Ontario Working Group on Early Intervention Conference, February 29, 2008).



PART II: STIGMA AND DISCRIMINATION

WHAT IS STIGMA AND HOW
DOES IT DISCRIMINATE?

HOW DO CANADIANS VIEW
PEOPLE LIVING WITH
SCHIZOPHRENIA?

HOW DOES STIGMA AFFECT
ACCESS TO CARE?

Stigma and Discrimination

Society's knowledge of schizophrenia lags way behind the facts of the illness, creating a stigma which prevents people from seeking treatment due to fear of being judged. Stigma can cause gradual social isolation, making it much harder to control the illness. Stigma is one of the greatest disablers and challenges of living with schizophrenia.

What is stigma? It refers to beliefs and attitudes that lead to the negative stereotyping of people living with mental illnesses, such as schizophrenia. These are often based on ignorance, misunderstanding and misinformation. The labeling of people that occurs as a result of this prejudice can become all-encompassing to the point that it leads some people to no longer view individuals living with such issues as people, but rather as nothing more than their illness.

While these beliefs are inaccurate, people who agree with them are liable to translate these beliefs into discrimination. Discrimination refers to the various ways in which people, organizations and institutions unfairly treat people living with mental illnesses. Discrimination is often based on an acceptance of these stereotypical and prejudicial beliefs and attitudes.

Discrimination can also lead to self-stigma among people with schizophrenia and reduces their ability to seek help even further. The Mental Health Commission of Canada outlines a few reasons why this may be the case.

For one, people will not receive care if they don't seek it. *"Because of the stigma attached to mental illness, they may be afraid to talk to their usual supports, because of very real concerns about how they may react."* Secondly, people will not receive care if there are no services available. *"Lengthy wait times and shortages of mental health service providers prevent people from getting the care they need."* And third, people may give up seeking help if it is too confusing to find. *"The mental health system in Canada is supposed to be there to help people sort through their options, but in most cases it is not a system at all, but an array of programs and services that have been developed at different times and levels."* (Source: Mental Health Commission of Canada's *Toward Recovery and Well-Being*, 2009).

Schizophrenia Awareness in Canada

Overall, 92% of Canadians have heard of schizophrenia. However, most do not understand what schizophrenia is. Many Canadians are still confusing split personality with schizophrenia and do not know the true symptoms of the illness. In fact, in the survey conducted by Leger Marketing, many Canadians selected behaviours from the list that are not symptoms of schizophrenia. While some of the characteristics may accompany the illness they are not actual symptoms.

Figure 1: Awareness of Select Diseases Among Canadians

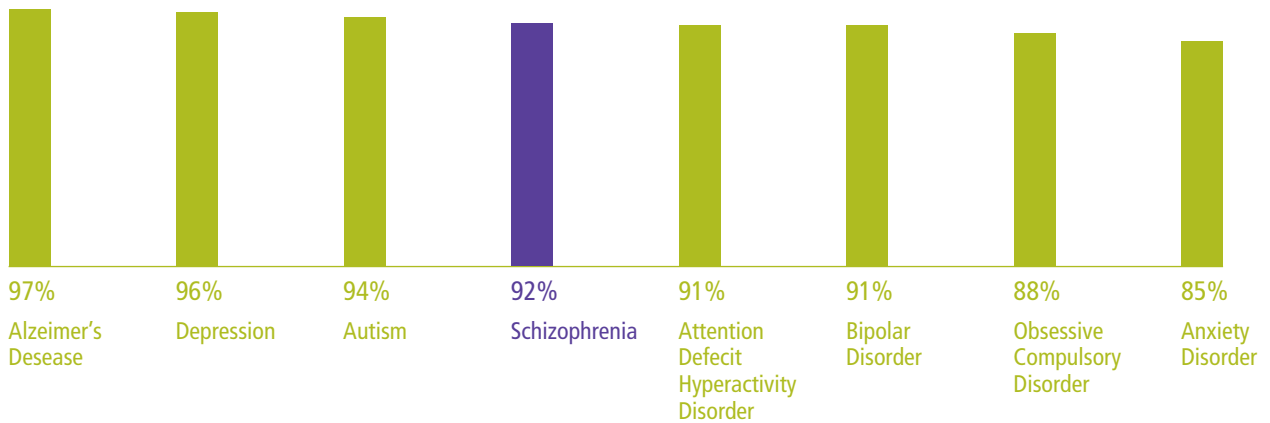
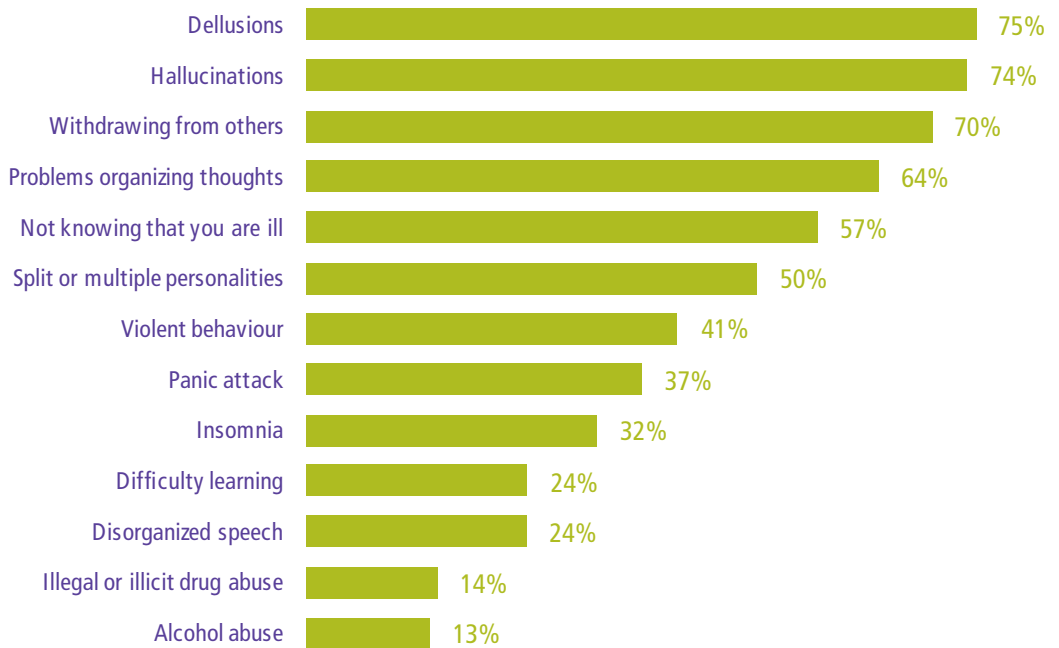


Figure 2: Symptoms of Schizophrenia

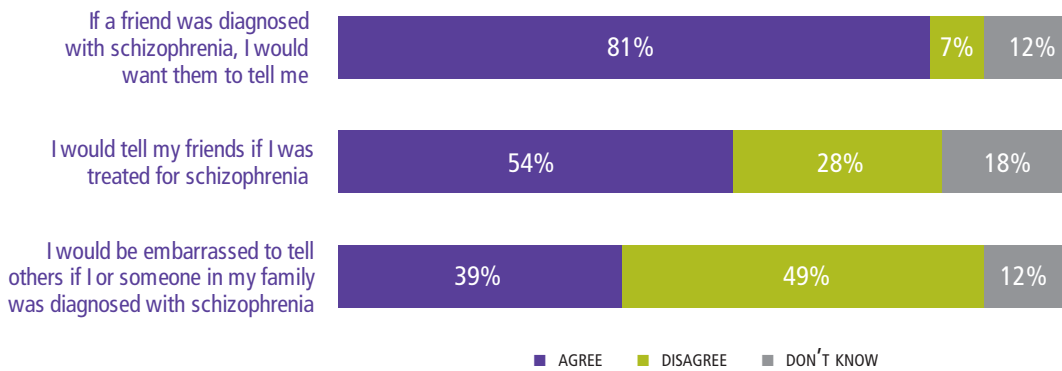


General Public Perceptions

One of the major problems that people recovering from schizophrenia experience is the stigma that is associated with having schizophrenia. Among the most common stereotypes are the beliefs that they are generally violent or dangerous, that they are unpredictable or that they are incapable of managing their own affairs. The Leger Marketing Survey found that 60% of the general population assume that schizophrenia patients are likely to act violently toward others.

Half of the respondents (53%) of the Leger Marketing Survey believe that people with schizophrenia sometimes face *discrimination* from health care professionals (table next page). Yet, 40% feel that discrimination would be too strong a term to describe avoidance of someone who has a mental illness. In other words, they believe that avoiding someone with a mental illness should not be classified as discrimination.

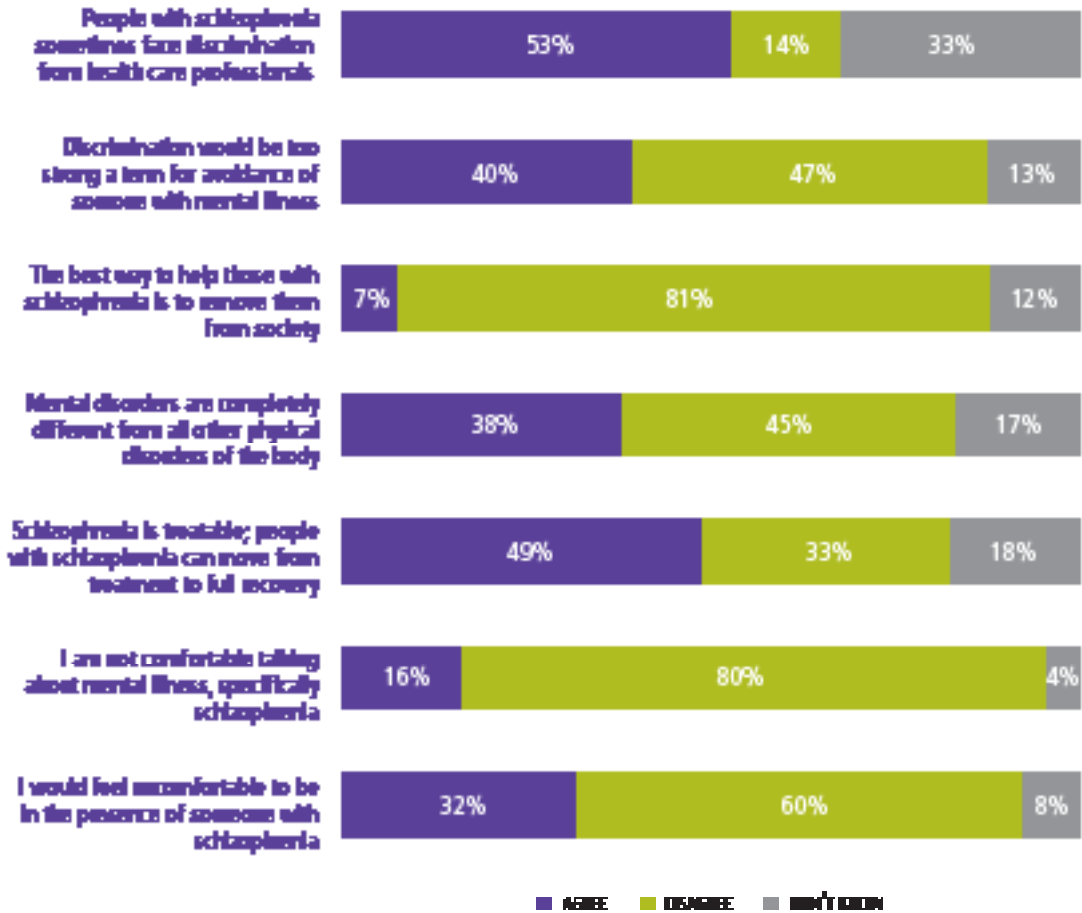
Figure 3: Public Perception



Figures 1, 2 & 3 Source: Leger Marketing Poll (Aug. 2008), n=1520

Of those surveyed, 32% of Canadians would feel uncomfortable in the presence of someone with schizophrenia, however, only 7% believe the best way to help those with schizophrenia is to remove them from society. Thirty-three per cent of respondents do not agree that people with schizophrenia can move from treatment to recovery.

Figure 5: Misunderstanding of Schizophrenia



Figures 5 Source: Leger Marketing Poll (Aug. 2008), n=1520

Stigma's Impact on Access to Care

Forms of discrimination not only exist in the general public but within the health care system itself. It can be argued that stigma and discrimination are the major reason that mental illnesses, such as schizophrenia, have not received the proper attention they deserve. This has a huge negative impact on people living with schizophrenia and affects all aspects of their lives.

Canadian public mental health spending is lower than most developed countries and a little below the minimum acceptable amount (5%) stated by the European Mental Health Economics Network.²³ In 2003/04 Canadian public spending on mental health was \$5.5 billion which was 6% of the total public health budget.²⁴

Only one-third of those who need mental health services in Canada actually receive them. Stigma contributes to long wait times and often poor treatment in emergency departments.²⁵

Nationally, the average waiting time from referral to treatment for psychiatric care is 18.6 weeks. The wait time for treatment with a specialist, after an appointment is made is 10.6 weeks. In a study by the Fraser Institute, physicians were asked to provide a reasonable wait time to various psychiatric treatments, the difference being 106% of the actual wait time.²⁶ Specifically, patients are waiting over six weeks longer for psychiatric treatment than is deemed reasonable by physicians.

	Median # of Weeks
Average Patient Wait Time from Referral to Treatment	18.6
Patient Wait Time for Treatment After Appointment with Specialist	10.6
Reasonable Patient Wait Time for Treatment After Appointment with Specialist	4.0

	Percentage
Difference Between Actual and Reasonable Patient Wait Time for Treatment After Appointment with Specialist	106%

²³ Jacobs, Philips et al., "Expenditures on Mental Health and Addictions for Canadian Provinces in 2003/04." *The Canadian Journal of Psychiatry* Vol. 53 no.5. (May 2008) 306.

²⁴ Jacobs, Philips et al. "Expenditures on Mental Health and Addictions for Canadian Provinces in 2003/04." *The Canadian Journal of Psychiatry* Vol. 53 no.5. (May 2008) 308.

²⁵ Mental Health Commission of Canada's *Toward Recovery & Well-Being* (2009).

²⁶ Fraser Institute "Waiting Your Turn." Hospital Waiting Lists in Canada, 2008 Report.



PART III: SOLUTIONS

BEST PRACTICES FOR RECOVERY
A CALL TO ACTION FOR ALL
CANADIANS

Recovery Model: Best Practices

The Schizophrenia Society of Canada and the Canadian Psychiatric Association developed a Guide on recovery, *The Journey to Recovery: A Consumer and Family Guide to Assessment and Treatment*.

In this report, it is explained that because schizophrenia is a complex disorder of the brain thought to be caused by a chemical imbalance, a successful recovery needs to involve a number of approaches that go well beyond medication and hospitalization. The report states that the best basis for recovery involves active participation of the individual and family in ongoing treatment. This includes education, training and skills development not only for coping with schizophrenia but with life in general.

In this section of the report, a few best practices are taken from *The Journey to Recovery* to define some best practices in developing a recovery model for someone with schizophrenia.

Keys for Recovery

There is no miracle solution that will guarantee successful recovery from schizophrenia. And, there is no complete cure. But there are many steps which can be taken to help on the journey to recovery. These include:

- **For the person living with schizophrenia:**
 - Effectively managing your medication treatment each and every day
 - Actively working with your health care team to set goals for rehabilitation
 - Taking an active part in your rehabilitation, including a healthy lifestyle and learning ways to cope with everyday stress
- **For the family of a person living with schizophrenia:**
 - Providing love, support and encouragement
 - Becoming as knowledgeable as possible about the disease and the best ways to manage it
 - Encouraging your loved one to develop skills, abilities and coping mechanisms that work for them

“Recovery ... is self awareness and having more control over your life. Valuing yourself, taking advantage of opportunities, having a passion for life. Get rid of the past and move forward. Have faith in yourself” .²⁷

²⁷ Esmail, Nadeem et al., “Waiting Your Turn: Hospital Waiting Lists in Canada, 2008 Report.” (October, 2008).

Canadian Psychiatric Association (CPA) General Principles for Psychosocial Interventions:

- 1 The best way to manage schizophrenia is through a combination of medication therapy and a range of other approaches which are collectively called psychosocial interventions. These approaches can complement medication therapy to improve clinical symptoms, functional capability and quality of life.
- 2 Effective psychosocial approaches can support people in following their medication plan, reduce the risk of relapse and readmission to hospital, reduce distress caused by symptoms, improve functioning and quality of life. These approaches provide support for patients, their families and caregivers.
- 3 Conditions commonly seen in people living with schizophrenia include anxiety disorders, depression and substance abuse. These conditions need to be recognized and addressed through psychosocial approaches.
- 4 Psychosocial approaches are best started when the acute symptoms have been relieved and the patient can be successfully involved in treatment.
- 5 Psychosocial interventions should be adjusted to the stage of the illness and the needs of the patients and their families.
- 6 Listening and attending to the patient's concerns develops empathy, rapport and a good therapeutic relationship. It can also help patients commit to following their treatment plan.
- 7 Patients, their families, and caregivers should be educated about the course and treatment of the disorder, as well as about ways to reduce risk of relapse. It is also important to provide a realistically hopeful attitude for the future. The physician is a very important partner in this process.
- 8 The clinical team, the patient and family members should develop shared, realistic goals for treatment and recovery. Progress toward these goals should be carefully monitored and evaluated.
- 9 Treatment providers should share plans for early recognition of relapse and crisis response with the patient, family and caregivers.
- 10 All patients should have access to proven programs that develop skills for activities of daily living, meeting vocational and educational goals, managing finances, developing and maintaining social relationships and coping with the impact of symptoms.
- 11 Staff providing psychosocial interventions should be appropriately trained.

CPA Recommendations For Psychosocial Approaches To The Treatment of Schizophrenia:

- **Psychoeducation:** Educating people with schizophrenia about their illness and giving them practical training in how to manage it can help them stay with their medication treatment and prevent relapse.
- **Vocational approaches:** A wide range of possibilities should be considered for people who are able to work, including volunteer work and supported or transitional employment. For many people it is important to have goals for paid employment. Supported employment programs — which pay people to do real, regular work — appear to offer the best approach for getting into the workforce.
- **Skills training:** Social skills training should be available for patients who are having difficulty and/or experiencing stress and anxiety about social situations. Proven life skills training approaches should be available for patients who are having difficulty with tasks of everyday living.
- **Cognitive-behavioural approaches:** Cognitive therapy should be offered to treatment-resistant people with schizophrenia.
- **Family approaches:** Education and support programs for family members should be part of the routine care for patients with schizophrenia. Research suggests that these programs should last more than nine months and include features of engagement, support and skills-building and not just information or knowledge sharing.
- **Peer support, self-help and recovery:** Public education about mental illness should include stories from people who have schizophrenia. Services provided by peers should be included in the continuum of care for people with schizophrenia including group-based skills training by and for consumers, peer support and public education programs.
- **Treatment of associated conditions:** Consideration should be given to the use of cognitive-behavioural approaches for the treatment of stress, anxiety and depression in patients with schizophrenia. Techniques used in other areas may be helpful.
- **Substance use:** For people with schizophrenia who also have substance abuse problems, integrated programs should be available. This means that the same program should deal with the schizophrenia and the addiction. In practice, this includes assessing for addictions and assessing the readiness to change. It should also include offering simple interventions for addictions such as motivational interviewing. Some people with schizophrenia may need to attend special groups for those with addictions and psychosis or even enter special residential programs. A few people with schizophrenia whose symptoms of psychosis are easier to manage may find that they can attend AA meetings or other addictions counselling programs.

A CALL TO ACTION FOR ALL CANADIANS

The Schizophrenia Societies across Canada call upon every Canadian citizen to support a National Mental Health Strategy that addresses the disparities and inequities faced by those living with schizophrenia and their family members by:

- Contacting your local MLA and MP
- Participating in the online consultation of the Mental Health Commission of Canada regarding a National Mental Health Strategy (www.mentalhealthcommission.ca)
- Support your local provincial Schizophrenia Society (List of Societies on following page)

PROVINCIAL SCHIZOPHRENIA SOCIETIES

Schizophrenia Society of Canada

4 Fort Street
Winnipeg, MB R3C 1C4
www.schizophrenia.ca

British Columbia Schizophrenia Society

#201, 6011 Westminster Highway
Richmond, BC V7C 4V4
www.bcass.org

Schizophrenia Society of Alberta

5th Floor, 9942-108 Street
Edmonton, AB T5K 2J5
www.schizophrenia.ab.ca

Schizophrenia Society of Saskatchewan

P.O. Box 305, Station Main
Regina, SK S4P 3A1
www.schizophrenia.sk.ca

Manitoba Schizophrenia Society

100 – 4 Fort Street
Winnipeg, MB R3C 1C4
www.mss.mb.ca

Schizophrenia Society of Ontario

130 Spadina Avenue, Suite 302
Toronto, ON M5V 2L4
www.schizophrenia.on.ca

Société québécoise de la schizophrénie

7401, rue Hochelaga
Montréal, QC H1N 3M5
www.schizophrenie.qc.ca

Schizophrenia Society of New Brunswick

Victoria Health Centre
65 Brunswick Street, Room G54
Fredericton, NB E3B 5G6
www.schizophreniasociety.nb.ca

Schizophrenia Society of Newfoundland and Labrador

205 – 206 West Block
Waterford Hospital
Waterford Bridge Road
St. John's, NL A1E 4J8
www.ssnl.org

Schizophrenia Society of Prince Edward Island

P.O. Box 25020
Charlottetown, PE C1A 9N4
www.schizophrenia.ca



APPENDICIES

APPENDIX A

Mental Health Commission of Canada

About

The goal of the Mental Health Commission of Canada (www.mentalhealthcommission.ca) is to help bring into being an integrated mental health system that places people living with mental illness at its centre. The Commission encourages cooperation and collaboration among governments, mental health service providers, employers, the scientific and research communities, as well as Canadians living with mental illness, their families and caregivers.

The Mental Health Commission of Canada will:

- Be a catalyst for the reform of mental health policies and improvements in service delivery;
- Act as a facilitator, enabler and supporter of a national approach to mental health issues;
- Work to diminish the stigma and discrimination faced by Canadians living with mental illness;
- Disseminate evidence based information on all aspects of mental health and mental illness to governments, stakeholders and the public.

The Commission is currently working on several initiatives:

- An anti-stigma campaign;
- A national strategy to address mental illness;
- A knowledge exchange centre;
- A strategy to help the growing number of homeless people who have a mental illness.

About the Committees

The Mental Health Commission of Canada is proud to introduce its eight Advisory Committees whose role it is to provide advice to the Board and to support the Commission in keeping it engaged with the broader stakeholder community. The Chairs of the Advisory Committees are each experts in their field. Eight advisory committees are currently working on a total of 24 different projects to support the Commission's key initiatives. The eight advisory committees include: Child and Youth; Mental Health and the Law; Seniors; First Nations, Inuit and Métis; Workforce; Family Caregivers; Service Systems and Science.

Background

The proposal to create the Mental Health Commission of Canada was first made by the Standing Senate Committee on Social Affairs, Science and Technology in November 2005. The Government of Canada announced funding for the Mental Health Commission of Canada in March 2007 and was endorsed by all provincial and territorial governments (with the exception of Québec) at a meeting of Ministers of Health in October 2005, and all these governments have since confirmed their support for the Commission. In addition, the creation of the Commission has been enthusiastically welcomed by all mental health stakeholder communities.

The Government of Canada named Former Senator Michael Kirby as the first Chair of the Mental Health Commission of Canada, and the Commission was incorporated as a non-profit corporation in March 2007.

APPENDIX B

What is a Psychologist?

A psychologist studies how people think, feel and behave and applies this knowledge to help people understand, explain and change their behaviour. They know how to help people deal with their feelings and attitudes and develop healthier, more effective patterns of behaviour.²⁹

To work as a counseling or clinical psychologist, individuals must be licensed and registered with a provincial regulating body and they must adhere to a strict code of professional ethics.

What is a Psychiatrist?

Psychiatrists are provincially licensed medical doctors who have completed a minimum of five years of additional accredited training following four years of general medicine training. After successfully completing the training requirements and examinations, they are certified as specialists by the Royal College of Physicians and Surgeons of Canada (RCPSC). This is required for specialty registration at the provincial level. In Québec, the Corporation professionnelle des médecins du Québec (CPMQ) conducts its own specialist certification program. This is a requirement for specialist recognition in that province, even if the physician has received RCPSC certification.³⁰

Many psychiatrists have additional training in the domains of education, research, administration, program planning, advocacy, management, continuous quality improvement and others.

²⁹ www.psychologistsassociation.ab.ca/pages/What_is_a_Psychologist

³⁰ www.cpa-apc.org/browse/documents/16&xwm=true

What is a Registered Psychiatric Nurse?

Registered psychiatric nurses (RPNs) is the speciality of nursing that cares for people of all ages with mental illness in British Columbia, Alberta, Saskatchewan and Manitoba Canada. RPNs receive additional training in psychological therapies, building a therapeutic alliance, dealing with challenging behaviour and the administration of psychiatric medication.³¹

What are Community Mental Health Workers?

A community mental health worker is a case manager who assesses client needs, plans for services and provides suitable intervention(s) for their clients. They provide supportive counseling, assist clients who are experiencing crises, including prevention of crisis, rehabilitation services such as: working with clients to design a service plan to reach their life goals and they promote mental health and support prevention strategies in the community area.³²

³¹ www.rpnc.ca/pages/home.php

³² www.wrha.mb.ca/community/mentalhealth/files/MentalHealthWorker-English.pdf

