SCHIZOPHRENIA
SOCIETY OF ONTARIO
A REASON TO HOPE – THE MEANS TO COPE

March 11, 2019

Dr. Rueben Devlin, Chair and Special Advisor
Premier's Council on Improving Healthcare and Ending Hallway Medicine
Hepburn Block, 11th Floor
80 Grosvenor Street
Toronto ON M7A 1R3

Dear Dr. Devlin,

As Ontario's largest non-profit, charitable health organization supporting individuals, families, caregivers and communities affected by schizophrenia and psychosis provincewide, the Schizophrenia Society of Ontario (SSO) appreciates the opportunity to comment on the interim report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine (the Council): *Hallway Healthcare: A System Under Strain*.

As you may know, schizophrenia affects about one percent of the Canadian population, and roughly three percent of the population will experience a psychotic episode. Although experiences vary, schizophrenia is generally characterized by symptoms of psychosis such as hallucinations, negative symptoms such as social withdrawal, and thought disorder. The illness can affect anyone irrespective of culture, race, socioeconomic status, or gender and onset usually occurs between the ages of 15 and 30.

Further, schizophrenia has been shown to have the highest physician, hospital, prescription medication and psychiatric costs compared to other mental illnesses. The total direct and indirect costs of schizophrenia, including lost productivity, are estimated to be as high as $6.85-billion.

But people living with schizophrenia and psycho sis can – and do – get better. Despite the presence of symptoms or diagnoses, recovery is a nonlinear, individual process. Sustainable access to a combination of supports is essential for achieving both good health and quality of life. It has been a longstanding policy priority of SSO that all treatment types including psychiatric treatment (e.g., medication, hospital-based care, etc.); community services (e.g., counselling, peer support, etc.); and social supports (e.g., housing, employment, etc.) should be accessible to individuals and their caregivers.

Central to improving the lives of individuals with schizophrenia, easing stress on caregivers and reducing healthcare system costs is creating more efficiencies to reduce financial pressures faced by hospitals. As the Council has shown in its interim report, one of the most significant of

these pressures is the urgent need for beds, to end hallway medicine and to reduce wait times for emergency services in hospitals.

There is evidence of an increased volume of people presenting in emergency rooms (ER) with psychiatric issues and an increase in the complexity of these cases. There are simply not enough psychiatric beds in the system to accommodate all who need them the moment they come to the ER. Accordingly, ERs must sometimes serve as places of temporary layover for persons in psychiatric distress or mental health crisis. For those who do not need emergency medical care, many are “trapped” in the ER setting simply because there are no other safe and appropriate places to divert them to. This in turn causes significant bottlenecks in the ER as patients wait for a bed to become available. Ultimately, this increases ER length of stay (LOS); for example, at St. Joseph’s Health Centre Toronto, the average LOS for mental health visits was 19.65 hours, 2.9 times higher than the LOS for all other ER visits.

Unfortunately, due to the urgent need for beds, many individuals experience a rushed discharge, without adequate connections to follow-up services in the community. This leaves them at an increased risk of relapse and readmission to hospital. Both the readmission rate and the time to readmission are shown to be higher for shorter length of stays in hospitals. Nearly 40% of patients hospitalized for schizophrenia are readmitted within one year of their discharge.

Many patients who present in the ER in psychiatric distress do not require emergency medical attention. Mental health crises can result from severe psychosocial distress, and require a type of response that hospitals are not well-equipped to provide. Often, individuals in psychosocial or non-medical distress are retained in the ER or admitted to a bed simply because there is no one to direct them towards the necessary community supports, of which there are not enough. In fact, across LHINS, the average wait time for schizophrenia-specific services in either a hospital or in the community is 63 days with some LHINS having wait times of over one year. This is not only inconvenient to the people using the system, it also results in increased costs to the system as people turn to more costly services, such as hospitals, because they are not aware of, or have access to, the other options available to them.

SSO applauds the work of the Council in highlighting the fact that people should be getting the help they need outside of the ER to keep them from needing the service in the first place. Models of community-based mental healthcare such as the use of assertive community treatment (ACT) teams and early psychosis intervention programs are effective at meeting basic mental healthcare needs, thereby helping to decrease hospital usage by persons with serious mental illness.

SCHIZOPHRENIA SOCIETY OF ONTARIO
A REASON TO HOPE – THE MEANS TO COPE

Recommendations

SSO supports investment in community mental health programs and services that respond to the full range of needs for people with schizophrenia and psychosis, including:

1) **Cognitive Behavioural Therapy for Psychosis (CBT-p)**

   Evidence shows that CBT-p interventions for people with schizophrenia both improve symptoms and result in a significant reduction in relapse, time to relapse and number of days hospitalized. There are, however, gaps in the number of professionals who are trained to deliver CBT-p in Canada and many people are precluded from accessing these services because of limited publicly-funded resources and an inability to afford paying privately for the therapy.

   SSO has been a leader in providing CBT-p for individuals with schizophrenia as well as providing training for professionals and caregivers in the provision of CBT-p informed techniques. We have been a vocal advocate for publicly-funded evidence-based structured CBT-p. We would be happy to present to you and the Council about CBT-p and our findings.

2) **Supports for caregivers including community family intervention programs and respite services**

   Caregiving has been shown to provide major savings for the mental health and addiction system by decreasing rates of hospitalization and involvement with the criminal justice system. This is particularly relevant for schizophrenia, which represents the largest hospital, physician, prescription medication and psychiatric costs compared to other mental illnesses. Research also finds that working with families is an effective way of delivering community-based intervention to people with schizophrenia.

   Although the caregiving relationship has notable benefits for the caregiver, the individual and public systems, there are numerous common challenges to this role including financial stress. As a result, some family caregivers may risk sharing the poverty of the person living with mental illness.

   To help ensure that caregivers can continue to fulfill this role, funding should be targeted to increasing supports for caregivers of adults with mental illness, including community programs and family interventions, respite services for people supporting adults with mental illness and financial benefits.

3) **Crisis supports – beginning with increasing funding for ACT services and Mobile Crisis Intervention Teams (MCITs) to alleviate wait times, particularly in rural and remote communities**

People should be getting the help they need outside of the ER to keep them from needing that service in the first place. Yet, there are not enough alternative crisis services offered in the community setting. Worse still, even where alternative crisis services do exist, there tends to be a lack of awareness and understanding about them not only amongst the general public but by hospital staff and even other community organizations. This is further exacerbated by the fact that many crisis response services do not operate on a 24/7 basis and therefore are not available on evenings and weekends.

Investment in crisis response services is desperately needed. This can involve funding to expand 24/7 MCITs, crisis centres and short-term residential beds. These services not only keep people out of hospitals, but are often more effective at serving the needs of the mental health population and reducing hospital readmission rates. For instance, ACT services have been shown to significantly reduce hospitalizations and homelessness among individuals with schizophrenia as well as leading to increased employment rates.

4) Early intervention

The sooner someone receives a diagnosis and treatment, the better their outcomes are in the long-term. Delayed diagnosis can lead to an increase in symptoms and a decrease in functioning, often causing disruptions to career-building and academic pursuits. Outcomes associated with prodromal clinics, which provide early diagnosis and treatment for young people at high clinical risk for psychosis, are promising. Investment is needed in programs designed to target young people, beginning with education and awareness about early psychosis intervention programs.

5) Community-based programing including peer supports

People and their families continue to experience barriers to accessing specialized community mental healthcare for schizophrenia and other psychotic illnesses. People with schizophrenia access a combination of treatments and supports to meet their mental health needs. These can include counselling, psychosocial and rehabilitation programs, employment supports, peer supports and case management. As with other health issues, peoples' needs and the level of support they require can change throughout the course of their recovery. Beyond ensuring that every Ontarian can access evidence-based healthcare, investment in best-practice treatments and supports for schizophrenia and psychosis just makes good economic sense. For instance, studies find that:

- Improving access to psychotherapy saves about two dollars for every dollar spent according to research highlighted by the Mental Health Commission of Canada.

- Investment in peer support can lead to an average reduction in length of hospital stays by 9.8 days per (hospital) site, with an estimated savings of $3-million per hospital.
- Shortfalls in supportive housing in Ontario are linked to higher service use, more hospitalizations, adverse health outcomes, more homelessness and lower life expectancy.
- As previously stated onset of schizophrenia is generally in adolescence or early adulthood, often disrupting a person's education and career goals. At the same time, stigma, discrimination and lack of accommodation may prevent people with schizophrenia from meaningfully participating in educational, employment and social pursuits.
- People with mental illness are over-represented in the criminal justice system. Studies suggest that for three out of 10 people with mental illness, the pathway to mental healthcare is through police.

For these reasons, SSO urges investment in community mental health supports that respond to the full range of needs for people with schizophrenia and psychosis including:

- Supportive housing for people with mental illness.
- Expanding psychotherapy and psychosocial supports to include schizophrenia and psychosis.
- Improving income assistance for individuals with mental illness.
- investment in programs that divert people with mental illness out of the criminal justice system entirely, including expanding pre- and post-charge diversion programs and mental health courts.

For 40 years, SSO has been filling crucial gaps in the mental healthcare system by building supportive communities, providing services and education, advocating for system change and conducting research into the psychosocial factors that directly affect mental illness. We look forward to the Council's final report in the spring and we would be pleased to share our expertise with you so that individuals and families affected by schizophrenia or psychosis can get the help they need when they need it.

Sincerely,

Mary Alberti, CEO
Schizophrenia Society of Ontario