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Canadian Centre on Substance Abuse
Presentation to the Standing Senate Committee
on Social Affairs, Science, and Technology

MENTAL HEALTH, MENTAL ILLNESS AND ADDICTION

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Honourable Chairman, Deputy Chairman, committee members, ladies and gentleman, the Canadian Centre on Substance Abuse appreciates the opportunity to meet with you today to share our views on the issue of mental health, mental illness and addiction in Canada. I am Michel Perron, Chief Executive Officer of the Canadian Centre on Substance Abuse (CCSA). With me today is Dr. John Weekes, a senior researcher from our Research and Policy Division.

As you may know, CCSA is Canada's national non-governmental addictions agency, formed in 1988 by an Act of Parliament, to address research and policy on substance use and abuse in Canada. From our perspective, the Senate Committee's examination of mental health, mental illness, and addiction in Canada highlights one of the most important issues affecting the addictions field today. We strongly agree that a more integrated, consistent and efficient system is needed to ensure the proper identification and timely delivery of evidence-based treatment services to clients challenged by mental illness and addiction. We strongly endorse a model that is client-driven – one in which treatment accurately matches the client's needs, not only in terms of the severity of the problem, but with a view to the client's ethnicity, gender, and age. We believe that the Committee's Interim Report sends an important message about mental health and addiction and today we would like to share with you our reasons for believing that..

The CCSA position is clear: We fully support a new model for the coordinated delivery of mental health and addictions services to Canadians and we believe that where appropriate such a model requires a careful and strategic integration of approaches to treatment of mental health and addictions. Experience provides a strong underpinning for such a model.

First, as the Committee is aware, a sizable proportion of individuals with a substance abuse problem also suffer from some form of serious mental illness such as schizophrenia or major depression. Indeed, research suggests that about one-third of individuals who are dependent on alcohol also have a psychiatric diagnosis, while about half of those who abuse illicit drugs also have a mental illness. Importantly, there is another stratum of individuals whose substance abuse is related to a less severe mental health issue and who often go unnoticed in discussions around concurrent or co-occurring problems.

Second, it is our perception that the mental health and addictions treatment systems in Canada frequently operate in mutual isolation with little or no communication, collaboration or sharing of ideas – much less any clinical coordination of client treatment and care. Despite the complex interplay of mental illness and addictions, it appears that mental health professionals rarely look beyond a client's mental health issues, while addictions professionals tend to see only the client's substance abuse problem. Clients with needs in both spheres are frequently bounced back and forth with no comprehensive and logical treatment plan. Clearly, this does not constitute optimal client care, nor is it efficient or cost-effective.

Third, we have witnessed amazing strides in the development of integrated theory and evidence-based practice in addictions in the last 10 to 15 years with much of this work contributed by Canadian researchers and practitioners. This evolution in theory and practice development has brought the field of addictions into the 21st century, making collaboration with the mental health field all the more possible. In fact, we would argue that cross-fertilization has already started; many recent developments in addictions treatment such as structured relapse prevention and motivational interviewing have been quickly adapted for use in a broad range of health and mental health settings.

Finally, new developments and advancements in the biology and genetics of addiction are sparking technological innovation and developments that warrant a meeting of minds, as it were, between the fields of mental health and addiction. From our perspective, mental health and addictions partnerships are the logical way forward and we predict that the field of addictions will be transformed dramatically in the next 10 to 15 years.

However, while closer collaboration between mental health and addictions offers a clear benefit, it is also important to recognize the uniqueness of each field, and that addictions cannot simply be subsumed within mental health or vice versa. While there is clearly overlap and commonality among some methods and approaches, the behaviour associated with alcohol and drug consumption, problematic gambling, and other addictions is unique and requires specialized intervention. Further, the backgrounds and professional credentials of those who deliver mental health and addictions services are often different. Whereas more mental health professionals hold advanced post-graduate degrees than those working in addictions, there are more addictions service providers who themselves were involved with substance abuse. Our recent survey of the addictions treatment workforce in Canada bears this out: 60% of addictions workers had a university degree—mainly in nursing and social work—but only 17% had a Master's degree. On the other hand, 19% to 46% of workers reported a personal history of substance abuse. By contrast, it is our observation that the majority of mental health professionals hold advanced degrees, including doctorates in psychology and psychiatry. We believe that these differences in professional training have the potential to hinder collaboration, but they could also be viewed as holding considerable promise for innovative approaches to mental illness and addictions involving the use of professionals and paraprofessionals, alike.

CCSA has collaborated with Health Canada and other partners and stakeholders to develop a *National Framework for Action* to coordinate substance abuse and addiction work across the country. The Framework contains a vision statement, clear principles and goals, and a list of priority areas where action can lead to concrete and measurable results. This is a comprehensive model that reflects a full range of approaches…from health promotion, detection and prevention to treatment, enforcement, and harm reduction. At the heart of this model are strong partnerships with key stakeholders. Although I have not really done justice to the National Framework with

this brief account, we believe that a similar model could be applied to the integration of mental health and addictions services. My colleagues and I at CCSA would be happy to provide the Committee with additional information on this important national initiative.

In closing, let me say that the development of a new system-level model for a collaborative approach to mental health and addiction will involve a detailed review of the way in which funding is sourced, allocated and managed. We believe that funding for research is critical to informing new approaches to service delivery to Canadian consumers and to evaluating their efficacy. The need for increased research on early detection and prevention work and the development of national information databases come to mind as important targets for funding.

Our organization has appreciated the opportunity to present our views to this Committee. We believe that the mental health and addictions systems are at a crossroads and we are excited about the prospects for developing an integrated approach that will better address the needs of Canadians. We are prepared to assist and support you and your colleagues in any way that we can as you consider changes to the mental health and addictions systems in Canada. Thank you for your interest and your attention. My colleague Dr. Weekes and I are available to answer your questions.