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# **SERVICE BY DEFAULT:**

**PEOPLE WITH PSYCHIATRIC DISABILITIES**

**CAN'T GET HOME CARE SERVICES**

December 12, 2000 – Toronto, Ontario: With some exceptions, people with psychiatric disabilities across Canada face serious discrimination in home care. This appalling finding came out of a new study done by Karen Parent and Malcolm Anderson and of Queen's University and commissioned by the Canadian Mental Health Association (CMHA). The study involved research into the current situation and three pilot projects led by the CMHA in Taber, Alberta; Ottawa, Ontario; and St. John's, Newfoundland.

"I was shocked to see the state of home care for people with serious mental illness in this country," responded Bill Gaudette who is the Board President of the Canadian Mental Health Association.

The study, *Home Care and People with Psychiatric Disabilities: Needs and Issues* makes the following points:

1. Most people with psychiatric disabilities cannot access home care services unless they have a serious physical health condition that requires home care. If the physical illness merits home care, then people with serious mental illnesses receive services by default. People with serious chronic psychiatric disabilities who do not present with physical illness are being shut out of the system.
2. Mental illness is a serious health condition, and one that is often more

**complex than physical conditions - and certainly in many cases more demanding on families. Home care services can alleviate this situation.**

**3. Home care services for people with psychiatric disabilities can make a significant difference to their ability to cope and to live fuller lives. Home care can also allow them to become less of a burden to families, society and, indeed, the health care system. Pilot sites in three communities demonstrated the effectiveness of home care for a variety of people with chronic serious mental illnesses - people who would otherwise have been in hospital or in jail, people living on their own but frequently in crisis, people at risk of becoming homeless, and people who are isolated in rural communities. Even just two hours a week of home support can make a difference to people's ability to cope and to live fuller lives.**

**4. Services by design, not default are needed. Home care services have to be designed to meet the specific needs of people with psychiatric disabilities and their families. People with psychiatric disabilities and families should be directly involved in the design of the appropriate home care services they require.**

**5. Home care can prevent homelessness by monitoring and maintaining stability for people with psychiatric disabilities.**

**6. National standards in home care are required to ensure access, appropriate assessment and services, and adequate staffing and funding.**

**7. Home care and mental health organizations should work together on provincial and local levels to develop an integrated system of appropriate services for people with psychiatric disabilities.**

**8. Innovative, effective home care services for people with psychiatric disabilities do exist in small pockets across the country, so we know that it can be done.**

**According to Jean Hughes who is Chair of the Home Care Advocacy Committee of the CMHA National Board, “ This is truly an issue that must be addressed by all levels of government, working in partnership with service providers and people with serious mental illness.”**

*For copies of the Report and Executive Summary*

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