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Fighting stigma while the ill go homeless and hungry

By Geoff Chaulk

On August 31, 2007, our prime minister announced the directors for the country's first mental health commission – an historic and hopeful event. I'm not sure if announcing the commission on the Friday before a long-weekend was deliberate but likely many Canadians missed the news as they prepared for summer's last long-weekend.

The commission has a big job ahead with admirable and now somewhat questionable first priorities. With its 10 million dollar budget the commission will, over two years, tackle such issues as stigma and discrimination, "knowledge exchange" and a national mental health strategy. All laudable but questionable when the day before the commission directors were announced the Canadian Institute for Health Information released a startling new report.

The CIHI report tells us that for the estimated 10,000 Canadians who are homeless, mental illness was the most common reason for their many hospitalizations. Further, the Senate report on mental illness in Canada, from which the commission was born, indicated that 30 to 40 per cent of homeless people have mental illness.

As a repatriated Newfoundlander who lived, for many years, in the downtown of Canada's biggest city I became all too familiar with the sad sites of homeless people living on the streets, often appearing to be mentally ill and somewhat defenseless. These situations are hard to ignore and all levels of government have tried, over the years, to alleviate the problem.

For us in NL, the issue of homelessness is perhaps more aptly described as "living in poverty". We tend to see very few people who are absolutely homeless, i.e. living on our streets. The problem here is more one of inadequate income and housing. Fifty per cent of people using outpatient services at the Waterford Hospital are on income support, usually social assistance.

This means that a person with severe and persistent mental illness is eligible for \$630 to \$720 per month to try and live successfully in the community. This may not translate into absolute homelessness, but it likely means poor housing, hungry days and a precarious existence. In fairness, the Williams government did implement a poverty reduction strategy and with increased funding options will have an impact over time.

But let's face it: tackling poverty and homelessness among those with serious mental illness is not something one level of government can do alone. The true test of the new Mental Health Commission of Canada will be how, in partnership with all sectors, it addresses issues of homelessness and poverty for those with severe and persistent mental illness. These problems have been with us since de-institutionalization in the 1970's and have gotten worse not better. The new commission needs to move quickly to do the right thing for those who are ill, homeless and hungry – a reality that can change in such a wealthy country as ours.

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