



Home Care

SCOPE OF THE ISSUE

Home care needs related to the mental health of the population are immensely complex: there are particular home care needs for persons with serious mental illness* (largely the focus of this Background); others for those with psychogeriatric problems such as dementia or those with end-of-life concerns; and still others related to the mental health of those who are homebound due to any number of illnesses, injuries or disabilities.

- Based on 1999 data from Statistics Canada, it is estimated that at least 3%, or almost 1 million adult Canadians (age 15+) experience severe and chronic mental illnesses*.
- As the population ages, the numbers of seniors requiring support in their own homes will increase, and the numbers of those with Alzheimer's Disease and other dementias will grow: 1 in 13 Canadians over 65, and 1 in 3 over 85, has Alzheimer Disease or a related dementia. In total, there are an estimated 364,000 Canadians with Alzheimer Disease or a related dementia.
- Home care programs across Canada provide complex services to a broad base of clients including clients with mental illness and mental impairments. However, in many jurisdictions, home care is not available to people with mental illness unless they have an accompanying physical illness or disability.
- The absence of home-based case management and intervention services for people with mental illness and cognitive impairment has resulted in unnecessary and costly hospitalizations or premature placement in institutional settings for the elderly.
- The closing of psychiatric beds and hospital beds in general, combined with the preference of many young and old alike to receive treatment and support at home whenever possible, has created growing pressures to increase the provision of adequate home care services.
- Home care is the fastest growing sector of health care today. The total expenditure on home care (public and private) has increased between 1991- 2001 by 204% to \$3.1 billion dollars, but an increasing portion is being paid directly by the public.
- To date, funding and delivery of home care services rests with the provinces and territories. Availability, scope of services and accessibility vary greatly across the country with many regions having limited access to required services.

FEDERAL ACTION

There is currently no national home care program. However, in his November 2002 report "Building on Values: The Future of Health Care in Canada", the Hon. Roy Romanow recommended that a cornerstone of health care must include a nationally funded home care program for priority areas including mental health case management and intervention services to provide both ongoing support and treat people during acute episodes of illness within their home.

In February of this year, as part of the agreement reached by the First Ministers Health Accord, the Prime Minister and Premiers identified home care as a priority initiative to be funded under the Health Reform Fund. This commitment includes home care services for those with "acute community mental health needs" as well as those with palliative/end of life needs. Health Ministers are to determine by September 30, 2003, the set of minimum services to be provided by 2006.

COMMUNITY RESPONSE

The Canadian Home Care Association and the Canadian Mental Health Association, among others, support the general directions set by the First Ministers Health Accord. However, the Accord did not go as far as Romanow recommended. And there are concerns, particularly among mental health stakeholders, as to the applied meaning of “acute community mental health needs” and the extent to which home care services might remain insufficient to address the long term, community-based recovery needs of those with mental illness.

In 2000, CMHA’S national study of home care for persons with psychiatric disability resulted in a series of recommendations that concluded with the following policy proposals:

National Standards

Standards or guidelines can be developed for meeting the needs of people with serious mental illness and keeping governments accountable for their health and well-being. These standards can be integrated into any standards developed for home care in Canada. The following four standards emerging from the study should not be considered as an exhaustive list, but a starting point for a consultative process for developing a more comprehensive set of standards.

1. *Access to home care for people with serious mental illness*
2. *Effective services for people with serious mental illness*
3. *Responsiveness to informal caregivers*
4. *Appropriate funding levels and accountability for funding*

Housing

The federal government must recognize the fundamental importance of accessible, affordable housing for the health of this population, and acknowledge adequate housing as a key factor in the success of home care for this population. The federal government should ensure that accessible, affordable housing is available for all people with serious mental illness.

**Serious mental illnesses typically include “disorders with psychotic symptoms such as schizophrenia and bipolar disorders, and often include certain severe non-psychotic disorders such as major depression, obsessive-compulsive disorder and panic disorder” (p. 25) to an extent that they cause serious suffering and social and economic impairment (McEwan & Goldner, 2001). Not included are Alzheimer Disease and other related dementias.*

Sources

- Alzheimer Society of Canada (www.alzheimer.ca)
- Canadian Home Care Association (www.cdnhomecare.on.ca)
- Canadian Mental Health Association, *Home Care and People with Psychiatric Disabilities*. (www.cmha.ca)
- Commission on the Future of Health Care (www.healthcarecommission.ca)
- Health Care Renewal Accord (www.hc-sc.gc.ca/english/hca2003/index.html)
- McEwan, K., & Goldner, E. (2001). *Accountability and Performance Indicators for Mental Health Services and Supports*, Health Canada. (www.hc-sc.gc.ca/hppb/mentalhealth/service)