

Steve Lurie's letter to the Globe and Mail, November 22, 2011 in response to "Days of blindly topping up medicare are over"

The next health accord should be far more specific about promoting health and shifting from funding acute care services in hospitals to a community focused system that helps people manage chronic disease and stay out of hospital. This should include increasing access to mental health care. Under the current accord provincial governments did very little to improve mental health services. For example the Ontario government invested \$220 million out of an increased expenditure of \$16.5 billion in community mental health services. 60% of people with mental health problems seek help in primary care. Scaling up proven models of collaborative psychiatric care should be a priority along with increasing access to psychological therapies which has been shown to be highly effective in BC. Investing in community supports such as housing and peer support is critical if we want lower rates of homelessness. A new study for the Mental Health Commission shows that there are over 500,000 Canadians living with mental illness who are homeless or vulnerably housed. The cost of shelters and hospital admissions is far higher than providing housing and support services. The new agreement needs to focus on the determinants of health if we want to bend the cost curve in health spending.

Steve Lurie