

# Internal Key Messaging Guide

General

## SECTION 0: Background & Use of Guide

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This document, which is internal and confidential, is designed to assist fundraisers, staff, and volunteers in their early conversations with potential donors about The Royal and how philanthropy can support its work. It provides key messaging for the 'Hope Starts Here' campaign.

This guide is most useful when a prospective donor expresses a general interest in mental health, but has not yet identified a specific area of interest within mental health.

## SECTION 1: Key Messaging Guide

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	Key Messages	Supporting Facts
<b>Issue Overview</b>  <i>What problem are we addressing?</i>	The mental health gap is a significant issue, devastating individuals and families globally.	Mental illness impacts 1 in 4 people in Canada and 1 billion people worldwide. However, fewer than 1 in 3 people seek care, and less than 1 in 5 of those receive care that meets their needs.  Conventional treatments like counselling or medications are ineffective for nearly 30% to 50% of people with depression.
<b>Consequences</b>  <i>What are the consequences if this problem is not addressed?</i>	Untreated or improperly treated mental illness can lead to severe outcomes, including disability, job loss, homelessness, imprisonment, financial hardship, and suicide.	Suicide is the 2nd leading cause of death among young people aged 15 to 24 in Canada.  Despite representing only 1% of the population, nearly 12% of all suicide deaths in Ontario are among people with schizophrenia spectrum disorder.

		<p>People with mental illness and substance use disorders are more likely to die prematurely than the general population, reducing life expectancy by 10 to 20 years.</p>
<p><b>Root Causes</b></p> <p><i>Why does this problem exist?</i></p>	<p>There is insufficient access to a quality continuum of care across all levels of the healthcare system, with the latest discoveries being confined to research and not available at the point of care.</p>	<p>The mental health care system is underfunded in Canada. Mental illness account for about 10% of the burden of disease, but it receives just 7% of healthcare dollars. This underfunding amounts to about \$1.5 billion relative to the burden of disease.</p> <p>In Ontario, wait times of 6 months to 1 year are common.</p> <p>Underfunding of community-based mental health services leads to dependence on costly services such as emergency departments or hard-to-reach psychiatrists, contributing to long wait times.</p>
	<p>The lack of effective, personalized diagnostic, treatment, and prevention options for mental illness in clinical care is a major issue.</p>	<p>Worldwide, mental health research receives \$3.7 billion (USD) annually, less than \$0.50 per person.</p> <p>Mental health diagnoses have relied on symptoms and clinical interviews for the past century, with no significant changes.</p> <p>Unlike physical illnesses that can be confirmed with blood tests or scans, mental illnesses lack objective biological markers for diagnosis.</p> <p>Before the approval of esketamine in 2019, the last major breakthrough in mental illness medication was the introduction of Prozac in 1987 and antipsychotics in the 1960s.</p> <p>Effective non-medication treatments for treatment-resistant mental illnesses, such as rTMS, are often not publicly funded and are largely inaccessible outside of research settings.</p>

	<p>The field of mental health currently lacks personalized prevention tools, leaving individuals with mental illnesses without tailored strategies to preemptively manage their conditions.</p>
<p>There is a shortage of top emerging researchers and clinicians opting for careers in mental health and substance use, fields which also suffer from poor funding and a lack of expert scientists and trained clinicians to implement new discoveries.</p>	<p>Many new scientists earn annual salaries that fall below the poverty line.</p> <p>In Canada, the process to secure research funding is protracted and highly competitive, typically requiring 1-2 years of preliminary data and enduring months to years between initial submission and receipt of funding due to necessary multiple revisions and the competitive nature of CIHR grants.</p> <p>Only 12% of research funding supports translational research, causing many discoveries to fall into the “death valley” of research, never reaching the point of care.</p>

<p><b>Our Approach</b></p> <p><i>How does The Royal plan to address the issue?</i></p>	<p>The Royal is committed to closing the mental health gap. Increasing access to more effective and personalized treatments, diagnostics, and prevention options will help do this. With support, we will create:</p> <ol style="list-style-type: none"> <li><b>Better Access</b> We will develop a model system that ensures a full continuum of care, including immediate access to urgent services, and ensures the latest research-driven innovations are at the point of care.</li> <li><b>Better Care</b> We will advance high-impact research to make promising diagnostic, treatment and prevention options more personalized and effective.</li> </ol>	<p>The Royal is uniquely positioned to lead this work, as demonstrated by the following achievements:</p> <ul style="list-style-type: none"> <li>– Home to some of the most advanced brain imaging technology dedicated solely to mental health research.</li> <li>– Discovered biomarkers and developed algorithms that accurately predict a person’s suicide risk.</li> <li>– First in Canada to implement the use of ketamine for difficult-to-treat depression.</li> <li>– Pioneered precision brain stimulation techniques that offer some of the world’s highest response rates for patients with difficult-to-treat depression.</li> </ul>
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	<p>3. <b>Better Discoveries</b> We will recruit and accelerate the work of top mental health leaders who will drive high-impact discoveries for better care.</p>	<ul style="list-style-type: none"> <li>– Leading incubator for training and developing early-career mental health scientists and clinicians.</li> </ul>
<p><b>Value Proposition</b></p> <p><i>Why is The Royal the ideal organization for this work?</i></p>	<p>For over a century, The Royal, located in Canada’s capital, has led the way in health care innovation. As a leading mental health care and research centre, The Royal is uniquely equipped to close the mental health gap by improving access to more effective care, here and globally.</p> <p>Today, The Royal is home to some of the world's brightest minds, who dedicate their life’s work to advancing research and delivering specialized care to support people living with mental illness or substance use disorders.</p>	<p>The Royal has 437 inpatient beds, serves over 15,000 people annually, has 156 active research studies, engages 6,000 people in research studies, has 78 researchers, and is home to some of the most advanced brain imaging technology dedicated solely to mental health research.</p> <p>Research is fully integrated with care at The Royal, enabling immediate application of discoveries and real-time research feedback. This stands in contrast to non-Canadian systems where research and patient care can be more disconnected, potentially slowing the pace of healthcare innovation.</p> <p>Discovered biomarkers and developed algorithms that precisely predict a person’s suicide risk.</p> <p>First in Canada to implement the use of ketamine for difficult-to-treat depression.</p> <p>Pioneered preceition brain stimulation technicques that offer some of the world’s greatest response rates for patients with difficult-to-treat depression.</p> <p>Leading incubator for training and developing early-career mental health scientists and clinicians.</p>
<p><b>Impact</b></p>	<p>More people with mental illness will have access to more effective, personalized care.</p>	

*What will be different when The Royal is successful?*