



CANADIAN MENTAL
HEALTH ASSOCIATION, ONTARIO
L'ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE, ONTARIO



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

camh



ONTARIO FEDERATION
OF COMMUNITY
MENTAL HEALTH AND
ADDICTION PROGRAMS

JOINT SUBMISSION TO

**LEGISLATIVE ASSEMBLY OF ONTARIO
THE STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS**

2006-07 PRE-BUDGET CONSULTATIONS

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**JOINT SUBMISSION TO THE LEGISLATIVE ASSEMBLY OF ONTARIO
STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS**

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Introduction

We thank you for inviting us to speak with you today and welcome this opportunity to present a joint submission to you as you conduct your annual pre-Budget consultations.

By way of introduction, we represent the Ontario Federation of Community Mental Health and Addiction Programs, the Canadian Mental Health Association, Ontario and the Centre for Addiction and Mental Health. Together, our organizations and our respective branches, members and satellite offices provide services and supports across Ontario for thousands of individuals and families living with mental illness and addiction.

The Need for Action

Let us begin by indicating that we are extremely encouraged by the growing awareness of the impact of mental illness and addiction on the lives of Canadians. During the recent federal election campaign **all** federal parties identified mental illness, mental disorders, mental health and addiction as a **priority** for the next Parliament and recognized that the complex problem of mental illness and addiction in Canada has been long-neglected. Indeed, the Ontario Government has taken a leadership role among the provinces in not only identifying the need but also keeping its promise by moving forward in the necessary reform of the mental health and addiction system.

If we consider the statistics:

- One of every eight Canadians will be hospitalized for mental illness at least once in their life – more than are hospitalized for cancer and heart disease.
- One in five Canadians will experience a significant mental health episode at some point during their lifetime
- More than 1.5 million Canadians are experiencing clinical depression, a disorder that affects 10-15% of Canadians at some point in their lives
- In 1998, mental disorders were the third highest source of direct health care costs at \$4.7 billion.
- One of every 10 Canadians aged 15 and over reported symptoms indicating alcohol or illicit drug dependence in 2002-03; and
- In some populations, the prevalence rate of concurrent disorders – which refers to having both mental health and substance abuse problems -- can range from 40-50%

- The impact of concurrent disorders is especially devastating on particular groups - Canada's First Nations, marginalized populations, immigrant and refugee populations, women, youth and seniors, individuals involved with the Canadian correctional system;
- Studies in some settings have shown that as many as 75% of those treated for alcohol-related disorders have experienced at least one other psychiatric disorder during their lifetime; and
- The Addiction Research Foundation found that, in 1996 the cost of substance abuse to the Ontario economy was over \$7 billion.

Given that the Government of Ontario is currently “transforming” Ontario’s health care delivery system, there is a growing imperative for the Government of Ontario and the Members of the Legislative Assembly of Ontario to become more actively engaged in ensuring that Ontario is positioned to participate fully in the development of that plan and that the growing population of Ontarians requiring mental health and addiction services can access the services and supports it needs.

2006-07 Budget – Moving Forward

We were very encouraged by the mental health funding initiatives introduced by the Government of Ontario in the 2004-05 Budget and continued through this fiscal year. Mental health and addiction have long been marginalized within the health care system and the 2004/05 multi-year investment to expand community mental health services was a desperately needed step forward in addressing the stigma associated with our services and in providing much needed support to the populations we serve. There is, however, much more to be done in ensuring that addiction services and supports are integrated into the mainstream of health care in Ontario.

In 2004-05, the provincial budget committed to investing a total of \$463 million for mental health and addiction services, with \$65 million comprising a new investment, and a further commitment to grow the total investment to \$583 million by 2007-08. As we have noted, this investment has served as an important first step. The needs of people with mental illness and addiction in Ontario are still extremely urgent and, as more Ontarians find the courage to seek care and treatment for mental illness and or addiction, the demands on our system are increasing.

It is vitally important that the government continue its commitment to increased annualized base budget funding for the mental health sector, and this funding should be extended to addictions services as well. We believe that the existing commitment of a two percent annual increase is the beginning of true reform of the system; this investment is only a start. Further, this commitment still has not yet been extended to addiction services. We would urge that, as you prepare your recommendations for the Minister of Finance, you recognize the importance of ensuring that specific funding is provided for services and supports for people with addictions, especially given the high rate of co-occurrence of mental health and addiction problems. As we noted last year

and in previous years in our presentations, this should be a key area of government focus; people suffering from both mental illness and addiction have the least access to care and are at a greater risk of relapse, re-hospitalization, depression and suicide.

We have been pleased that the government is transforming health care to provide a full continuum of services, including more emphasis on the value of community-based care. When appropriate community mental health and addiction services and supports are available, people experience lower incidence of crisis and hospitalization and outcomes for people with mental illness and addiction are much improved. Investing in the community based mental health and addictions sector will reduce costs, as services delivered in the community are cost effective. We encourage the government to continue to assist Ontarians with mental illness and/or addiction recover and improve their quality of life, while society also benefits from reduced health care costs.

OUR RECOMMENDATIONS

We would recommend that:

Mental health and addictions funding must be protected in the Local Health Integration Networks

From the beginning, we have supported the government's plan for transformation of the health care sector because we believe that it has the potential to provide better access to services for people with mental illness and addictions.

A recent review by the Centre for Addiction and Mental Health found that as funding decisions are devolved from a central governing structure to regional decision-making, there is greater likelihood of mental health and addictions losing resources within regional funding envelopes. Other jurisdictions have protected mental health and addictions funding through 'ring-fencing', wherein there is a stipulation by the government as to what percentage of a budget shall be allocated to mental health and addiction expenditures. Our government must ensure that the budget allocated to mental health and addiction services is protected. But the fence has to enclose a level of funding greater than the current deficit state.

Consumers of mental health and addiction services and their families must be involved

Last year at this time we highlighted the need to invest in consumer and family initiatives in order to put the consumer at the centre of the system and provide a much-needed continuum of care for people with mental illness and/or addiction. We encouraged the government to demonstrate its commitment by developing a clear strategy to build consumer and family initiatives and to increase the funding of these vital services.

We are pleased that George Smitherman, Minister of Health and Long Term Care, in the review of the 2005/06 Estimates, stated his intention to provide a minimum \$1 million

dollars in additional funding to consumer/survivor initiatives. This would include annualized funding for regional networks to support consumer initiatives to work together to engage with their LHIN. We urge the government to immediately provide these funds. Increased funding for these peer support groups will provide the capacity for consumers and family members to participate in the community engagement process of the LHINs.

Mental health and justice funding must be expanded

As part of its targeted investments in mental health, the Government has invested new funds into mental health and justice programs including court support programs, crisis response and outreach and other programs to reduce the number of people with mental illness involved in the criminal justice system. We urge the Government to continue increasing the capacity of mental health services to provide these essential services.

Ongoing investment in front-end community mental health services are necessary to achieve the Government's goal of controlling costs associated with expensive alternatives, such as jails and hospital beds. We are already seeing results from the first investments in justice funding, but the pressures on these programs is great and growing. An expansion of community programs such as pre-charge diversion, more safe beds, case management and supportive housing will reduce the demands on hospital beds and jails and improve people's quality of life.

Continued investments in early intervention programs are needed

Early intervention programs greatly increase the chances of early recovery. Research indicates that access to early intervention programs increases rates of remission and leads to significant reduction in hospital admissions. Early intervention programs also reduce demand in other areas of the broader system. We encourage the Government to provide increased funding for early intervention programs. Currently, the majority of these programs are located in large urban cities and additional funding is needed to provide early intervention programs throughout the province.

Continue to build concurrent disorder services

The mental health and addiction systems have worked to overcome the divisions that traditionally led to people with both mental health and addiction problems falling through the cracks between services. Among people diagnosed with a mental illness, 30 percent will have a substance use disorder at some point in their lives. Similarly, 37 percent people with an alcohol disorder will also have a mental health disorder in their lifetime.

We are encouraged by the attention paid at the federal level by Senator Kirby's Commission to people with concurrent mental health and addiction disorders. We urge the Ontario government to support the community planning tables that took place across

the province in preparation for the LHINs and which identified integrated mental health and substance use services across the continuum as a high system priority.

Determinants of health: housing, income, employment

Health involves more than health care. For people with mental illness and addictions and their families, investments in housing, income support programs and employment are all necessary for recovery. We support inter-ministerial collaboration to achieve improvements in these broad determinants of health. Improvements in these areas require collaboration among the Ministry of Health and Long Term Care, Health Promotion, Community Safety and Correctional Services, Community and Social Services, and others. They also require collaboration in many cases with the federal government.

We are pleased that the government committed in its May 2005 budget to the creation of 15,000 new units of affordable housing, including supportive housing for people with mental illness. We continue to urge the government to increase funding for more supportive housing units. We urge the Ontario Government to continue to work with the federal government to ensure sufficient funding for supportive housing.

In Ontario, there are increasing numbers of people with addictions and mental illness living lives of poverty and isolation in the “community” or living in prisons, and many services continue to be delivered within an institutional framework, fostering dependency rather than recovery. Income is also key to recovery from addiction and mental health problems. We urge the government to continue to expand on its positive record and increase the rates for the Ontario Disability Support Program (ODSP) by at least 10 percent. People receiving ODSP currently live well below the poverty line. We support the Ontario Psychiatric Association and the Schizophrenia Society of Ontario, in calling upon the government to raise the ODSP rates by at least 10 percent. This demand reflects the increasing concern among psychiatrists about their patients’ inability to meet their basic needs on current rates.

Employment remains a huge issue for people with mental illness and addictions. According to Senator Kirby’s Commission investigating mental health, mental illness and addictions in Canada, up to 90 percent of people with serious and persistent mental illness are unemployed. Access to specialized mental health programs providing supported employment and consumer-run alternative businesses can make a dramatic difference in people’s lives, supporting them to work, to earn an income and improve their quality of life. Regrettably, none of the recent investments in community mental health have been targeted to employment programs and we encourage the government to make this investment.

Investment in mental health and addiction human resources is necessary

While the government's investment of a total of a 3.5 percent increase in base budgets for community mental health agencies has been greatly appreciated, our sector still faces the challenge of sufficient funding to provide service to the people who need it. A key result of funding shortfalls is the inability of community-based agencies to pay the salaries that allow them to attract and retain staff. As well, addiction agencies have been largely excluded from even these small increases.

We are pleased that the government recently announced that it would be developing a specific health human resources plan to meet the needs of the mental health sector. We look forward to contributing to the development of the plan. Key issues for our sector include the wage disparities between hospital and community sectors and the increasing need for training for the community sector to work with different populations, including people in the forensic system.

E-health strategies must include capacity building for mental health and addictions

Last year, the Ministry of Health and Long-Term Care began creating an e-health strategy as one of the major components of transforming Ontario's health care system. Collecting and sharing standardized data to ensure available services most accurately reflect the needs of the community and form the basis of this strategy; it is essential that the mental health and addictions sector be able to meet the standards that the e-health strategy will set.

While we applaud the government for its investments to date, many small agencies do not receive funding which enables them to effectively participate in information management. Specialized software and the appropriate hardware is well beyond the means of many mental health and addictions services. As well, without sufficient increases in base budgets, staff resources are increasingly stretched thin. Many front-line staff are diverted from working with vulnerable clients to attend to information management requirements. Without financial support from government, mental health and addictions agencies will be unable to participate in the provincial e-health strategy

Mental health and addictions will benefit from a Provincial Network within a transformed health system

We have proposed the development of a provincial network or authority for the mental health and addiction sector that would have the role of providing expert advice to support policy making, health system planning and resource allocation functions. Such a provincial network or authority would support the work of the Local Health Integration Networks or LHINs. We encourage the Government to support the development of this provincial network or authority.

Conclusion

We appreciate that, as you prepare your recommendations for the Minister of Finance, you will be faced with difficult decisions. We would ask that you recognize the importance of our recommendations to the lives of the individuals and families in our communities – communities you represent -- struggling with the challenges of mental health and addiction. We urge that you identify investment in mental health and addiction as a priority and recommend that the Minister of Finance continue to address the increasing need of Ontarians to access a continuum of quality care and supports for mental health and addiction in their communities. We applaud the Government's commitment to Ontarians with mental illness and addiction demonstrated to date, and we ask for continued support.

We thank you for your consideration.