



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



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



ONTARIO FEDERATION
OF COMMUNITY
MENTAL HEALTH AND
ADDICTION PROGRAMS

JOINT SUBMISSION TO

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

2005-06 PRE-BUDGET CONSULTATIONS

January 20, 2005 – Whitby, Ontario

**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.

My name is Glenn Thompson, and I am the CEO of the Canadian Mental Health Association, Ontario. Here with me today is Joanne Campbell, Vice President of Community Relations for the Centre for Addiction and Mental Health, and Nancy Bradley, Executive Director of the Jean Tweed Centre and board member of the Ontario Federation of Community Mental Health and Addiction Programs.

The Need for Action

Mental illness and addiction are critical health issues for many Ontarians. Twenty percent of the general population suffers from a mental illness or addiction in their lifetimes and 3% suffer profound suffering and persistent disablement. The impact of these statistics is staggering: 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 out of every 10 Canadians aged 15 and over reported symptoms which indicated alcohol or illicit drug dependence in 2002 – 2003. At this moment, over 1.5 million Canadians are experiencing clinical depression, a disorder that affects 10-15% of Canadians at some point in their lives.

According to the World Health Organization, addictions and mental illness account for the greatest degree of disability, worldwide. The WHO predicts that in less than 20 years, depression will be the second-leading cause of disability in the world. The disability caused by mental illness and addiction is complicated by the effects it has on employment, social relationships and family functioning.

Left undiagnosed and/or untreated, mental health and addiction problems cause large productivity losses. They have been estimated as amongst the most costly of all health problems for service providers, taxpayers, employers and insurers. Health Canada has reported that lost productivity due to workers being on disability or due to premature death was more than \$8 billion in 1998 and that mental disorders were the third highest source of direct health care costs at \$4.7 billion. It is also estimated that substance use cost the Canadian economy more than \$18 billion in 1992, which represented 2.7% of gross domestic product in that year. In fact, the Addiction Research Foundation has shown that in 1996 the cost of substance abuse to the Ontario economy was over \$7 billion.

In addition, there is a fundamental connection between addictions, mental health and physical health that should not be ignored. According to the Canadian Mental Health Association, 43% of adults suffer adverse health affects from stress, and stress is linked to six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide. Health Canada has found that over 30% of lifetime users of illicit drugs other than cannabis report harm to their physical health arising from drug-use. In addition, depression is frequently a predictor of the occurrence of disease, and research has

found that people with serious mental illness have higher rates of grave medical illness and premature death than the general population.

Clearly, providing services that support people living with addictions and mental illness, promote recovery and reduce episodes of illness is fundamental to the development of a true healthcare system, one that addresses the needs of all Ontarians, in all aspects of their lives.

2004-05 Budget – Moving Forward

We were very encouraged by the mental health funding initiatives introduced by the Government of Ontario in the 2004-05 Budget. Mental health and addiction have long been marginalized within the health care system and this Government's multi-year investments to expand community mental health services were desperately needed. There is however a great deal of work to be accomplished 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, with \$65 million comprising a new investment, and a further commitment to grow the total investment to \$583 million by 2007-08. At this time, we understand that approximately \$35 million of the committed \$65 million in new funding this year has flowed out to mental health and addiction agencies, and we are confident that the much needed investment will continue. After more than a decade of critical underfunding, this investment represents a first step down the long road to providing levels of funding for mental health and addiction services that are equivalent to those provided for physical health problems. We believe that the historical lack of attention and investment in mental illness and addiction are reflections of the stigma and shame associated with these disorders and would not be tolerated for physical illness of similar prevalence and severity. We believe that as a committee, you will see the value in recommending that the Government uphold the outstanding commitments to ensure that we continue to work toward correcting this neglect of the communities and Ontarians we serve and that addiction services become a key part of that commitment.

Although, as we have noted, the Government has made the first investment into community mental health care in many years, it has served only as a first step. The needs of people with mental illness and addiction in Ontario are still extremely urgent. There has been much ground lost over the past decade that must still be recovered. We would like to encourage the Government to proceed with their committed investments in consultation with providers at a rapid pace. 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. It is also key that the existing funding in the mental health and addictions sector is protected, so that agencies serving various constituencies are not reallocating their existing mental health and addictions funding to other priorities. Ensuring a net gain of investment is the basic requirement for the sector.

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 and must keep pace with inflation. Further, despite commitments made by the Minister of Health and Long-Term Care, this commitment 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 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.

When appropriate community mental health and addiction services and supports are available, people experience lower incidence of crisis and hospitalization and overall outcomes for people with mental illness and addiction are much improved. Investment in community-based services also supports the Government's overall goal of controlling rising costs, including hospital and emergency room services, as well as policing and corrections services. Supports delivered in the community are less expensive than hospital services, and allow hospitals to focus on more acute and serious illness.

Investment in the community-based sector will both control costs and create a true continuum of care from hospital to community; funding these services is as a result both a fiscal and moral imperative. We encourage the Government not to wait until the end of this mandate to save lives, reduce health care costs and help Ontarians with mental illness and addiction to recover.

OUR RECOMMENDATIONS

In addition, we would recommend that:

Consumers of mental health and addiction services and their families must be at the centre of reform and the Government's health transformation agenda

Putting people with addictions and mental illness and their families at the centre of reform initiatives must be part of government efforts to improve accountability to Ontarians. People with mental illness and addictions have important experience and knowledge that is critical to understanding illness, treatment and care. Because people with mental illness and addictions are particularly vulnerable, it is very important that mechanisms for consumer decision-making, choice and participation are protected; we recommend that the Government provide consumers and families with the supports needed to facilitate their participation (e.g., training, transportation and childcare) in health care reform initiatives.

Investment into consumer and family initiatives is a key component of putting the consumer at the centre of the system and providing a much needed continuum of care for people with mental illness. The success of peer support services and consumer-run initiatives indicates the importance of their role within the mental health and addictions sector. A study conducted by the Ontario Peer Development Initiative, CAMH and Wilfred Laurier University has demonstrated that success; members of consumer support initiatives have fewer hospitalizations, better outcomes and better quality of life. These services support the health of people with mental illness and addiction, as well as the Ministry of Health and Long-Term Care's transformation agenda.

Unfortunately these organizations are not able play the key role they should in the support of people living with mental health and addictions. None of the investments the Government has made thus far, while they have been greatly appreciated, are supporting consumer and family initiatives. We encourage the Government to develop a clear strategy to build consumer and family initiatives, beginning with increased funding for these vital services.

The needs of diverse, rural and remote communities must be recognized

Diversity is a critical feature of Canadian society and addictions and mental health services and strategies must respond effectively to the different needs that all clients and stakeholders bring to their interactions with the health and mental health and addictions systems. Ontarians from diverse backgrounds and with diverse experiences must be able to fully access and participate in mental health and addictions planning and service delivery.

Access to appropriate addictions and mental health services in rural and remote communities must also be improved. Issues such as transportation to services, adequate human resources, access to technology, and availability of primary care pose unique challenges for rural and remote areas of the province and the specific needs of these communities are often overlooked.

A continuum of services and supports from community-based to hospital care must be available

Community-based mental health and addiction agencies have demonstrated their effectiveness in supporting people with serious mental illness and addictions to live in the community. These services have also been shown to prevent hospitalizations and emergency rooms visits, and shorten episodes of acute illness. Despite recent funding announcements, that have ignored the crucial role of addiction services in health care, community-based mental health and addiction services have been under-invested for many years, with funding frozen in the sector for more than a decade. As a result, there must be

continued investment in community-based services to ensure there is capacity in the system to reduce hospitalization and meet people's needs in the community, especially with an increased emphasis on addiction providers. Government efforts to strengthen the continuum of addictions and mental health services should be targeted to:

- Increasing funding, including base budget supports, to community-based services so that people have access to a greater range of services for treatment, recovery and prevention and that those services are maintained as the health care system is transformed;
- Peer support services and consumer and family-run initiatives whose outcomes indicate the importance of their role within the mental health and addictions sector.

Programs which prevent and reduce homelessness must be supported

People with addictions and mental illness, in addition to struggling with the burden of their illness, are at greater risk of homelessness because their housing, employment and income options are often limited. While mental illness and addictions are not always a cause of homelessness, these illnesses increase the likelihood that a person's homeless episode will be longer. Being homeless also contributes to poor mental health and substance use and for those with an existing mental illness, increases its duration and seriousness.

To prevent and reduce homelessness the following strategies are recommended:

- Create more supportive and affordable housing including housing with an emphasis on harm reduction. Access to housing is a key determinant of health and research has demonstrated that a diverse population of people with psychiatric disabilities can succeed in housing if appropriate supports are available;
- Create safe houses and crisis beds so that people experiencing episodes of acute mental illness can be stabilized before they need hospitalization and a loss of housing occurs;
- Improve access to case-management services so that more people with serious mental illness have the support of someone who can help them navigate the system to make sure they get the services they need;
- Expand shared care teams in emergency shelters and drop-ins so they can continue to reach the seriously mentally ill who do not trust and otherwise would not have contact with the mental health system. Maintain the non-coercive model of care of Shared Care teams so they can continue the focus on building long-term, trusting relationships with clients so integral to clinical success;
- Ensure emergency shelters have adequate funding to provide higher levels of support and care for people with mental illness and addictions. Without more intensive supports, people with mental illness and addictions cannot access emergency shelters;
- Increase the availability of withdrawal management and addiction treatment services so that people do not lose their housing because they cannot get treatment when they need it;
- Expand withdrawal management and addiction treatment services for women and aboriginal people for whom few services currently exist.

The focus on concurrent disorders must be enhanced

Over the last two decades the co-occurrence of addiction and mental health problems among people seeking treatment and support has emerged as an important issue for those who plan and fund mental health and addiction programs as well as those who provide direct service. High rates of co-occurring disorders have been found in general population surveys, and among people seeking mental health or substance abuse treatment. Current data shows that:

- Concurrent disorders is associated with the risk or relapse and re-hospitalization, depression and risk of suicide, incarceration, homelessness, family problems, child abuse and neglect, domestic violence, risk of violence and being victimized, HIV infection and functional difficulties such as unemployment or work instability and chronic interpersonal conflicts;

- 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;
- Research has shown in some clinical populations that 40-50% of people with any current substance use disorder showed a concurrent mental health problem;
- Overlap can be as high as 50-75%, if not higher among clients with personality disorders;
- 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;

Given the prevalence of concurrent disorders, it is clear that both mental health and addiction services must receive significant investment to truly address the needs of Ontarians.

The mental health and addictions sector's participation in e-health strategies must be supported

This year, the Ministry of Health and Long-Term Care has begun the important task of transforming the way health care is delivered and creating an e-health strategy is one of the key components of this transformed system. Collecting and sharing standardized data to ensure available services most accurately reflect the needs of the community are the basis of this strategy; it is vital that the mental health and addictions sector be able to meet the standards that the e-health strategy will set.

However, community mental health and addictions organizations have fallen far behind hospitals and other institutions in their capacity to collect, manage and share this data. While we applaud the government for its continued investment into the development of a tool kit to help the sector collect the necessary data, the ability of the sector as a whole to implement this toolkit is uneven. Many small agencies do not have the basics for such an endeavor; specialized software for the health-care sector as a whole, and specifically for mental health and addictions services, staff and sophisticated hardware to perform this function is well beyond their means. Funding to help community agencies determine the true needs of their communities is essential to the success of the transformation agenda and to the provision of a true continuum of care.

The mental health and addiction sector would also greatly benefit from ongoing investment into evidence based research projects such as the recently completed Community Mental Health Evaluation Initiative. CMHEI research added significantly to our basis of knowledge of the best practices for a variety of services and populations. It also encouraged collaboration between community service providers and health science researchers, an important goal of the Ministry of Health and Long-Term Care's transformation agenda.

Conclusion

We understand that, as you prepare your recommendations for the Minister of Finance, you will be faced with difficult decisions, particularly given the provincial fiscal situation. We would ask, however, that you appreciate the importance of our recommendations to the lives of the individuals and families in your ridings struggling with the challenges of mental health and addiction and ensure that you recommend that the Minister of Finance continue to address their need to be able to access a continuum of care and supports in their communities. We applaud the Government's commitment to Ontarians with mental illness and addiction which has been demonstrated over the last year, and we ask for your continued support, the swift allocation of the outstanding investment for 2004/05, and rapid on-going investment to meet the stated 2007/08 goals even earlier.

Thank you.