

ONTARIO ELECTION 2007



FOCUS on
Addiction and
Mental Health

This publication is part of the collaborative work of Addictions Ontario; the Canadian Mental Health Association, Ontario; the Centre for Addiction and Mental Health; and the Ontario Federation of Community Mental Health and Addictions Programs. Together, these four organizations are committed to raising the profile of mental illness and addiction in Ontario, and to supporting the needs of those living with addiction and mental health problems, and the needs of their families and communities.



ADDICTIONS ONTARIO is a non-profit, charitable organization representing individuals and facilities providing addiction services. Addictions Ontario has provided leadership for excellence in addiction services in Ontario by developing and promoting quality standards of care, and disseminating information that helps members to effectively meet the needs of their clients.



THE CANADIAN MENTAL HEALTH ASSOCIATION (CMHA), ONTARIO, is a non-profit provincial association committed to improving services and supports for people with mental illness and their families, and to the promotion of mental health in Ontario. With 32 branches that provide community mental health services throughout the province, CMHA Ontario achieves its mission through public education, knowledge transfer, analysis of public issues and advocacy for healthy public policy and an effective and efficient health system.



THE CENTRE FOR ADDICTION AND MENTAL HEALTH (CAMH) is Canada's leading mental health and addiction teaching hospital. CAMH works to transform the lives of people affected by addiction and mental illness, by applying the latest in scientific advances, through integrated and compassionate clinical practice, health promotion, education and research. CAMH has central facilities located in Toronto and 32 community sites throughout the province.



THE ONTARIO FEDERATION OF COMMUNITY MENTAL HEALTH AND ADDICTION PROGRAMS represents more than 230 front-line, community-based providers who recognize clients and their families as the core of their organizations, and who ensure clients' and family members' basic human rights and dignity. Since 1988, the Federation has envisioned a community mental health and addiction system that is accessible, flexible, comprehensive and responsive to the needs of individuals, families and communities; and that is shaped by many partnerships, by dignity and by accountability to those it serves.

HOPE

Election campaigns should be a time to talk about issues that matter—issues fundamental to our prosperity, health and quality of life.

ADDICTION AND MENTAL HEALTH don't often get attention at election time. But as we approach the Ontario election in 2007, recent research tells us that the cost of substance abuse and mental illness is staggering: \$34 billion each year.¹ While this figure includes the direct costs of health care, law enforcement and injuries, the bulk of the cost is in lost productivity in workplaces across Ontario. As the labour market has tightened and the struggle to retain qualified workers has intensified, depression has replaced cardiovascular disease as the single greatest cause of workplace absenteeism. Clearly, there is an enormous economic reason to address mental health and addiction.

Millions of Ontario families already know that the biggest costs of addiction and mental health cannot be measured in dollars and cents. That is because 20 per cent of people will personally experience a mental illness in their lifetime, and most others will be indirectly affected by the addiction or mental illness of a family member, friend or colleague.² **INDIVIDUALS KNOW THE PROFOUND HUMAN COSTS OF STIGMA**, loss of control, broken relationships, marginalization and suicide. And families know the frustration of looking for community supports that are often insufficient. Our understanding of the addiction and mental health systems must start with **PEOPLE**.

1. William Gnam et al., "The Economic Costs of Mental Disorders and Alcohol, Tobacco and Illicit Drug Abuse in Ontario, 2000: A Cost-of-Illness Study," October 2006. Full document available at http://www.camh.net/Research/Research_publications/COI_report_final.pdf.

2. Health Canada, "A Report on Mental Illness in Canada, 2002." Full document available at <http://www.phac-aspc.gc.ca/publicat/miic-mm/mac/index.html>.

By placing people at the centre of our approach,

we directly address the harmful consequences of stigma. Stigma is much more than a bad feeling. Stigma prevents people from getting the treatment they need; it prevents families from receiving the support they deserve; and it deprives our communities and our workplaces of the contributions that can be made by our fellow citizens.

Personal experiences also shatter myths that are dangerous and pervasive: the myth that people cannot recover from an addiction, and the myth that those with a serious mental illness will live their lives in persistent social exclusion.

Increasingly, evidence tells us that the right intervention and social supports can pay huge dividends—financially, socially and personally.

Our experience demonstrates that we have the techniques, knowledge and understanding to support meaningful changes in the lives of people living with addiction and mental illness. Advances in therapies and technologies, evidence-based interventions, and client and family empowerment are all crucial ingredients in matching addiction and mental health resources with the human capacity for recovery.

Public investment in human recovery is absolutely critical.

The Government of Ontario plays an enormous role in the lives of people with addiction and mental illness—through direct health care investments and by providing a critical social safety net.

In the past two decades, governments have not ignored these problems. Successive provincial governments have developed policies to shift the focus from institutions to a more balanced system that recognizes the full range of community supports required by those experiencing mental illness and confronting addiction. Ontario's **MAKING IT HAPPEN** policy paper (2000) established a **VISION OF A CLIENT-CENTRED SYSTEM PROVIDING A CONTINUUM OF CARE THAT LINKS FACILITY-BASED AND COMMUNITY-BASED CARE**. The current government has turned policy into action by making important investments in community mental health. This government has also demonstrated exemplary leadership in addressing the significant health effects of tobacco use.

TRANSFORMATION

Yet significant challenges remain. Despite the welcome announcement of new funds in the 2007 budget, **ONTARIO'S ADDICTION SYSTEM REMAINS POORLY FUNDED, AND POORLY PREPARED TO FACE THE CHALLENGES OF MEETING INCREASED DEMAND AND RETAINING QUALIFIED STAFF.** Community mental health agencies also require investment, as evidenced by the prolonged length of stay of mental health clients in hospitals because community supports cannot be found.³ Our health system is undergoing enormous transformation with the establishment of Local Health Integration Networks (LHINs). Research on experiences in other jurisdictions suggests that with regionalization comes the risk of neglecting the provincial interest in continuing the path of mental health reform.⁴ At all levels we must improve opportunities for meaningful client and family participation. And the Province of Ontario must demonstrate the same commitment to addressing the harms associated with alcohol and other drugs that it has provided on tobacco control.

As we approach the Ontario election of 2007, the addiction and mental health sector offers a plan to support human recovery.

It is a plan that requires imagination, leadership and resources.

IT IS A PLAN THAT PROPOSES MODEST INVESTMENTS—programs and services that can start to reduce the effects of Ontario's \$34 billion addiction and mental illness problem.

3. Canadian Institute for Health Information, "Hospital Mental Health Services in Canada, 2003–2004." Full document available at http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_575_E&cw_topic=575&cw_rel=AR_364_E.

4. Centre for Addiction and Mental Health, "Mental Health and Addiction Services in Regionalized Governance Structures: A Review." March 2005. Full document available at http://www.camh.net/Public_policy/Public_policy_papers/Final%20%20Regionalization%20Report%20.pdf.

CHANGE

Addiction and mental health—a strong PROVINCIAL role

Our addiction and mental health systems have changed dramatically over the past 30 years. As in other areas of health care, advances in technology and medication have significantly affected treatment. Unlike in other areas of health care, however, the provincial government has systematically set out to reform the mental health and addiction sector through provincial policies and the reallocation of resources. Governments have devolved former provincial facilities to the community, and invested in an integrated system of community-based care. From **BUILDING COMMUNITY SUPPORT FOR PEOPLE** (1987) **AND PUTTING PEOPLE FIRST** (1993) to **MAKING IT HAPPEN** (2000), through to the funding commitments for community mental health made in the 2004 budget and the transformation agenda, the Government of Ontario has a decades-long stake in the continued evolution of community-based addiction and mental health programs.

The regionalization of health care through the creation of LHINs is radically transforming health care decision making. We support this transformation; we are convinced that the most effective addiction and mental health services must be **LOCALLY** integrated. But we believe that a strong provincial government and a strong Ministry of Health and Long-Term Care are critical to leading this effort. The Government of Ontario must assert the **PROVINCIAL** interest in continued mental health reform; must carefully assess province-wide access to addiction and mental health services; and must protect its investment in community mental health care and addiction services by building the capacity of community-based agencies to provide the supports demanded by clients, families and communities, and by the government itself.

The experience in other jurisdictions where regionalization has been implemented suggests that addiction and mental health funding is easily overlooked, and clients and their families too often forgotten.⁵

THAT IS WHY THE GOVERNMENT OF ONTARIO MUST:

- provide strong policy leadership to ensure that regionalization protects the provincial direction in services for people with addiction and mental illness
- ensure that LHINs are accountable by directing them to report publicly on access to addiction and mental health services, and directing them to continue to build service capacity in this sector
- convene a provincial network of addiction and mental health clients, service providers and government officials to continue the momentum toward a comprehensive system of supports for people with addiction and mental illness.

5. Centre for Addiction and Mental Health, “Mental Health and Addiction Services in Regionalized Governance Structures: A Review.” March 2005. Full document available at http://www.camh.net/Public_policy/Public_policy_papers/Final%20%20Regionalization%20Report%20.pdf.

Funding for addiction programs

The evidence is clear about the effectiveness of addiction treatments: substance abuse treatment significantly reduces alcohol and other drug dependency, reduces criminal activity and improves the health of clients. A wide range of economic studies has also demonstrated that there are positive net economic benefits of substance abuse treatment.⁶

YET THE EVIDENCE IS ALSO CLEAR THAT ONTARIO'S ADDICTION SERVICES ARE POORLY FUNDED. Despite the addition of \$7 million for addictions in the 2007 budget, funding has failed to keep pace with inflation, population increases and increased service demand. A recent survey of Canadian addiction agencies found Ontario addiction executives extremely concerned about their ability to retain staff and offer competitive salaries. (This concern was far greater in Ontario than in other provinces.)⁷ Another survey of Ontario addiction agencies identified serious concern that inadequate provincial funding is placing significant strain on key infrastructure such as information technology, human resources management and physical plant. For example, the survey reports that only six per cent of addiction agencies consider their staffing in information technology to be adequate.⁸ Ultimately, compromised infrastructure affects the ability of addiction agencies to provide the best treatment to those in need. For those of us who see the human effort required to seek out addiction treatment and ask for help, this is simply unacceptable.

AN ONTARIO GOVERNMENT COMMITTED TO RECOVERY WILL:

- formally recognize addiction treatment as a critical health care service in Ontario, one that must be funded adequately, and must be provincially linked to other key ministries such as Community and Social Services and Community Safety and Correctional Services
- develop province-wide standards that define acceptable waiting times for addiction services.

6. Steven Belenko et al., "Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers." February 2005. Full document available at http://www.adpana.com/EconomicBenefits_2005Feb.pdf.

7. Canadian Centre on Substance Abuse, "Optimizing Canada's Addiction Treatment Workforce: Results of a National Survey of Service Providers." 2005. Full document available at <http://www.ccsa.ca/NR/rdonlyres/4BAAA3C1-C15B-436D-9DF9-6878CD3D22D2/o/ccsa0040222005rev.pdf>.

8. Ontario Federation of Community Mental Health and Addiction Programs, "Addictions Sector Capacity Building: Phase One Report." June 2006. Full document available at <http://ofcmhap.on.ca/files/CMH%20Org%20Capacity%20Interim%20Report%20June%202006.pdf>.

Social investments in human health

Many of the most important health expenditures made by government are spent outside the health care system. Poor health is often correlated to low income and inadequate housing. Increased and meaningful investments in these areas are critical to improving the health of those who are poorest, including many people with addiction and mental illness.

SUPPORTIVE HOUSING WORKS. The best models combine affordable, safe, decent housing with a flexible and responsive range of support services. These flexible services recognize the diversity in needs among clients, as well as the need to adjust the services provided to a single client over time. Supportive housing is economical—it costs taxpayers much less to provide supportive housing than to provide a shelter bed, long-term care accommodation, psychiatric hospital care or incarceration.

Many people who live with addiction and mental illness depend on the Ontario Disability Support Program (ODSP). ODSP rates are punitively low; yet improved benefits have been empirically linked to improved health and reduced hospitalization.⁹ The current government has implemented modest increases—most recently a two per cent increase in the 2007 budget—and implemented useful administrative reforms. But the failure to systematically protect our most marginalized citizens from the effects of inflation is a damning indictment of our collective priorities.

TO SUPPORT HUMAN RECOVERY, THE ONTARIO GOVERNMENT SHOULD:

- work with supportive housing providers to increase the supply of supportive housing units in Ontario by at least 5,000 over the course of its mandate
- increase ODSP rates by 10 per cent, and index ODSP rates to the Consumer Price Index.

9. Centre for Addiction and Mental Health, "Barriers to ODSP: Experiences of People with Mental Health and Addictions." June 2003. Full document available at http://www.camh.net/Public_policy/Public_policy_papers/odsp_background03.pdf.pdf.

INCLUSION

Supporting the full inclusion of people with mental illness and addiction

Consumer/survivor initiatives (CSIs) can and should play an integral role in the mental health and addiction sector. As supports and services run for and by people who have experienced mental illness and addiction, **CSIs EMBODY THE PRINCIPLES OF INCLUSIVENESS AND RECOVERY**. Consumer/survivor organizations, which range from self-help and peer support groups to alternative businesses, contribute to a reduction in the use and cost of mental health and addiction services. **PARTICIPANTS IN CSIs ARE PROVEN TO SPEND LESS TIME IN HOSPITAL, USE FEWER CRISIS SERVICES, AND EXPERIENCE EASIER TRANSITION INTO COMMUNITY LIVING.**¹⁰ In addition, CSIs offer employment and training to people who were previously seen as unemployable.

WE RECOMMEND THAT THE PROVINCIAL GOVERNMENT:

- mandate the inclusion of consumer/survivors in the planning, operation and evaluation of all mental health and addiction services
- significantly increase consumer/survivor initiatives' funding to support existing initiatives and to expand the types and numbers of programs offered by consumer/survivor initiatives.

10. CMHA Ontario, CAMH, OFCMHAP and OPDI, "Consumer/Survivor Initiatives: Impacts, Outcomes and Effectiveness." March 2005. Full document available at http://www.ontario.cmha.ca/admin_ver2/maps/csi%5F200504%2Epdf.

RECOGNITION

Recognizing the critical role of families

Clients' families are also an important part of the addiction and mental health sector. Families are involved in an ongoing, supportive role, and in many cases act as primary caregivers for people with mental health and addiction problems. Involvement in these roles has proven to have a positive impact on rates of hospitalization and relapse, adherence to treatment choices, and rates of recovery.¹¹ **YET FAMILIES ARE NOT RECOGNIZED OR COMPENSATED FOR THEIR WORK**, nor do they receive the education and support they require to carry out this responsibility. The valuable contribution they make to Ontario's health care system justifies a significantly greater investment in family programs and services.

SPECIFICALLY, WE RECOMMEND:

- dedicated funding for family peer support and family organizations
- a provincial policy framework that includes families in decision making for the addiction and mental health sector, and involves them as partners in care, rehabilitation and recovery.

11. Family Mental Health Alliance, "Caring Together: Families as Partners in the Mental Health and Addiction System." November 2006. Full document available at http://ofcmhap.on.ca/files/Family_stn1.pdf.

VISION

A provincial drug strategy

The provincial government's Smoke-Free Ontario initiative is an outstanding example of government leadership getting results—changing behaviour and improving human health. The time has come for the provincial government to provide the same direction on alcohol and other drugs. The problems associated with substance abuse are enormous, and range from fetal alcohol spectrum disorder to the increasing problem of driving under the influence of cannabis. Addressing this problem is possible—by bringing together government departments and community organizations from law enforcement, health promotion, and addiction treatment with the individuals and families whose lives have been directly affected by alcohol and other drugs.

THAT IS WHY WE RECOMMEND THAT THE GOVERNMENT OF ONTARIO:

lead the development of a provincial drug strategy, founded on a vision of a province that supports health, public health and safety, and is increasingly free of the range of harms associated with alcohol and other drugs.

Provincial support for a Canadian mental health and addiction strategy

A recent Senate report identified the absence of a national approach to mental health and addiction as “an important national deficiency” and a symbol of our “neglect of mental health issues by government.”¹² That is why the Senate committee recommended the establishment of a national mental health commission, with the resources needed to support housing and community services across the country. The announcement of the establishment of a national mental health commission in March 2007 is an important first step. But a national commission and a national strategy needs the active engagement of provincial governments.

THAT IS WHY THE ONTARIO GOVERNMENT SHOULD:

commit itself to working actively with the Government of Canada on the establishment of a national mental health and addiction commission, a pan-Canadian strategy, and funding to improve community supports.

12. Standing Senate Committee on Social Affairs, Science and Technology, “Out of the Shadows At Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada.” May 2006. Full report available at <http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/rep02may06-e.htm>.