ADDICTIONS ONTARIO
LIFELINES TO HEALING

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

Submission to the Standing Committee on Finance and Economic Affairs

January 31, 2008

OAPC
Ontario Association of Patient Councils

Ontario Federation of Community Mental Health and Addiction Programs
Sharing Resources, Exploring Common Issues

Ontario Peer Development Initiative
Initiative ontarienne de développement favorisant l'aide entre pairs
Supporting Consumer/Survivor Initiatives Throughout Ontario
À l'appui des initiatives des usages survivants à travers l'Ontario

This submission is made on behalf of the following organizations:

Addictions Ontario
Canadian Mental Health Association, Ontario
Centre for Addiction and Mental Health
Ontario Association of Patient Councils
Ontario Federation of Community Mental Health and Addictions Programs
Ontario Peer Development Initiative

Introduction

Thank you for the opportunity to contribute to the committee's deliberations on Ontario's 2008-09 budget.

This presentation is submitted on behalf of a collaborative of provincial mental health and addictions service providers and clients in Ontario. Our partnership consists of Addictions Ontario, the Canadian Mental Health Association Ontario, the Centre for Addiction and Mental Health, the Ontario Association of Patient Councils, the Ontario Federation of Community Mental Health and Addictions Programs, and the Ontario Peer Development Initiative.

The impact of mental health and addictions problems is enormous. The most recent research tells us that the cost of substance abuse and mental illness is $34 billion each year in Ontario. Twenty percent of the general population suffers from a mental illness or addiction in their lifetimes and 3% suffer profound suffering and persistent disablement. One out of every 10 Canadians aged 15 and over reported symptoms which indicated alcohol or illicit drug dependence in 2002/03. More than 1.5 million Canadians are experiencing clinical depression, a disorder that affects 10-15% of Canadians at some point in their lives.

Mental Illness, Addiction and Poverty

We would like to acknowledge the government's commitment to reducing poverty in Ontario. We can think of no issue that should be a higher priority for Ontario's budget, or for consideration by this committee. In your considerations, please remember that an anti-poverty initiative that fails to address the particular needs of Ontarians with mental health and addictions problems will be incomplete. More than one-third of Ontario Disability Support Program (ODSP) recipients are people with a serious mental health problem. We know that a very significant number of Ontario Works recipients

have mental health or substance use problems; in many cases, those on income support programs have concurrent disorders involving both mental health and substance use problems

An anti-poverty plan must also consider how significant public investments in areas outside income support – including health – can be leveraged to contribute strategically to the government's anti-poverty objectives. People with mental health and addictions problems often live in chronic poverty. Poverty also constitutes a significant risk factor for developing a mental health and addictions problem. Our submission to you will outline the manner in which public policies contribute to the social and economic marginalization of people with mental health and addictions problems, and what can be done to address this problem.

Ontario Disability Support Program

Individuals with work-limiting disabilities are nearly three times as likely to be poor and four times as likely to be in receipt of social assistance as individuals without a disability. Many Ontarians with serious mental health problems rely on social assistance as their primary source of income. In 2006, there were 77,430 people receiving income support through the ODSP with a serious mental illness, representing 1 in 3 ODSP recipients. Research indicates that income plays a critical role in supporting recovery, and improved income supports have been empirically linked to improved health and reduced rates of hospitalization for those with mental health problems.

ODSP rates are significantly lower than what is needed to cover the cost of basic necessities, such as food, clothing and housing. The cost of living increases implemented in the course of the prior government are important, and appreciated. Nevertheless, we believe that protection from inflation should be a matter of policy; the failure to systematically protect some of the most vulnerable people in Ontario from the effects of inflation represents a serious failure of priorities. ODSP rates must be increased in order to compensate for the significant decline in purchasing power of rates over the past 10 years. Rates should be subsequently be indexed to the rise in the consumer price index (CPI).

Housing

The cost of housing is fundamentally connected to income security, and an anti-poverty initiative must include a plan to increase access to decent,

affordable housing. This should include initiatives to maintain the current supply of affordable housing, an increase in the supply of affordable housing, and programs to improve the affordability of market rents for people on low income. No single solution will solve the problem.

Supportive housing is a model that brings together safe, decent shelter with the supports that many people need to live in the community. These services will 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 far less to provide supportive housing than to provide a shelter bed for a homeless person or psychiatric hospital care. (Stable housing is also more cost-effective than withdrawal management beds or residential treatment for those with addiction problems.) Ontario needs more supportive housing units in order to promote the recovery of persons with the capacity to live in the community, rather than in institutional settings. We recommend that the Government should work with supportive housing providers to increase the supply of supportive housing units in Ontario by at least 5000 over the next four years.

Supporting Consumer/Survivor Initiatives

Consumer/Survivor Initiatives (CSIs) play a critical role in Ontario's mental health system, and make enormous contributions to the social inclusion of people with serious mental health problems. CSIs are run for and by people with mental health problems or those who have received mental health services. CSIs make a very significant contribution to recovery, and these accomplishments have been documented. Participants in these programs spend less time in hospital, use fewer high-cost crisis services, and often reduce their use of medication. All of these outcomes result in savings to the Government of Ontario.

CSIs also play a significant role in promoting labour market attachment, thereby reducing social isolation and poverty. The government's Throne Speech was eloquent in describing the importance of a good job. Beyond the importance of providing sustainable income, well-paying jobs "allow a community to look to the future with confidence." We cannot emphasize enough the extraordinary effect of employment for persons whose attachment to the labour force has been severed as a result of a mental health or addiction problem. Research has consistently demonstrated that work is central to recovery for persons with mental health and addictions problems, and that workplace accommodations increase the likelihood of successfully finding and

keeping work. Alternative businesses, owned and operated by mental health consumers, provide support to people otherwise excluded from the workforce, and employ approximately 800 people in Ontario. Alternative businesses have waiting lists of people who want to work, but they require additional funding for infrastructure in order to expand their services and hire more employees.

Stronger Mental Health and Addictions Services

Our organizations have expressed support for the key elements of the government's plan for health care. We agree that we must build a comprehensive and integrated system, driven by the needs of patients, and responsive to the concerns of local communities. People with mental health and addiction problems require services that break down the traditional silos present in the system, and they require mental health and addiction services that are an integral part of the overall health care system. We support the government's commitment to improve primary care, expand access to home care, and to create local health integration networks.

Funding for addictions services

Addictions treatment services significantly reduce alcohol and other drug dependency, reduce criminal activity and improve the health of clients. A wide range of economic studies has also demonstrated that there are positive net economic benefits of substance abuse treatment.

Last year's budget contained an increase of $7 million to expand access to addictions funding. This was an important investment in the capacity of our sector, and recognition of the need to expand services, particularly in areas of significant population growth. However, addictions services in Ontario remain poorly funded. The core infrastructure of addictions services has been eroded by the failure of governments to provide the funds needed to cover the costs of inflation and increased service demand. A survey of addiction agencies across Canada discovered that Ontario addictions providers were the most concerned about their ability to retain staff and offer competitive salaries. Critical investments in the capacity of addictions services are required in order to ensure that services are in place to respond to the needs of those seeking help for an addiction.

Community mental health funding

In this government's first term, it made very significant investments in community mental health care – government funding for this sector has increased significantly over the past five years. Our partnership strongly supported these investments as an important recognition of the historic underfunding of mental health services, and the corresponding inadequate access to mental health programs. The government made another wise decision in devoting the resources required to evaluate the impact of these public investments. Although the comprehensive evaluation has not yet been completed, interim findings point to some very encouraging developments: there has been an increase in the number of clients served by early intervention programs that target people experiencing mental health problems for the first time; new funding has revitalized the field; across a range of program areas, more clients are getting care, and new programs are being developed; and there is (to-date) anecdotal evidence of increase in the continuity of care across programs and systems.

It is critical that the government continue to build the capacity of the community mental health sector, in order to strengthen access to services. Mental health problems constitute the fastest growing source of workplace disability. Efforts to reduce the stigma associated with mental health problems and seek needed treatment will be thwarted if services are not available to the people who seek our help.

Mental health and addictions -- a strong provincial role

It is instructive to review the experience of other jurisdictions that have introduced a regionalized administration of health care. Our partnership has conducted a review, in order to determine how well mental health and addictions services have weathered the changes that come with local administration. Our research tells us that addiction and mental health funding is easily overlooked, and clients and the their families too often forgotten.

This would an unfortunate outcome for Ontario. It would have consequences for people who depend on these services, and subvert the efforts of successive governments to fundamentally change our mental health care services. Governments have devolved former provincial facilities to the community, and invested in an integrated system of community-based care. We believe that the government has a strong interest in continuing a provincial focus on mental health care reform, and including addictions in this framework to recognize the

important relationship between mental health and substance use problems and services. For this reason, we recommend convening a provincial network of addiction and mental health clients, service providers and government officials to continue the momentum toward a comprehensive system of supports.

Funding for peer support and family programs

As noted above, peer-operated programs – including patient councils – can play a critical role in strengthening labour market attachment and reducing poverty. We also wish to stress that peer support programs have demonstrated positive health outcomes, and investments in these programs pay significant dividends. In Ontario, research tells us that participants in peer support programs are discharged from hospital more quickly, have fewer contacts with the health system. Isolated mental health consumers who were formally connected with a peer mentor used an average of over $20,000 less in health care services after discharge from hospital. These initiatives also challenge our fundamental assumptions about stigma, discrimination, and the capacity of people with serious mental health problems to fully participate in civic life. We recommend that the budget significantly increase funding for peer support programs.

Clients' families are also an important part of the addiction and mental health sector – and a very significant resource for people with mental health and addiction problems. In many cases, families act as a primary caregiver for consumers of mental health and addiction services. Strong family support has been proven to have a positive impact on rates of hospitalization and relapse, adherence to treatment choices, and rates of recovery. 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, including dedicated funding for family peer support and family organizations.

Conclusion

The provincial budget presents the government with an opportunity to make funding decisions that contribute to its objective of reducing poverty and social exclusion. The Standing Committee on Finance and Economic Affairs should consider the role that all funded programs play in alleviating poverty in Ontario. In the area of health care, mental health and addictions services play an enormous role is supporting some of Ontario's most marginalized

populations. By increasing support for people with mental health and addictions problems – through investments within health care and in the broader determinants of health – the government will be investing directly in the capacity of these citizens. This will be important progress in confronting poverty in Ontario.

For more information, please contact Barney Savage, Centre for Addiction and Mental Health, 416 535-8501, ext. 2129, or any of our organizations.