



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

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Mental Health

1001 Queen St. West
Toronto, Ontario
Canada M6J 1H4
Tel: 416.535.8501

Centre de toxicomanie et
de santé mentale
1001, rue Queen Ouest
Toronto, Ontario
Canada M6J 1H4

www.camh.net

Submission of

Centre for Addiction and Mental Health

to

**The Standing Committee on Finance and
Economic Affairs**

on

**Bill 125: The Ontarians with
Disabilities Act**

December 2001

*A PAHO/WHO
Collaborating Centre*

*Un Centre collaborateur
OPS/OMS*

*Affiliated with the
University of Toronto
Affilié à l'Université
de Toronto*

Introduction to the Centre for Addiction and Mental Health (CAMH)

The Centre for Addiction and Mental Health (CAMH) was created in 1998 through the successful merger of the Addiction Research Foundation, the Clarke Institute of Psychiatry, the Donwood Institute and the Queen Street Mental Health Centre. The Centre is a teaching hospital fully affiliated with the University of Toronto and is a World Health Organization Centre of Excellence. It is the largest mental health and addictions facility in Canada.

The Centre brings together internationally recognized biological, clinical and social research with pre-eminent treatment facilities, a range of professional training and a province-wide network of community program staff. As a result, we have a unique capacity to focus our research agenda on the most pressing needs and to translate new knowledge into action. With clinical expertise in both addictions and mental health, the Centre is also in a unique position to demonstrate a collaborative, interdisciplinary approach to prevention, care, education and research.

The Centre is committed to providing comprehensive and well-coordinated care for all people with mental illness and substance use problems. The Centre advocates for services that are accessible, effective and adequately funded for all people needing help. It is also working towards the elimination of the stigma that is faced by those with mental illness or substance use problems.

Disability Issues at CAMH

At the Centre for Addiction and Mental Health, disability issues are being addressed in the context of the Centre's commitment to diversity. The Centre has included diversity as a significant corporate priority and has dedicated considerable resources to addressing access, accommodation and stigma issues with respect to disability in all forms for all our stakeholders.

Diversity at CAMH is characterized by respect for the diversity of **race, culture, ethnicity, immigration/refugee status, gender, age, abilities, religion, socioeconomic class, language abilities, literacy level and sexual orientation** that is demonstrated by inclusive practices and policies in relation to governance, service and employment.

The organization **recognizes** that we all have **multiple and shifting identities** at different times and contexts, and that the **intersections of our multiple identities** produces in each person very different experiences of oppression and exclusion, even if we may share some of the identity statuses.

The underlying premise for the development of a diversity perspective at CAMH is that addiction and mental health services are part of a system that disadvantages people outside of dominant identity groups. It is maintained through the entrenchment of standards or norms of acceptable behaviour that reflects the assumptions and values of dominant groups. In short, not everyone can easily access or benefit from the programs and services that we offer.

Last Monday, December 3, was the International Day of Disabled Persons. On that day, as part of the Centre's action on diversity, CAMH convened a staff forum on Visible and Invisible Disabilities. The forum provided an opportunity to discuss the personal journeys of people with disabilities at the Centre, as well as to develop commitments and strategies to eliminate barriers. Staff from across the organization participated in this important event.

Participants noted that people with all types of disabilities are included in the Centre's client and patient population, in our workforce, our management team and our Board of Trustees. Ms. Leigh Robson, a Recreational Therapist at CAMH, spoke eloquently of her own struggle with depression and stressed that many people with mental illness also have other disabilities or other identities that disadvantage them further. She expressed the view that had she had other disadvantages to deal with, she is certain that her life or her son's life would have been at risk.

The barriers to access, supports and services that confront people with disabilities are a concern for CAMH. From CAMH's perspective, it is imperative that the ODA be amended to achieve a barrier-free Ontario for all persons with disabilities.

BILL 125 PROCESS

Bill 125 has been introduced and sent to Committee hearings in less than one month. This time frame has not allowed CAMH to properly analyse the Bill and its impacts, nor to consult with our stakeholders and partners as we are committed to doing when we make submissions such as this. However, key members of our staff and Board felt that this legislation is so important to us that we should make our voice heard.

Disability issues are extremely important for CAMH clients, patients, and staff, and to the Centre in its role as a public hospital. We are troubled by the imposition of a time frame that patently does not allow sufficient time for community input, and does not acknowledge the special planning and accommodations that may be required to allow people with disabilities, whom the legislation is intended to benefit, to understand what is contained in the legislation and request amendments. We strongly protest the compressed time frame for the review of this Bill, and we endorse the requests of other groups that hearings be extended into the New Year to allow for proper information exchange, consultation and consideration of amendments to this extremely important legislation.

CAMH Position

In most respects, CAMH's position is consistent with and builds upon the work of other organizations and we wish to support the following points.

This bill is weak and ineffective, and, despite appearing to be more comprehensive than the previous legislation, contributes little of substance to support much needed reform with respect to treatment of disability issues. In our view, the major shortcomings are as follows:

1. The definitions contained in Bill 125 require amendment if they are to reflect the range of disability issues for people suffering from severe mental illness or substance abuse issues;
2. Bill 125 does not impose requirements on private employers or providers of goods and services, but leaves this up to Cabinet to do so by regulation;
3. There are no remedies, either individual or systemic, included in the Bill;
4. No targets are set for achievement of accessibility plans, nor are there consequences for non-achievement of accessibility plans.

Definitions:

The definitions in the Bill are both vague and limiting, in that they do not reflect the experiences of people with mental illnesses and addictions issues. Nor do they take into account the complexity of disability issues, and the unique nature of the experience of each person with disabilities. While we commend the Minister for including "mental disorder" in the definition of "disability", and for including "attitude" as a barrier, we strongly endorse the recommendations of the Canadian Mental Health Association – Ontario Division, with respect to proposed amendments to these definitions contained in the Bill.

Accountability:

As a public hospital, CAMH would have obligations under this law. While the Centre is working toward being a barrier-free employer and a provider of care, education and research, we know we have more work to do. We support the notion of holding public agencies accountable for ensuring a barrier-free workplace and delivery of services for people with all types of disabilities and those who have multiple disabilities. We are prepared to endorse changes to the legislation that would include clear accountabilities for those who do not live up to their obligations according to the legislation.

Overall Purpose of the Bill:

CAMH agrees with the ODA Committee's statements regarding the overall purpose and form of the Bill:

The ODA's purpose should be the achievement of a barrier-free Ontario for all people with disabilities...All public and private sector providers of goods, facilities and services should be required to remove and prevent barriers. Time lines and standards should be decided upon through a consultation with all stakeholders. The legislation should set out the time lines for developing these standards and a process for consultation. The same requirements should apply to employers.

There should be an effective, speedy way to enforce the law, besides filing human rights complaints for each barrier...

Support for CMHA – Ontario Division Principles:

CAMH strongly endorses the principles that the CMHA Ontario Division has stated an ODA should be based upon:

- 1) The definition of disability must be inclusive and flexible
- 2) The legislation must require the removal and prevention of barriers including an effective enforcement mechanism with sanctions for those who fail to comply
- 3) The legislation must cover the public and private sectors
- 4) There must be a duty on the government, in consultation with persons with disabilities and other stakeholders, to develop, implement and enforce barrier-free standards that are enforceable systemically rather than through individual complaints

- 5) While self-regulation is a component of barrier removal and prevention, it is not sufficient in and of itself. In addition to mandatory legislation, there should be financial incentives available.
- 6) All existing and proposed legislation, regulations and by-laws should be reviewed to ensure that they do not directly or inadvertently result in the creation of barriers. Those that do exist should be removed.
- 7) Public education is essential to facilitate the prevention and removal of barriers facing persons with disabilities.

In its current form, the Bill falls far short of these principles. It is a very limited step, and this is particularly disappointing given that it has taken over six years to develop this law, with a previously failed attempt.

Support for Letter to Minister Jackson

We agree with the CMHA Ontario Division and eight other organizations that have made the following main points in their open letter to Minister Jackson on November 8, 2001.

- Currently, the bill lacks a significant role or authority for the Advisory Council and the lack of an effective mechanism for meaningful disability input into all standards to be made under the bill.
- There is a lack of specific legislated time frames for the creation of effective regulations that will remove barriers across all sectors.
- There is a lack of any real enforcement or mandatory barrier removal and prevention requirements other than for parking violations under the Highway Traffic Act.

Conclusions:

Any positive impact of this Bill will spring from the content of regulations and effective implementation in concert with disability organizations, stakeholders and community partners. We implore the government to make the changes recommended by CAMH, CMHA-Ontario Division and the ODA Committee, and to develop an effective implementation strategy. CAMH would like to be involved in the development of the regulations, to ensure that disability issues associated with mental illness and addictions issues are adequately addressed.

If you have any questions with respect to this submission, or if you require further information about our response, please contact Gail Czukar, CAMH General Counsel at (416) 535-8501 ext. 6923 or gail_czukar@camh.net.