

A SUBMISSION BY THE
ONTARIO PUBLIC SERVICE
EMPLOYEES UNION

TO THE SELECT COMMITTEE
ON MENTAL HEALTH
AND ADDICTION

EVERY DOOR IS
THE RIGHT DOOR
— TOWARDS A 10-YEAR
MENTAL HEALTH AND
ADDICTIONS STRATEGY

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Ontario's union / l'Ontario
Le syndicat de l'Ontario

A Submission by the Ontario Public Service Employees Union to the Select Committee on Mental Health and Addictions

The Ontario Public Service Employees Union (OPSEU) is an Ontario-based union that represents over 130,000 members who service our communities.

In health care, OPSEU represents professional and support staff who work in both general, children's and psychiatric hospitals, mental health agencies, home care, long term care homes, ambulance, as well as the Canadian Blood Services. As part of the Ontario Public Service, we also represent members at the Ontario Ministry of Health and Long Term Care.

Our members are the nursing psychologists, social workers and occupational, recreational and child therapists who work alongside patients with mental illness and/or addictions to strengthen their lives and give them hope for a better tomorrow. Our members are also the support staff and faculty members working across Ontario's colleges and the corrections officers working in the judicial system, who also have contact with individuals with mental illness and/or addictions.

The consultation paper developed by the Minister's Advisory Group, *Every Door is the Right Door, Towards a 10-year mental health and addictions strategy* has the potential to affect many of our members and so we welcome the opportunity to be part of the consultation process.

Overview

The current Liberal provincial government, under the direction of former Health Minister Caplan, has released a discussion paper entitled *Every Door is the Right Door – Towards a 10-Year Mental Health and Addictions Strategy*. Since OPSEU represents many of the frontline workers who help deliver mental health services to Ontario residents, we have been selected to present our recommendations regarding the new proposed strategy. This is a role we have played many times before.

For decades OPSEU has been at the forefront of reform for Ontario's mental health and addictions services. OPSEU has produced and submitted many pertinent reports including: *Recipe for Restraint: A Discussion Paper on Mental Health* (1983) and *Care for Those Who Need it: Principles of Comprehensive Mental Health Care System* (1991). OPSEU has also written reports that highlight the weaknesses in Ontario's mental health care system. These include: *Ontario's Mental Health Care Breakdown* (1980) and more recently *Reality: Ontario's Mental Health Care System isn't working* (2002). Like previous reports, this brief aims to critique the latest provincial strategy and provide recommendations that will benefit all Ontarians.

Commendable Aspects of Caplan Report

There are many positive aspects to the Caplan strategy. OPSEU agrees with the proposal to integrate people with mental illness and/or addiction into their communities. Improving the health and well-being for all Ontarians is a top priority. We too hope for a reduction in the incidence of mental illness and strive to identify and treat all disorders as early as possible. All Ontarians struggling with mental illness and/or addictions must have access to high quality, effective, integrated, culturally competent, person-directed services and support.

Disagreeable Aspects of Caplan Report

Despite the latest effort to reform the Mental Health and Addictions Strategies for Ontarians for the next 10 years, it is evident the government has failed to properly address multiple core issues that pertain to the provision of quality mental health care. OPSEU has addressed the same problematic issues over the course of decades yet we appear to come full circle to the initial set of problems.

OPSEU strongly disagrees with the methodology used in the Caplan report. Although its goals are attainable, persistent problems including appropriate and secure funding, cut-backs to valuable programs and services, the closure of psychiatric facilities and the fragility of the workforce in this sector must all be addressed. OPSEU is cautious of the integration of mental health and addiction services with the rest of the health system, since in the past “integration” has been synonymous with more cut backs and closures for much needed services and programs. Our formula to get the plan right involves recognizing the importance of psychiatric hospitals while providing proper resources for patients with mental illness and/or addictions including the fast and efficient delivery of programs and services, healthy communities and the need to ensure a viable workforce.

Increase and Guarantee Funding

Part of the proposed strategy, which focuses on early intervention, identifies a number of key players to assist in creating public awareness. This involves the affected individuals as well as the people in their communities, who must be educated in identifying the signs and symptoms of mental illness and addiction. A number of health care professionals, including family doctors, require additional training to better identify and intervene appropriately. In addition, ties with frontline workers from various sectors must be strengthened. This includes social services, education, employment, seniors’ services, housing, settlement services, labour and justice. They too will require training to recognize the signs and symptoms of mental illness and addiction to link these individuals to the appropriate resources. (Caplan 2009)

Although the concept of early intervention via education is logically sound, there are many practical flaws in the proposed strategy. It is commendable to want all

workers in related fields to be fully trained, but much more is required to turn the vision into reality. The main issue is a sufficient level of funding for each public service sector caring for those with a mental illness or an addiction.

Given the continual lack of funding seen in Ontario for mental health and addiction over many years, this goal seems destined to remain a dream. In an article published in May 2008 by Jacob's et al. in the Canadian Psychiatric Association journal, Ontario is cited as having one of the lowest public per capita mental health expenditure rates among Canadian provinces. The national average is at \$172 per person, whereas Ontario is at \$152 per person, with British Columbia spending the highest at \$230 per person. Furthermore, according to the Organization for Economic Cooperation and Development (OECD), Canada has one of the lowest rates of mental health spending relative to health spending of all other OECD countries.

Children's Mental Health Services, which is a "non-mandated" service under the Ministry of Children and Youth Services, continues to play an important role in mental health and addictions. They provide the necessary care for children and youth with mental illness and play a vital role in early intervention, as discussed in the Caplan report. However, core funding which covers treatment and overhead costs continues to be a problem. Core funding is important since it allows agencies the flexibility to respond to the needs of the children and youth. Since 2003, core funding has dropped up to 30 percent including inflation, so the apparent eight per cent increase in funding seen since 2004 is almost negligible.

To be clear, there simply needs to be more funding for specialized services such as mental health and addictions, including guaranteed core funding for Children's Mental Health Services. Implementing an ambitious strategy will require stable funding from year to year to ensure that relationships between sectors can be built, strengthened and sustained. It will be nearly impossible to achieve this if provincial funding is not increased and guaranteed annually.

Improve and Develop Services

The latest strategy, as set out in the Caplan report, advocates for the development of a range of evidence-based, person-directed services. OPSEU fully supports the goals of equality and universality. The Caplan report emphasizes the importance for all Ontarians having access to the same services. Furthermore, while the system will continue to offer patients hospital-based assessment, treatment and case management services provided by psychiatrists, physicians, nurses, psychologists and social workers, the report aims to have the integration of a number of other evidence-based, person-directed care (Caplan 2009).

The goals of equality and universality are commendable but the proposed strategy fails to provide critical details and assurances. For example, where is the assurance that all Ontarians will have access to the same services, when there are ongoing closures of mental health facilities across Ontario – most recently the Brockville

Mental Health Centre scheduled to close in March 2011? With that closure, individuals with mental illness and/or addiction will be forced to travel to the Royal Ottawa Hospital. This is disturbing considering the importance geography plays in individuals accessing and actually using services.

Even more recent is the threat posed by the cuts to the available Problem Gambling Treatment Program at Lakeridge Health in Oshawa. Even though the program is well utilized, the Central East LHIN continues to threaten the hospital to cut costs to cover the \$3.4 million shortfall in their budget. The proposed plan is to reduce the number of beds from 20 to 11, while limiting access only to individuals living within Oshawa.

This program is an example of a valuable program funded from a hospital's global budget, which is at high risk for closure despite the need in the community. Unfortunately, past Hospital Annual Planning Submission (HAPS) documents have suggested that hospitals under pressure should simply eliminate mental health and addictions services funded in this manner, without evaluating the need in the community.

Viable programs and services are critical but so too is accessibility. Programs and services must be available to all individuals with mental illness and/or addictions. It is absurd to be closing facilities and reducing the capacity of well-utilized and needed programs.

Increase Capacity by using Existing Resources Differently & More Efficiently

The Caplan Report aims to transform the current system by providing consistent, evidence-based and innovative services in mental health and social services across the province. The report specifically states that there is a belief that capacity will increase by using resources differently and more efficiently.

Does "increasing capacity by using resources differently and more efficiently" translate into using the same resources, which we have already established in this report to be insufficient, to support even more services and programs at the cost of preventing children with mental illness from receiving care and closing psychiatric hospitals?

Since 1993, the number of children in Ontario requiring mental health services has more than doubled, from 73,153 to 201,556. Gordon Floyd, Executive Director of Children's Mental Health Ontario (CHMO) has reported that five out of every six children who require specialized help for mental health problems are not receiving care and that those who do face an average wait time of five and a half months. This speaks volumes about the need for core funding, as opposed to the need to use resources "more efficiently", as stated in the Caplan report.

According to the Deloitte Report (2006), there have been delays in the discharge of patients with mental illness and addiction from hospitals due to the lack of resources in the community, not the misuse of resources within the community. Two-thirds of the 21 mental health programs profiled in the Deloitte report raise the lack of community resources as an issue for their program. Pertinent examples include:

- community programs have limited capacity to absorb the volume/number of patients flowing from inpatient services in a timely matter;
- many patients are not able to qualify for long term care acceptance;
- many community resources lack the specialized training and knowledge to support patients in the community setting;
- ACT teams are at capacity and unable to accept further patients;
- in some communities, the Community Care Access Centres do not provide mental health services in the home.

Furthermore, the role of psychiatric hospitals continues to come into question. Psychiatric hospitals have an important role to play in communities, since most general hospitals lack the necessary trained psychiatric emergency nurses to effectively triage a person with mental illness. Importantly, psychiatric hospitals allow for long-term accommodation of patients that require more specialized and sustained care, that would otherwise not be possible in general hospitals or community agencies.

According to the Canadian Institute of Health Information (CIHI), the average length of stay for mental health beds in general hospitals was about 13 days, whereas specialty psychiatric hospitals was considerably longer at 62 days. General hospitals, under pressure to empty beds to accommodate incoming patients, often medicate people with mental illness and release them back to the community, where they in turn get caught up in the corrections system.

Finally, the Caplan Report emphasizes the need to recognize the long-term, changing nature of mental illness and/or addiction. It calls for services tailored to meet local needs. This speaks to the need for necessary changes to the existing infrastructure, so that real-time decisions can be made as relevant conditions change. Since services and programs are to be linked to other health services and sectors, there must be mechanisms in place that ensure that the needs of individuals are locally met. As OPSEU has put on the record many times, one definitive way to improve the responsiveness of local health services is to have our Local Health Integration Networks democratically-run – as with local Boards of education. OPSEU sees this as a vital step to ensure that Ontario communities get the health care services.

Healthy Communities Feature Education, Jobs, Income & Affordable Housing

Healthy communities depend on the provision of effective, flexible and relevant education, affordable housing, and adequate income. The Caplan Report aims to develop the environment that fosters these opportunities. According to the Caplan

report employment for individuals with mental illness and/or addiction will be provided in supportive and inclusive environments and affordable housing will also be promoted.

OPSEU agrees that education, employment opportunities, income and affordable housing are the basic building blocks to ensure the stability and well-being of individuals with mental illness and/or addiction. This is not new. However, where we are continually bogged down is by the lack of commitment by the province to act on these goals. These aims cannot be achieved by simply shuffling existing resources.

Contracting out job support training to private corporations has often proven expensive and of little value. Individuals emerge from these programs with no more recognizable qualifications than when they entered. If the province is serious about providing educational opportunities, it needs to utilize existing programs and dedicate greater resources to Ontario's Colleges and Universities, where the real expertise in job support training resides.

Furthermore, how are individuals going to afford to stay in school and have appropriate housing and food, when the levels of the Ontario Disability Support Program (ODSP) allowances are at an all-time low? Presently, the ODSP allowance for a single person is about \$1000 per month. With the average bachelor apartment for rent in Toronto costing about \$700 per month and food costing around \$200 per month, just \$3 per day remains for other expenses such as clothing, transportation, telephone and other personal needs.

It is important to note that the United Nations defines housing as a basic human right. It is a right that includes shelter, security of tenure, personal safety, accessibility to employment, education and health care, and provision of minimum space to avoid overcrowding. But, people with mental illness and/or addiction in Ontario are being denied access to this basic and fundamental right. Even when an ODSP recipient wants to get a part-time job to supplement their income to improve their living conditions, 50 cents on every dollar earned is subtracted from their monthly ODSP cheque. How can these individuals thrive and surge ahead with such crushing limitations?

It is well established that individuals with mental illness and/or addiction are chronically under-employed. Unfortunately, those that try to escape poverty by finding employment have many barriers to overcome. Given the current economic downturn, involuntary part-time employment is replacing full-time jobs. This makes access to part-time employment more competitive. For example, in 2008, Ontario lost 22,000 full-time jobs. Workers looking for full-time jobs were forced to turn to part-time work. We must find a way to support and encourage the growth of both full and part-time work that can sustain a decent living for all individuals, especially those with mental illness and/or addiction.

Workforce – Understanding the Real Issues

Thousands of dedicated staff working directly with individuals with mental illness and/or addictions have an important role to play in their well-being. Caplan plans to ensure that the mental health and addiction system will have the proper infrastructure to meet increasing demands. Importantly though, the Caplan Report also admits that there are shortages of skilled mental health and addiction workers across Ontario, which in turn has contributed to the acknowledged wait lists, job stress and worker burnout. To improve the recruitment and retention issue, the report suggests addressing the stigma associated with this important work, and the lack of opportunities for ongoing professional development.

Although issues such as career stigma and lack of professional development opportunities are valid recruitment and retention issues, the underlying concern remains the inability of certain health care workers to find full-time employment and workload concerns. It is well known that health sector workers are experiencing severe shortages due to fewer people entering the profession, more people leaving the profession altogether and retirement.

In 2006, the Canadian Society for Medical Laboratory Science (CSMLS) surveyed 595 medical laboratory technologists certified in 2005. The overall response rate was 39 percent and included 208 general medical laboratory technologists; 11 clinical genetics technologists; and 13 diagnostic cytologists. Of the 88.9 percent of respondents who reported seeking full-time employment, only 40.5 percent were successful. The lack of full-time employment opportunities reinforces the need for greater job stability and security. These facts present a serious concern for recruitment in the medical laboratory profession.

CSMLS estimates that over half of Canada's medical laboratory technologists will be eligible to retire by 2016. Up to 85 percent of decisions about diagnosis and treatment are based on results of tests preformed by medical laboratory technologists. A shortage of medical laboratory technologists will put a strain on the health care system, especially the need to respond quickly to the threat of infectious diseases such as H1N1 and SARS.

Several studies with representative samples of nurse management, new graduates and nurses in acute care settings revealed that the primary indicator of emotional exhaustion and burnout was excessive workload (Laschinger, 2007). In addition, data from the National Survey of Work and Health Nurses (NSWHN) conducted by Statistics Canada and the CIHI (2006) indicated that the perceived lack of respect and work overload were significant predictors of nurses' mental and physical health, thus giving rise to some of the highest sick leave rates amongst health care professionals. Studies by Boychuk Duchsher (2001) and a Canadian Nurses Association report (2000) demonstrate that many new graduates are leaving the profession within two years of graduating. This is not surprising considering the

countless divestments and hospital closures to date. It is also no wonder to OPSEU that workers are feeling over-worked and stressed.

OPSEU believes the solution to these complex problems must be multi-faceted. Any viable solution must involve promoting professions associated with assisting individuals with mental health and/or illnesses. To attract people into these professions there must be competitive employment opportunities, which promote job security and good wages. Failure to address workload problems will only exacerbate the challenge of providing care and support for those with mental health and/or addictions.

Conclusion:

Many ideas have been put forth by the Caplan Report on how to improve the mental health and addictions programs and services in Ontario. OPSEU is convinced that in order for these strategies to be effective, there must be a dedicated plan that can solve the persistent problems of appropriate and secure core funding, cut-backs to valuable programs and services, the closure of psychiatric facilities and the unstable workforce.

Although these issues are complex and require extensive further discussion among all stakeholders, we believe that the government is in a position to make and implement the necessary changes to make “every door the right door”, while providing seamless mental health and addictions care for all Ontarians.