Expanded, culturally sensitive, mental health and addictions services save lives and money

OPSEU/SEFPO's recommendations to the Minister of Health and Long Term Care

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About OPSEU/SEFPO's Mental Health and Addictions Division

The Ontario Public Service Employees Union (OPSEU/SEFPO) represents 170,000 Ontarians who work across Ontario in the provincial and municipal public sectors as well as for private companies contracted to perform work in the public sector. More than 8,000 OPSEU/SEFPO members work in public hospitals (formerly known as provincial psychiatric hospitals), as well as in community mental and addiction health agencies.

OPSEU/SEFPO is pleased to offer its recommendations to the Minister of Health and Long Term Care on improving access to mental health and addictions services across the province.

Introduction

The government has an opportunity to build on previous mental health investments to create a truly responsive and effective mental health system that is grounded in accessible and expanded crisis support and addiction programs.

COVID-19 has exposed the cracks in the mental health system and the limits and gaps of the social safety net. The government's new investments in mental health under Ontario's *Roadmap to Wellness* are a good start to recognizing the tremendous need for more services across the province.

New investments must include expanding frontline services in mental health and addictions to reduce wait times and divert patients from accessing emergency hospital services and the justice system. An effective mental health and addictions approach must address the lack of supportive housing, expand court diversion programs, mobile crisis teams and 24 hour crisis response teams, eliminate waitlist for addictions treatment, and provide extended case management to stabilize individuals in the community. The government has made new investments to increase the number of mobile crisis teams amongst other initiatives in the justice sector and this is a good start. There needs to be coordination to ensure that every community has this service.

Systemic Racism and Mental Health

The government must lead in recognizing and addressing anti-Black racism and the systemic racism faced by Indigenous peoples and other racialized groups in the provision of mental health services. Black and other racialized groups, immigrant populations and Indigenous populations have a higher prevalence of mental distress and higher risk of suicide than average Canadians.[1] Statistics also show that there is an over-representation of racialized populations, particularly, Indigenous and Black populations, in frequency of arrests and incarcerations in Canada.[2]

Black and Indigenous communities have mental health needs that warrant significant attention and yet, few mental health services respond specifically with research, clinical support, programming, organizational change, health promotion or community collaboration that indicate cultural competence, understanding or awareness in a systemic manner.[3]

Evidence shows that the cumulative impact of multiple systems of oppression on Black communities causes trauma and negatively impacts mental well-being. Systemic and institutional racism creates barriers in access and quality of mental health care for the Black community.[4]

Supportive housing

Research shows that providing a home to people with mental health challenges can help save money in the long run in hospital, prison and shelter stays, and in other ways as well. Housing is a social determinant of health and is crucial to recovery from a huge array of health issues, including mental illness and addictions. For years health advocates such as the Canadian Mental Health Association, Addictions and Mental Health Ontario have called for investments in social spending including supportive housing.

In 2016 the Auditor General highlighted a study that found that for every $10 invested in housing and supporting a client, an average saving of $15.05 for a high-needs client and $2.90 for a moderate-needs client can be realized."[5]

A 2018 study compared the costs of a supportive housing intervention to inpatient care for clients with severe mental illness who were designated alternative-level care at the Centre for Addiction and Mental Health in Toronto. The supportive housing intervention was implemented in 2013 through a collaboration between 15 agencies in the Toronto area.

[1] https://ontario.cmha.ca/documents/new-report-aims-to-improve-mental-health-court-diversion-for-racialized-populations/

[2] https://ontario.cmha.ca/wp-content/uploads/2019/05/Racialized-Populations-and-MH-Court-Diversion-May-2019.pdf

[3] http://www.ohrc.on.ca/en/race-policy-dialogue-papers/racial-discrimination-and-mental-health-racialized-and-aboriginal-communities

[4] https://cmho.org/statement-on-anti-black-racism-in-mental-health/

[5] https://www.auditor.on.ca/en/content/annualreports/arreports/en16/v1_307en16.pdf

The study concluded that high-support housing has the potential to achieve costs savings over inpatient hospitalization for ALC clients with severe mental illness. The average cost savings per diem was between $140 and $160. This would result in annual savings of approximately $51,000 to $58,000 per client. The High Support Housing Initiative was potentially cost saving relative to inpatient hospitalization at the Centre for Addiction and Mental Health.[6]

The province needs to significantly expand supportive housing services such as The Lodge on Dawson in Thunder Bay, a transitional housing facility that operates in partnership between St Joseph's Care Group, the District of Thunder Bay Social Services Administration board, St Joseph's Foundation of Thunder Bay, Dilico Anishnawbek Family Care, and Alpha Court. The non-profit service provides 30 transitional housing beds for individuals living with mental illness and/or addictions and who struggle with homelessness. Staff are available 24 hours providing wrap around supports to assist individuals to transition into permanent housing.[7]

Mobile crisis response teams

The mobile crisis team model has been expanding in Ontario over the last 20 years because it is effective and reduces costly interventions. The government must stabilize permanent funding through the Ministry of Health and Long Term Care, and expand mobile crisis response teams across the province.

Evidence shows that collaboration and partnerships with police and mental health and addictions professionals reduce costly arrest rates, and hospital admissions. A 2015 study conducted by the Centre for Research on Inner City Health, and St. Michael's Hospital, found that co-responding police-mental health programs are associated with reduced pressure on the justice system through lower rates of arrest, as well as reductions in officers' time spent on location, and accompanying clients to Emergency Departments (EDs). Mobile crisis teams reduce demands on publicly funded services and can achieve better outcomes for client wellbeing.[8]

New community initiatives are often funded through grants which are time-limited. In 2019 the Mobile Crisis Rapid Response Team was initiated by the Kingston Police Service in partnership with Addiction and Mental Health Services of Kingston, Frontenac, Lennox and Addington (AMHS-KFLA). The new program is being funded by an almost $1-million provincial grant awarded to Kingston Police Service.[9]

In 2018 a pilot project partnering the Thunder Bay Police Service (TBPS) and the Canadian Mental Health Association is now seeking permanent, stable funding to increase its capacity to providing full-time hours to provide the necessary services.[10]

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6099780/

[7] https://www.tbnewswatch.com/local-news/the-lodge-on-dawson-transitional-housing-facility-prepares-for-fall-start-1609265

[8] http://stmichaelshospitalresearch.ca/wp-content/uploads/2016/12/MCIT-outcome-evaluation-Final-report.pdf

[9] https://globalnews.ca/news/6223176/kingston-police-addiction-mental-health-professionals-program/

[10] https://www.cbc.ca/news/canada/thunder-bay/joint-mobile-crisis-response-team-funding-1.5625800

A successful model of a responsive and stable crisis team, funded by the LHIN, is the CMHA Waterloo Wellington and Wellington Police IMPACT program (Integrated Mobile Police and Crisis Team) which began in 2015 and expanded to Guelph in 2016.[11] In 2017, IMPACT responded to over 1,500 requests for service in Guelph. Of those calls attended, over 80 per cent were able to be resolved without involving a trip to the emergency department. [12]

Mental health courts

There are 19 mental health courts operating in Ontario which could be more pro-actively diverting individuals with mental health issues, including racialized populations (specifically Black and Indigenous people) which are overrepresented in the criminal justice system. There continue to be significant gaps for service users such as wait lists for community-based mental health services and the lack of stable housing options.[13]

Racialized populations report higher rates of mental health issues than the national average. A 2019 report, *Racialized Populations and Mental Health Court Diversion*, identified that most service users reported a lack of awareness around diversion and mental health court support services during the initial stages of their criminal cases. The report determined that:

- Race-based data should be collected throughout the criminal justice system to better facilitate access to mental health court supports for Black and Indigenous people racialized individuals.
- More culturally-competent and trauma-informed services within the justice system, including specialized training for police officers, are needed.
- Every member of the justice system, including judges, police officers and mental health court support workers should be responsible for promoting mental health court diversion.
- Culturally-specific system navigators are needed to share information and resources with justice-involved individuals.[14]

Community-based addictions treatment

The province must increase community-based addictions services to save money on costly emergency services and reign in privately owned methadone clinics. For-profit high-

[11] https://cmhaww.ca/news/faces-of-cmha-making-an-impact-across-waterloo-wellington/

[12] http://www.waterloowellingtonlhin.on.ca/newsandstories/current_news/20180131_GPS_CMHAWW_ImpactPartnership.aspx

[13] https://ontario.cmha.ca/wp-content/uploads/2017/11/Mental-Health-Courts-in-Ontario-1.pdf

[14] https://ontario.cmha.ca/wp-content/uploads/2019/05/Racialized-Populations-and-MH-Court-Diversion-May-2019.pdf

volume treatment clinics should be eliminated in a publicly funded health system.

According to the Canadian Mental Health Association, approximately 10 per cent of Ontarians struggle with addictions, and there has been a record number of opioid deaths in Ontario. A 2018 study published by the Canadian Centre on Substance Use and Addiction estimated that the overall costs and harms of substance use in Ontario was over $14.6 billion in 2014.

In 2019 the provincial Auditor General (AG) reported that wait times for addiction treatment services had increased and that individuals did not have access to effective and prompt community-based addictions treatment services. The AG also found that local LHIN funding had not been based on actual need and treatment was delivered inconsistently. There are no provincial standards in place for residential and non-residential addictions treatment.

In 2018/19 the AG estimated that over $5 million was spent on providing care to frequent visitors of emergency departments for substance-use conditions and that this same money could be better spent on addictions treatment programs.[15]

The opioid crisis is ravaging communities. In 2017 Thunder Bay had double the rate of deaths (18 per 100,000 people) as the provincial average (8.9 per 100,000). High-volume private treatment clinics, have patient retention rates of 50 per cent or less and do not provide integrated care. Companies like the Canadian Addiction Treatment Centres own more than 70 clinics across the province, seeing a total of about 15,000 patients annually. Doctors who bill OHIP for prescribing methadone or suboxone are tempted to see more patients in order to generate more income due to high overhead fees, providing suboptimal care.[16]

Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations

The MHCC estimates that the total cost to Canada's economy incurred by mental health problems and illnesses is currently well over $50 billion annually, or nearly $1,400 for every person living in Canada in 2016. The highest rate of mental health problems and illnesses is among young adults ages 20 to 29.

For years studies have shown that expanded community mental health services can redirect individuals suffering from mental illness from accessing costly interventions involving emergency services, hospitals and the justice system. Some examples of cost savings cited in the 2017 study include:

- Offering one session of counselling for high users of emergency rooms – the cost of which

[15] https://www.auditor.on.ca/en/content/annualreports/arreports/en19/v1_302en19.pdf

[16] https://www.cbc.ca/news/canada/thunder-bay/methadone-clinics-opioid-crisis-thunder-bay-1.4854561

is offset from averted hospital visits and savings from earlier return to work – resulting in net savings of $21 per client in the first month;

- Investing approximately $22,000 per person in the housing first approach, including Assertive Community Treatment for the very high service users, saves as much as $42,000 in service costs that would have otherwise been incurred;
- Community-based rapid-response teams, which can cut health care costs in half among young people experiencing suicidal thoughts; and
- Improving access to psychotherapy, which creates improved quality of life and saves about two dollars for every dollar spent.[17]

OPSEU/SEFPO recommends the following:

OPSEU/SEFPO's mental health and addictions professionals call on the government to invest a further $380 million annually in community-based addiction and mental health services to respond to the urgent and rising demand for care.

Furthermore, the government must implement a sector-wide strategy to address systemic racism as part of its Roadmap to Wellness to ensure that all Ontarians have access to mental health services which are responsive and inclusive. This ought to include mandating cultural competency training as part of delivering effective, compassionate services. Publicly funded services should provide culturally appropriate care and agencies should be mandated to advance hiring practices that reflect the populations that are served.

We call on the government to provide mental health services that meet the actual needs of Ontarians:

1. Expand community-based mental health counseling services and early intervention;
2. Increase 24 hour integrated mobile crisis teams across all communities and provide stable, and permanent funding;
3. Expand community-based addictions services and eliminate for-profit treatment clinics;
4. Provide leadership to work with other levels of government to create supportive housing programs in every community; and
5. Expand Mental Health court locations and hours to provide better access to marginalized communities; provide culturally-competent and trauma-informed services within the justice system; and to significantly improve access to mental health court supports specific to Black and Indigenous individuals.

[17] https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

Conclusion

The evidence is clear: investing in community mental health services which include diversion, early intervention, crisis response, addictions treatment and follow-up, saves public funds and diverts Ontarians from accessing more costly services.

The social determinants of health contribute significantly to sustaining wellbeing. Access to secure, supportive housing is a critical component of providing effective mental health support to vulnerable and marginalized populations.

We know that systemic racism affects the mental health outcomes of racialized groups and without this recognition and change in practice, Indigenous, Black and racialized groups will not have the same access to services and positive mental health outcomes.

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