



Addictions &
Mental Health
Ontario

Dépendances &
santé mentale
d'Ontario

IT'S TIME FOR OUR ACTIONS TO CATCH UP TO OUR WORDS

Priorities to ensure that when Ontarians make the call for help with addiction and mental illness, someone is there to answer

ADDICTIONS AND MENTAL HEALTH ONTARIO'S 2017 PRE-BUDGET
SUBMISSION TO THE STANDING COMMITTEE ON ECONOMIC AND
FINANCE AFFAIRS

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About AMHO

AMHO represents over 220 community addictions and mental health care organizations across Ontario. Our members provide services and supports that help Ontarians with their recovery, including counselling and case management, peer support and family support, employment services, residential treatment, withdrawal management, supportive housing and hospital based programs.

As the collective voice of our members, we provide leadership and engage partners to build a comprehensive and accessible system of addiction and mental health care, and improve the well-being of individuals, families and communities in Ontario. We do this through policy work, advocacy initiatives, service development, knowledge exchange, education offerings and quality improvement work.

AMHO – An active partner

AMHO is an active part of Ontario's ongoing discussions for improving the mental health and addictions sector.

We are a member of the Mental Health and Addictions Leadership Advisory Council, helping to lead action on key strategic questions on the sector's future.

AMHO has also been engaged in other government initiatives that affect addiction and mental health, such as the development of Ontario's Long-Term Affordable Housing Strategy and the Ontario Poverty Reduction Strategy.

SUMMARY OF RECOMMENDATIONS

AMHO's 2017-2018 pre-budget recommendations are directed towards making it easier for Ontarians to access comprehensive addiction and mental health care by investing in community-based services and supports.

We recommend that the Government of Ontario:

1. “Keep the lights” on for community mental health & addiction organizations to ensure current service levels can be sustained

- Provide a 3 per cent base budget funding increase for the community mental health and addiction sector, who have not had increases to their operational budgets in five to ten plus years.

Investment for 2016/2017: \$30 million

2. Ensure the response to the opioid crisis focuses not only on saving lives, but on ensuring people have access to comprehensive community-based treatment and the opportunity to rebuild their life

Investment for 2016/2017: \$3 million per year

3. Invest in a more comprehensive and accessible mental health and addiction system by implementing the recommendations of the Mental Health and Addiction Leadership Advisory Council, including:

- **Core services:** Work towards ensuring that all Ontarians, regardless of where they live, have access to the same core mental health and addiction services.
- **Supportive housing:** Provide greater access to supportive housing to help people in their recovery by funding the implementation of the Supportive Housing Strategy developed by the Council, which calls for the creation of a minimum of 30,000 units with supports over the next ten years, and is essential for the province to deliver on the strategy to end homelessness.
Investment for 2016/2017: \$278 million
- **Youth:** Address the critical service gaps for mental health and addiction services for youth by increasing investments in additional staff and capacity.
- **Psychotherapy:** Improve access to psychotherapy by funding the training, hiring and competitive salaries of counsellors at community-based organizations
- **Data and performance strategy:** Support a comprehensive data and performance measurement strategy for the mental health and addiction sector, to identify health outcomes and measure the return on government investment
Investment for 2016/2017: \$8 million

4. Direct future tax revenue from the sale and distribution of cannabis to increase the capacity of addiction and mental health prevention and treatment.

IT'S TIME FOR OUR ACTIONS TO CATCH UP TO OUR WORDS

As we make progress to reduce the stigma surrounding mental health and addiction, more Ontarians are feeling comfortable reaching out for help.

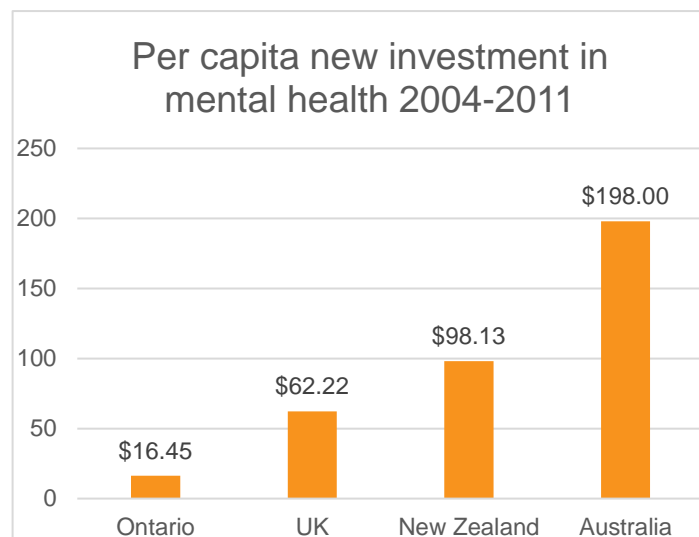
Only instead of finding services, too often they find wait lists.

This is due to chronic underinvestment in the mental health and addiction sector. Most organizations providing these services have not had base budget increases in five to ten plus years, and Ontario spends much less of its healthcare dollars on mental health and addiction than comparable jurisdictions. Despite accounting for 10 per cent of the disease burden, less than 7% of the province's healthcare resources go towards mental health and addiction. Most comparable similar jurisdictions invest 9 to 10%.

Between 2004 and 2011, Ontario made new investments of \$16.45 per capita in mental health services. Compare that to Australia over the same period, which invested \$98.13 in mental-health services, New Zealand's \$198 and the U.K, which invested \$62.22.

We can't afford to postpone investments in mental health and addiction any longer.

Last year, Ontario lost over 700 people to opioid overdose. We lost over 1,000 to suicide. Suicide is the second leading cause of death for youth, accounting for almost a quarter of all deaths.



Investments in community mental health and addiction services save lives and help people live a better quality of life. These investments also reduce costs across the board. The economic burden of mental illness in Ontario is estimated at \$20 billion a year, and each week almost 200,000 Ontarians miss work due to mental illness. Investments in community-based mental health and addiction services help the economy, as well as reduce the amount of hospitalizations and decrease interactions with the courts, corrections facilities and police.

AMHO is mindful of the mounting economic pressures facing the provincial government, but we emphasize that investing in community mental health and addiction sector is part of the solution. The human costs and economic costs of not investing are simply too high not to.

RECOMMENDATION I: KEEP THE LIGHTS ON FOR COMMUNITY MHA PROVIDERS TO ENSURE CURRENT SERVICE LEVELS CAN BE SUSTAINED

Ontario has expressed its commitment to transitioning care into the community. Premier Wynne's mandate letter to the Minister of Health and Long-Term Care, the Honourable Dr. Eric Hoskins, requires system capacity improvement by shifting care from hospital to community settings.

AMHO supports this position. Our members are ready and able to make this happen. However, a shift in responsibility must be accompanied by associated funding.

Most of our members have long faced flat-lined operational budgets, with no increases to their base budgets in five, ten, sometimes more years.

Our members are struggling to keep up with rising costs such as hydro, food costs and increasing wage demands. For many of our members, retention of staff due to lower salaries has become a significant issue, and we are losing expertise, experience and capacity in the sector.

People who provide these services are extremely passionate and committed to their work, but passion and commitment alone do not put food on the table when you haven't had a raise in over 15 years.

“One in three Ontarians who identify themselves as needing mental health or addiction services report not getting help, or having their needs only partially met.”

When new resources are made available, investments are almost always tied to specific programs, and do not account for additional administrative support required to run these programs. This pattern of new targeted funding with frozen base budgets is resulting in collapsing foundations with new additions made on top.

Our members are at the end of their ropes. They have found every possible internal solution to stretch their resources, while simultaneously facing growing demand for services and supports.

AMHO is recommending that the government provide a 3 per cent base budget funding increase for the community mental health and addiction sector, an estimated investment of \$30 million this year. Going forward, cost of living increases should be annualized. This funding for community mental health and addiction services is long overdue, and will help community providers to reduce the operational pressures that could compromise their ability to deliver services.

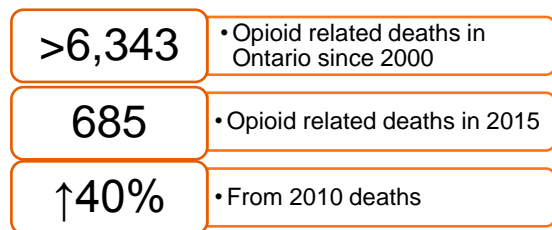
RECOMMENDATION II: ENSURE THE RESPONSE TO THE OPIOID CRISIS FOCUSES NOT ONLY ON SAVING LIVES, BUT ON ENSURING PEOPLE HAVE ACCESS TO TREATMENT AND THE OPPORTUNITY TO REBUILD THEIR LIFE

Ontario has taken steps to respond to the emergency aspects of the opioid crisis, but not yet put the measures in place for long-term outcomes. Many continue to view addiction as a choice or moral issue, instead of the health issue it truly is. Addiction is a chronic, relapsing condition, and our approach to solving the opioid crisis must reflect this.

Data from 2015 shows that we lost over 700 Ontarians to opioid overdoses, a 40% increase from 514 deaths in 2010. Although the province has not yet released data on 2016, from what our organizations see on the ground, the fatalities and overdoses continue to rise at alarming rates.

With proper supports and services, the evidence is clear: people can and do recover from opioid addiction. Ontario’s response needs to focus not only on our short term priority, which is to keep people alive, but on our long term aspirations for people, which is to help them improve their lives.

Unfortunately, getting help for addiction issues is becoming increasingly challenging. In 2016, the average wait time for residential treatment in Ontario was over 9 weeks, and in some parts of the province could be anywhere up to a year or longer.



We commend the Minister of Health for indicating his support for supervised injection sites, as well as other measures outlined in the opioid strategy released last October, but to address our long term hopes for people, AMHO has put together a comprehensive proposal that we will be submitting to the Ministry.

As a part of this plan, we recommend that in 2017/2018 the government invest an additional \$3 million per year to ensure Ontarians have timely access to community-based opioid addiction treatment. This investment would improve access to community-based treatment, as well as provide an additional 16 addiction counselors and 8 case managers to serve the complex needs of 1200 people in the province suffering from an opioid addiction.

RECOMMENDATION III: INVEST IN A MORE COMPREHENSIVE AND ACCESSIBLE ADDICTION AND MENTAL HEALTH CARE SYSTEM BY IMPLEMENTING THE RECOMMENDATIONS OF THE MENTAL HEALTH AND ADDICTION LEADERSHIP ADVISORY COUNCIL

In 2014, Ontario established the Mental Health and Addiction Advisory Council, mandated to provide strategic, actionable advice on the cross-sectoral implementation of phase two of the Comprehensive

Mental Health and Addictions Strategy. Their annual report is forthcoming, and AMHO endorses the report's recommendations. Five key areas from the report are detailed below.

CORE SERVICES

The type of mental health and addiction services and supports you can access shouldn't depend on where you live.

The Mental Health and Addiction Leadership Advisory Council has consulted with experts across the province, people and families with lived experience and service providers across the continuum of care to recommend the following set of eight core services:

- Prevention, promotion and early intervention services
- Information, assessment and referral services
- Counselling and therapy services
- Peer and family support
- Specialized consultation and assessment
- Crisis services
- Intensive treatment services
- Housing and other supports (social determinants)

The Council's report has been given to the Minister for consideration, and we urge the Minister and the government to implement all of the recommendations.

Dedicated funding support is urgently required so that these core services are available to all Ontarians, and are accessible in all regions of the province.

SUPPORTIVE HOUSING

Supportive Housing is crucial to those living with mental illness and addictions. The evidence shows it's a critical determinant of people's ability to recover and live productive lives as well as an essential part of transitioning Ontarians from hospital to more independent living in the community.

There is a well-known gap in supportive housing – which we know achieves better outcomes for Ontarians, reduces the use of health and emergency services, and is essential to meeting the province's goals for ending chronic homelessness.

In 2015/16, if the four specialty psychiatric hospitals had been able to find supportive housing or long-term care beds to discharge their patients as soon as required, the cost of caring for these people would have been \$45 million less, and the hospitals would have been able to treat about 1,400 more people.

In Toronto, there are now over 10,000 people waiting an average of 5 years for one of the city's 5000 units of mental health supportive housing. This waiting list has grown by 2000 people in the past 2 years. In 2015/16, if the four specialty psychiatric hospitals had been able to find supportive housing or long-term care beds to discharge their patients as soon as required, the cost of

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The Mental Health Leadership Advisory Council's 2015 report indicates that the target for mental health and addiction units is 30,000. At the same time, Ontario's Homelessness Strategy aims to end homelessness in 10 years. Reaching both targets within a 10-year timeline is feasible – if Ontario increases supportive housing for mental health and addictions by 20 percent each year– or an average of 200 units per LHIN per year.

With the right housing and supports, people recovering from mental illness and addiction gain a renewed sense of dignity and hope and can re-integrate into the community more successfully. There can be no recovery without adequate housing.

YOUTH

We know that 70% of mental health and addictions issues begin in childhood or adolescence and can contribute to physical health problems, poor educational outcomes and involvement with the justice system.

Yet, programming for youth is both insufficient and uneven, and existing substance use programs and services have limited capacity with high wait times. For example, the wait for youth treatment at Ontario's Pine River Institute can be 14 months.

We need to increase capacity for developmentally appropriate services for youth through investments in additional staff that will ensure services are responsive to the unique developmental needs of youth in content and process, including:

- Enhanced transition supports from youth to adult services
- Developmentally appropriate withdrawal management services where providers are also able to facilitate engagement of youth in additional treatment services pre- and post-withdrawal management
- Increase capacity for developmentally appropriate residential treatment services to address existing wait times, ensure optimal and coordinated treatment and enhance transitions to and from community-based treatment services.

PSYCHOTHERAPY

Psychotherapy, also referred to as talk therapy, is recognized as an effective intervention for treating mental illness. Many community organizations are already providing psychotherapy as part of their treatment programs. The challenge they have is attracting and retaining qualified professionals to deliver these services due to lower wage offerings than other healthcare settings.

A significant investment in community organizations will reduce wait times and provide greater access to psychotherapies which can be delivered widely and by many different health care professionals, such as social workers, counsellors, and others. The government should leverage the expertise and accessibility of the community based sector by offering more competitive salaries and training for registered health professionals (counsellors, social workers) in these organizations who are already providing psychotherapy.

In addition to providing psychotherapy, community organizations are able to connect people to the wide-range of other services and supports they might need, including: system navigation, case management, peer support, housing, and the social determinants of health. These services are accessible and easier to access in remote locations, and have lower barriers to access compared to the hospital or other settings, where many have encountered stigma and discrimination.

In 2017/2018, AMHO recommends that the government increase the accessibility of psychotherapy by funding increased staff and training at community-based mental health and addiction organizations.

DATA AND PERFORMANCE STRATEGY

AMHO and our members are working hard to make a better future for Ontario's mental health and addictions sector. However, there is an obstacle to good planning. Namely, the lack of high quality data.

In Ontario, there are processes and systems in place to support the production of good data on hospitals and medical services. However, we cannot say the same for community services.

At the service provider level, we are working hard to correct this, but the sector needs a provincial framework as well as infrastructure resources to produce a comprehensive data and performance strategy

A strong performance measurement system creates greater accountability and is the key to identifying health outcomes and the return on government investment for existing health services.

The estimated additional cost for establishing a comprehensive data and performance measurement strategy is \$24 million in start-up costs over the first three years, and approximately \$8 million in operating costs annually.

In 2017/2018, we recommend that the government invest \$8 million to begin the work of establishing a data and performance measurement strategy for the community mental health and addiction sector.

RECOMMENDATION IV: DIRECT POTENTIAL TAX REVENUE FROM THE SALE AND DISTRIBUTION OF CANNABIS TO INCREASE THE CAPACITY OF ADDICTION AND MENTAL HEALTH PREVENTION AND TREATMENT.

The Government of Canada will be introducing legislation this spring for the legalization and regulation of cannabis. The advantage of taking a legalization and regulation approach is that drug use can now be addressed as a health issue, instead of a criminal issue.

Ontario will need to be ready with a regulatory platform prescribing rules for distribution, sale and taxation. Policies to support responsible and safe consumption will likely also be required.

Future tax revenues from cannabis sales should be allocated to addiction and mental health prevention and treatment, similar to the allocation of casino revenues for gambling treatment programs. We recognize that there is a need for initial investments to be directed towards regulation,

distribution and production, and that there will not necessarily be immediate surplus tax revenues. However, the principle that future tax revenues from cannabis sales should be invested in treatment and prevention must be affirmed up front.

As this discussion unfolds, AMHO is ready and willing to participate to help develop a program that serves Ontario effectively.