



January 5, 2018

Hon. Helena Jaczek, MPP  
Minister of Community and Social Services  
80 Grosvenor St, Hepburn Block - 6th Floor  
Toronto ON M7A 1E9

Dear Minister Jaczek,

On behalf of the Schizophrenia Society of Ontario (SSO) we welcome the opportunity to provide our comments and recommendations on the report, "Income Security: A Roadmap for Change" (The Roadmap).

A charitable health organization, SSO has been the lead community organization providing supports to individuals, families, caregivers and communities affected by schizophrenia and psychosis across the province for over 30 years. Our organization continues to fill a critical service gap across this province when individuals and families have nowhere else to turn.

SSO has long advocated for income security for people affected by schizophrenia and psychosis and their families. As you are aware, people with mental health disabilities continue to face considerable barriers to full participation in society and make up nearly half of ODSP clients in Ontario, with psychoses, such as schizophrenia, accounting for about 20 per cent of these cases.

Onset of schizophrenia, a serious but treatable mental health disability that affects about one per cent of the population, is generally in adolescence or early adulthood, often disrupting education and career goals. At the same time, stigma, discrimination and lack of accommodation may prevent people with schizophrenia from meaningfully participating in educational, employment and social pursuits. However, recovery, a non-linear, individualized process, is possible and many people with schizophrenia can and do live full and productive lives. Treatments and supports, such as counselling, medication, supportive housing, income security and social recreation work in combination to support people throughout their recovery.

The Roadmap presents a unique opportunity to transform the income security system in Ontario, including social assistance programs, to help achieve poverty reduction and to ensure that programs and systems are truly person-centred and supportive of recovery. We commend the Ministry for its ongoing commitment to improving the lives of people living with low income, including those with disabilities, and urge the government to adopt The Roadmap as a blueprint for fundamental change that puts people – and their needs and rights – at the centre of the system.

## **Background**

Our comments and recommendations are informed by our history and expertise working with people affected by schizophrenia and psychosis and their families, our work with the ODSP Action Coalition, as well as by a recent survey of our community.

To accommodate the turnaround time for feedback, our survey ran for one week and was completed by 14 individuals. Respondents included people who identified as living with a formal mental health diagnosis, people who identified as family members of people with a diagnosis, people who are currently receiving ODSP and people who have received ODSP in the past.

## **Comments**

SSO strongly supports the vision described in The Roadmap of a future state of social and economic inclusion whereby all individuals are treated with respect and dignity and are inspired to reach their full potential. This vision is aligned with a recovery-oriented approach to mental health, which emphasizes person-centeredness, hope and dignity. It also encompasses the four guiding principles recognized by the Ontario Mental Health and Addictions Leadership Advisory Council as being essential to a truly person-centered mental health and addictions system – equitable, accessible, high-performing and recovery-oriented. It further speaks to the feedback we have heard from the people and families we serve around the need to shift from a system that *monitors* clients to one which *supports* them.

Overall, the responses we received from survey respondents were positive, with one person stating that “nothing” was missing from the report. Major themes that emerged as important, and that reflect common concerns we have heard in our work, were the need for: improved support for housing; an increase in ODSP and Ontario Works rates; a decrease in the amount of earned income clawed back; help in finding employment; more help for older adults (who lose dental and vision benefits when they turn 65); assistance in getting education, including job training programs; including an Indigenous perspective and approach; and treating people with respect.

When asked, “What do you think is the most important change that needs to happen to help people who are living with low income?”, several respondents noted ensuring clean, safe housing/supportive housing, with one respondent pointing out that this would reduce homelessness and hospital admissions. Several suggested providing job opportunities and job training and integration programs while another called for “a new plan that works for all”.

One person acknowledged that, “There are many. People are individuals and that needs to be remembered”, and yet another respondent indicated that implementation of all of the recommendations should be made immediately.

## **Recommendations**

- Based on responses from survey participants, and our ongoing work in this area, the need for a meaningful increase to social assistance rates to enable people to meet their needs stands out as a particularly urgent need (SSO has supported calls for an immediate 10% increase to rates, with more

for single people on Ontario Works who currently have the lowest incomes). Indeed within the report, members of the Income Security Reform Working Group identified struggling over the pace of eliminating the deepest poverty, and recognized that Year One recommendations reach those in deepest poverty but make only modest progress for people struggling to survive on Ontario Works and ODSP. We strongly encourage moving more quickly to bring people closer to income adequacy.

- Similarly, the reduction of earned income for people on ODSP was identified as a prominent issue that undermined a person's involvement in employment. We urge the government to increase the exempted earnings amount from the current \$200, in consultation with people receiving ODSP. The government could also consider moving towards an annual income exemption amount, similar to the British Columbia Disability Assistance program, as recommended by some advocates, which may allow ODSP clients to retain more of their income while reducing the requirements of monthly tracking.

Considerations for implementing the recommendations in The Roadmap include:

- Family members who provide informal, unpaid caregiving support to people with mental health disabilities are at risk of financial stress. They often compensate for inadequate social assistance incomes for the person living with the disability, inadequate housing, other necessities for social participation and additional costs of living with a disability. They also experience barriers to participation in the workforce because of absenteeism related to their caring role. As a result, some carers may risk sharing the poverty of the person living with the mental health disability. At the same time, these carers help to save costs to hospitals, community services and long-term care. This is particularly relevant for carers of adults with schizophrenia, which represents the largest hospital, physician, prescription medication and psychiatric costs compared to other mental health disabilities. To help alleviate this burden, the Ontario Caregiver Coalition (OCC) has called for making applicable tax credits, such as the new Ontario Caregiver Tax Credit, refundable as non-refundable tax credits do not help the most economically disadvantaged carers. As the value of both non-refundable and refundable tax credits would still not adequately address or alleviate financial distress, especially in cases where caregiving responsibilities and demands interrupt employment, OCC has also called for the consideration of other means-tested financial benefits for carers.
- Providing core health benefits, such as prescriptions, dental and vision care, to all low-income Ontarians has the potential to positively impact mental and physical health, significantly reduce health care costs in the long-term and facilitate the transition for people receiving social assistance who (re)enter the paid workforce so that they do not risk losing access to their benefits. We caution, however, that separating health benefits from social assistance does not result in increased eligibility requirements and bureaucracy. We urge that the development of health benefit programs and their administration be sensitive to the needs of individuals with mental health disabilities and that the current level of coverage is not reduced in the process.
- At the same time, benefits available to people receiving ODSP (e.g., Special Diet Allowance, Mandatory Special Necessities Benefit, Work-Related Benefit) must be preserved until, as described in The Roadmap, adequacy is achieved and extraordinary costs that remain beyond the means of individuals are determined. Benefits must also be able to effectively respond to peoples' needs. For

example, aspects of the current medical travel policy continue to present barriers to people accessing mental health treatments. The policy only approves mental health treatments that are prescribed and supervised by a psychiatrist, other physician or psychologist. This is at odds with Ontario's Comprehensive Mental Health and Addictions Strategy, which reflects the province's commitment to a range of mental health treatments and supports and the reality of many mental health treatments being delivered and overseen by other mental health providers including social workers and registered nurses. ODSP should support clients where they are at in their recovery journey, including access to culturally appropriate services and adapting current policy to reflect this should not have to wait for other, longer-term reforms.

In conclusion, when asked, "If you have experience receiving Ontario Works and/or ODSP or are living with low income, what do you want the government to know about your experience(s)?", one person said that until they moved into subsidized housing, they spent most of their money on rent and could not afford any extras, so they ended up relying on a food bank several times per month; they also shared, "Why should a charity have to feed me? I would feel proud if I could make ends meet on my cheque alone". Another person indicated that saving for the future while on Ontario Works or ODSP is impossible. One respondent pointed out that receiving assistance more quickly would be helpful – that the current process takes too long. Others said that ODSP helped them to eventually be able to work, thanks to medication and support and that social exclusion, labelling, lack of safe living standards and receiving low-quality mental health services and supports has a highly detrimental effect. Yet another expressed appreciation for the support.

SSO strongly supports the vision, principles and recommendations of The Roadmap and envision these within a broader social transformation in which all people with schizophrenia and psychosis and their families are treated with respect and dignity and have access to the care and support they need to pursue their potential. We look forward to supporting this work, including as a member of the Disability Adjudication Working Group. We thank you for continuing to consider SSO's feedback as you prepare to introduce your government's income security plan early this year.

Sincerely,



Mary Alberti, CEO  
Schizophrenia Society of Ontario

CC Hon. Kathleen Wynne, Premier of Ontario  
Hon. Peter Milczyn, Minister Responsible for the Poverty Reduction Strategy  
Mr. Randy Pettapiece, MPP, Progressive Conservative MCSS Critic  
Ms. Julia Munro, MPP, Progressive Conservative Poverty Reduction Critic  
Ms. Lisa Gretzky, MPP, NDP MCSS Critic  
Mr. Paul Miller, MPP, NDP Poverty Reduction Critic  
Ms. Emily Hartman, Senior Policy Advisor, Minister's Office, Community and Social Services