

**Submission to the Honourable Dwight Duncan  
Minister of Finance and Revenue  
2009 Pre-Budget Consultations**

The Schizophrenia Society of Ontario (SSO) appreciates the opportunity to contribute to the Minister's deliberations on Ontario's 2009-2010 provincial budget.

The Schizophrenia Society of Ontario is a non-profit organization with a network of twenty chapters, eight regional offices and more than 500 active volunteers across the province. Our mission is to improve the quality of life for individuals and families affected by schizophrenia through education, support, awareness raising, public policy and research. Reaching over 30,000 people each year, SSO is the largest organization representing people affected by schizophrenia in Ontario.

In 2008, SSO began work on a three-year Access to Treatment campaign with the goal of improving access to the range of services and supports someone with serious mental illness might need throughout their recovery process. As such, our view of "treatment" is not limited to medical treatment, but rather extends to include psychiatric treatment such as hospital-based care, medication, and care by a psychiatrist; community-based mental health services such as case management, counselling, and peer support; and social supports such as housing, income, and employment.

Over 2008, SSO held a series of community forums across the province through which we heard firsthand about the barriers to accessing treatment, services and supports for mental illness, and possible solutions which could improve access in these three areas. Our recommendations throughout this submission are therefore community-informed, and grounded in the practical needs of individuals and families struggling with serious mental illness.

### **MENTAL ILLNESS IN ONTARIO**

Mental illness affects all people in Ontario, regardless of age, ethnic and cultural backgrounds and education and income levels. Recent studies show that one in five Ontarians will experience mental illness in their lifetime, with about 2.5% being categorized as seriously mentally ill<sup>1</sup>. What more, one in 100 people - approximately 120,000 Ontarians - will develop schizophrenia, which is generally regarded as the most severe and most debilitating mental illness.

Mental illness has severe negative social and economic repercussions. When compared with all other diseases, mental illness ranks first in terms of causing disability in Canada<sup>2</sup>. In fact, the total cost attributed to mental illness is about \$22 billion per year in

<sup>1</sup> Office of the Auditor General of Ontario. (2008). 2008 Annual Report. Chapter 3.06 Community Mental Health (ISBN Publication No. 978-1-4249-8156-4). Toronto: Queen's Printer for Ontario.

<sup>2</sup> The Standing Senate Committee on Social Affairs, Science and Technology. (2004). Mental Health, Mental Illness and Addiction. Report 1: Overview of Policies and Programs in Canada. Available from: <http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/report1/repintnov04vol1-e.pdf>

Ontario<sup>3</sup>, with indirect costs due to lost productivity, stress, financial and emotional burden on consumers and their families far exceeding the direct health care costs. In addition, there are co-morbidities which exist between mental illness, poverty, homelessness and criminalization. Indeed, hospitalization rates for individuals from low socio-economic background are up to 2.3 times those with high socio-economic status<sup>4</sup> and individuals with mental illness continue to be over-represented among the poor, homeless and prison populations. Since poverty constitutes a significant risk for developing mental illness or further exacerbating existing disorders, it is crucial to protect the affected individuals and their families from falling below the poverty line.

## **2009/2010 ONTARIO BUDGET**

In times of economic uncertainty and fiscal challenges, governments must make important decisions about where to allocate scarce resources and where to make cuts. Over the past several years, the Ontario government has made great strides in improving mental health and addictions services with significant investments towards housing, case management, assertive community treatment (ACT) and crisis intervention, to name a few. These investments into community mental health have already had a demonstrated impact, and continued investments have the potential to further reduce pressure on more expensive hospital-based services.

SSO applauds the current government's pledge to the social services sector despite the current economic situation and the projected deficit. We urge the government to maintain its commitment to mental health specifically, and to ensure that all of the funding allocated towards community mental health initiatives is utilized and appropriated accordingly.

In terms of priorities, our recommendation is to allocate funding towards programs and services that promote recovery for serious mental illness, and that have been shown to reduce pressure on the mental health system.

The Schizophrenia Society of Ontario thereby recommends that the following three areas be considered when developing the 2009/2010 budget:

- Improving access to psychiatric treatment
- Improving access to community based mental health services
- Improving access to social supports

### **1) Improving access to psychiatric treatment**

Over the past thirty years, mental health policy in Ontario has moved from a focus on hospital-based care to an emphasis on community-based care. However, the plan for de-institutionalization was never completed, and the Ministry of Health and Long-Term Care is still far from meeting its community target of 60% of mental health funding. As a result, while we have seen a dramatic reduction in the number of psychiatric hospital beds in the province, it is clear that investments in community-based care have not been made at the same rate, leaving many people with serious mental health needs without

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<sup>3</sup> See Office of the Auditor General (2008) above.

<sup>4</sup> See The Standing Senate Committee on Social Affairs, Science and Technology (2004).

the access to the necessary psychiatric treatment and services. Moreover, there are many people who require acute, hospital-based care who because of bed closures, are not able to access this level of care.

It is important that no matter what the policy trend is in mental health care, we ensure that people with serious mental illness have adequate access to psychiatric treatment. This includes hospital-based care, outpatient psychiatric care, primary health care, and access to a wide range of medication options. However, due to insufficient funding, many individuals face long wait times to access psychiatric treatment, or are simply not able to access it at all<sup>5</sup>. Accordingly, SSO strongly advises the government of Ontario to consider the following recommendations to improve access to psychiatric treatment:

- ***Refrain from psychiatric bed closures until there is demonstrated capacity within the community sector to meet the demand for psychiatric treatment for serious mental illness.*** A lack of capacity within hospitals to treat mental illness has resulted in long Emergency Room (ER) wait times and increased rates of re-hospitalization<sup>6</sup>. We urge the government not to make additional cuts in this area, which may further contribute to the “revolving door” pattern of hospital usage.
- ***Increase funding towards hospital-community collaborations and community outpatient programs to ensure that individuals with mental illness receive essential care post-discharge.*** Increasing the availability of services for people who have been discharged from hospital will increase adherence to treatment plans and prevent unnecessary hospital readmissions.
- ***Improve access to mental health care services for the criminalized mentally ill in correctional institutions.*** People with mental illness are coming into contact with the law at an increasing rate, and many individuals in correctional facilities are unable to access psychiatric care<sup>7</sup>. Additional funding must be allocated to the corrections sector to ensure that people with mental illness have access to the psychiatric treatment they require.
- ***Build upon current efforts to improve access to primary care, particularly for people with serious mental illness.*** Barriers such as poverty, isolation, and complex co-morbidities make accessing primary care particularly difficult for people with serious mental illness. Models of service which use a multidisciplinary, holistic approach and provide a fusion of social and health services should be more accessible. SSO supports to government’s decision to continue its expansion of the Family Health Team Program and encourages implementation of similar models across Ontario.

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<sup>5</sup> People with mental illness have to wait over 4 months to see a specialist and then an average of ten weeks to receive appropriate treatment. See Office of the Auditor General (2008) above and Esmail, N., Hazel, M., & Walker, M. A. (2008). National Psychiatry Waiting List Survey, 2008. *An excerpt from Waiting Your Turn: Hospital Waiting Lists in Canada, 2008 Report*. Available from: [http://www.fraserinstitute.org/commerce.web/product\\_files/PsychiatrySurvey2008.pdf](http://www.fraserinstitute.org/commerce.web/product_files/PsychiatrySurvey2008.pdf)

<sup>7</sup> The Ministry of Community Safety and Correctional Services lacks basic information on inmates’ mental health status and is unsure whether adequate and appropriate treatment and care is provided for the inmates with mental illness. See Office of the Auditor General of Ontario. (2008). 2008 Annual Report. Chapter 3.02 Adult Institutional Services (ISBN Publication No. 978-1-4249-8156-4). Toronto: Queen’s Printer for Ontario.

- **Improve access to new and improved antipsychotic medications.** Medication is the cornerstone of treatment for schizophrenia. Because people with mental illnesses respond differently to different medications, access to *all* available anti-psychotic medications on the Ontario formulary is crucial to ensure optimal treatment outcomes.

## **2) Improving access to community-based mental health services**

Access to community-based mental health services is crucial in facilitating recovery and preventing unnecessary contact with hospitals and criminal justice system. Indeed, if appropriate supports were available, over half of the people who are treated in hospitals could live independently in the community<sup>8</sup>. Unfortunately, barriers such as a lack of capacity within the community mental health sector, gaps in services and poor system integration are preventing people from accessing the care they need in the community. Despite prior investments into this sector, many programs and services are still not accessible to individuals living with mental illness. Consequently, wait times for community-based services range anywhere from eight weeks to 1 year depending on where one lives in the province<sup>9</sup>, leaving many individuals with severe mental illness with no other option but to go to access services through the ER. Accordingly, SSO strongly advises the government of Ontario to consider the following recommendations to improve access to community-based mental health services:

- **Increase the capacity of Assertive Community Treatment (ACT) and Intensive Case Management (ICM) services.** Both the ACT and ICM models of service have been shown to improve participants' rate of employment, quality of life and housing stability while reducing the number of ER visits and psychiatric admissions<sup>10</sup>. However, evidence shows that existing teams lack capacity to provide adequate service, with the average case load at well below the targeted caseload of 80 to 100 clients per team, and a great variation in staff-to-client ratios across teams. Existing services require more funding to do their jobs well, and under-resourced regions should have these programs implemented.
- **Increase the availability of 24/7 crisis response services across the province.** Crisis response services are an integral part of a comprehensive mental health system and provide ideal responses for the many people experiencing non-medical, psychosocial crisis. However, these services are not available in all communities, and many existing crisis response programs are under-funded to provide service during evenings or on weekends, leaving persons in extreme mental or emotional duress to seek assistance through the ER<sup>11</sup>. It is therefore crucial to increase access to 24/7 crisis response services in all parts of Ontario.

<sup>8</sup> See Office of the Auditor General (2008) Chapter 3.06 Community Mental Health.

<sup>9</sup> See Office of the Auditor General (2008) above.

<sup>10</sup> Lurie, S. (2003). *2001/02 Ontario ACT team data outcome monitoring report* [PowerPoint slides]. Retrieved from: [http://www.ontario.cmha.ca/docs/makinggains2003/makinggains2003\\_lurie.ppt#10](http://www.ontario.cmha.ca/docs/makinggains2003/makinggains2003_lurie.ppt#10)

<sup>11</sup> Addictions Ontario et al. (2008). *Addressing emergency department wait times and enhancing access to community mental health & addictions services and supports*. Available from: [http://www.camh.net/Public\\_policy/Public\\_policy\\_papers/Addressing%20ER%20and%20System%20Navigation%20for%20MHA%20july%202008.pdf](http://www.camh.net/Public_policy/Public_policy_papers/Addressing%20ER%20and%20System%20Navigation%20for%20MHA%20july%202008.pdf)

- **Enhance services and supports for families.** Evidence shows that family support has a positive impact on rates of hospitalization and relapse, adherence to treatment, and rates of recovery<sup>12</sup>. Yet in this province, there are still not enough services available to provide families with important navigational and emotional support they require to care for their loved ones. Investments in services targeted at families will provide this crucial support to families, improve outcomes for those living with mental illness, and reduce pressure on the mental health system.

### **3) Improving access to social supports**

Social determinants of health are known to be strongly correlated with mental health problems. Indeed, mental health crises become psychiatric emergencies when there is a lack of appropriate psychosocial supports within the community. Individuals with mental illness require a range of supportive services in their recovery process. Among these, income security and access to safe and supported housing are fundamental in protecting the mental, physical and social well-being of the people with mental illness. Yet the social supports required to maintain good mental health in the community are nevertheless out of reach for many people with serious mental illness. SSO strongly supports the government's commitment to reducing poverty in Ontario and stresses that this anti-poverty initiative must address the particular needs of individuals with mental illness. Accordingly, in this budget, SSO strongly advises the government of Ontario to consider the following recommendations to improve access to social supports:

- **Increase Ontario Disability Support Program (ODSP) Rates.** Many individuals with mental illness rely on social assistance as their primary source of income. Indeed, in Ontario 1 in 3 individuals on ODSP have a psychiatric disability<sup>13</sup>. SSO recognizes the Ontario government's commitment to reduce the rates of poverty encountered by individuals living with mental illness and the 2% increase to the ODSP rates. However, this increase is not sufficient to account for inflation rates and real cost of living. As income plays a critical role in supporting mental health recovery, it is crucial to assure that disability benefits are provided at a sufficient rate. Accordingly, SSO urges the government to raise ODSP rates in accordance with the Consumer Price Index (CPI).
- **Increase funding for supportive housing.** Supportive housing provides both shelter and comprehensive mental health support to meet the needs of tenants. This type of housing contributes to quality of life and is more cost effective than institutional care, making it a viable housing option for governments seeking to decrease health expenditures. Despite significant investments in supportive housing made by the provincial government, this type of support is still out of reach for many people who need it. Currently, there is a critical shortage of supportive housing units in many regions and a strong discrepancy in wait times between regions, ranging from one to six years<sup>14</sup>. Accordingly, more funding must be allocated towards supportive housing initiatives for the individuals living with mental illness.

<sup>12</sup> McFarlane, W. R., Dixon, I., Lukens E., & Lucksted, A. (2003). Family psychoeducation and schizophrenia: A review of literature. *Journal of Marital and Family Therapy*, 29(2), 223-245.

<sup>13</sup> Centre for Addiction and Mental Health (2003). *Barriers to ODSP: Experiences of people with mental health and addictions*. Available from:

[http://www.camh.net/Public\\_policy/Public\\_policy\\_papers/odsp\\_background03.pdf.pdf](http://www.camh.net/Public_policy/Public_policy_papers/odsp_background03.pdf.pdf)

<sup>14</sup> See Office of the Auditor General (2008) Chapter 3.06 Community Mental Health

In summary, improving access to psychiatric treatment, community-based mental health services and social supports should be key considerations in the development of Ontario's 2009-2010 budget. The recommendations presented above constitute significant improvements to the current state of our mental health system, and are very much in line with the government's existing priorities around decreasing Emergency Room wait times and increasing access to primary care. During times of economic uncertainty, it is often society's most vulnerable who are left unprotected. A focus of prevention and an assurance of access to all levels of mental health care and support will go a long way in improving the lives of the many Ontarians living with serious mental illness.

Should you have any questions about this submission, please do not hesitate to contact Vani Jain, Manager of Policy and Community Relations at (416) 449-6830 or at [vjain@schizophrenia.on.ca](mailto:vjain@schizophrenia.on.ca).

Thank you for considering our recommendations.

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