



A REASON TO HOPE. THE MEANS TO COPE.
THE SCHIZOPHRENIA SOCIETY OF ONTARIO
SOCIÉTÉ ONTARIENNE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

September 14, 2009

Minister's Advisory Group on Mental Health and Addiction
c/o The Honourable David Caplan
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, Ontario
M7A2C4

RE: Feedback on discussion paper, "Every Door is the Right Door"

Dear Advisory Group members,

Thank you for providing the Schizophrenia Society of Ontario with the opportunity to comment on the discussion paper, "Every Door is the Right Door". We applaud the Minister and his Advisory Group for developing a vision of what a more comprehensive mental health and addictions system should look like.

Please find attached our feedback on this discussion paper, and our suggestions for how a strategy like this should be implemented. The Schizophrenia Society of Ontario is primarily concerned with issues of access to treatment, services and supports for people with serious mental illness. We have made a concerted effort to engage consumers, families and service providers across the province around this issue, and feel strongly that what we heard is echoed in our submission.

We look forward to working with the Ministry of Health and Long-Term Care as this plan becomes a reality.

Sincerely,

Mary Alberti
Chief Executive Officer
Schizophrenia Society of Ontario

Submission to the Minister's Advisory Group on Mental Health and Addictions
Every Door is the Right Door

The Schizophrenia Society of Ontario (SSO) is a non-profit organization with a mission to improve the quality of life of people affected by schizophrenia through education, support, awareness raising, public policy & research.

In its thirty years of operation, SSO has been part of many efforts to transform the mental health system into one that can better meet the needs of consumers and families. What is presented in the discussion paper "Every Door is the Right Door" is an excellent vision of the type of mental health and addiction system we should be working towards.

As our organization is focused on persons living with schizophrenia and psychosis, we are pleased to see that this strategy is inclusive of people with mild and moderate mental illness without losing focus on those with serious and chronic mental illness. Individuals with severe mental illness are often the most vulnerable members of this population, and the strategies which address those with serious mental illness must be specific to their needs. The type of proactive care that is outlined in this paper is especially vital for those with serious mental illness, and efforts must be made to identify those who need services and reach out to them. We also support the suggestion to explore the chronic disease and prevention model as it applies to people with schizophrenia and psychosis.

We are also pleased to see that this strategy will look beyond the Ministry of Health and Long-Term care, as mental illness is an issue which cuts across sectors and ministries. A greater focus on the social determinants of health, which have been rightly emphasized in this paper, should naturally result in collaboration with other ministries and sectors, in particular the Ministry of Community and Social Services. Mental health and justice issues, which continue to be prominent, will also require the same type of cross-sectoral collaboration and priority-setting.

Generally speaking, this discussion paper has succeeded in identifying some of the major issues with our current system and describing how it should be changed. There are some comments we have about the strategy in general, and challenges that will be faced in implementing this vision. In addition, we have some feedback on areas that should be emphasized, changed, added or expanded, based on our experience and knowledge of the challenges consumers and families face in practice.

Challenges in Concept and Implementation

1. **Maintained focus on treatment:** While we support the emphasis on prevention, we caution the Advisory Group on not losing focus on those with serious mental illness. Although there has been evidence to show that the social and environmental factors may play a role in the development of schizophrenia, the term "prevention" cannot be uniformly applied to those with schizophrenia and mild or moderate mental illness. For the people who may develop schizophrenia or psychosis, the primary preventative approach is early intervention. Thus while promoting resilience and good mental health is important, we cannot forget that for the many people in Ontario who are acutely ill, access to treatment in a timely manner is a necessity.

With this in mind, in shifting our priorities towards prevention of mental illness, we should not take away what limited resources we already have in the area of treatment. This includes access to psychiatric care in hospitals and in the community, access to primary health care, and improved access to medications, to name a few. We suggest, therefore, that the table on page 10 describing where we are now versus where we want to be read: “Services focus on healthy development, recovery and harm reduction in addition to treatment”.

2. **Integration and Roles of Other Ministries:** The quality of life of people with mental illness cannot be the responsibility of any one ministry. The discussion paper mentions the importance of harmonizing Ontario’s mental health strategy with other strategies such as “A Shared Responsibility: Ontario’s Policy Framework for Child and Youth Mental Health” and the “Poverty Reduction Strategy”. This is a good first start; however, we must continually ensure that this mental health and addictions strategy is integrated with any and all initiatives that impact people with mental illness. This includes current initiatives such as the Emergency Room Wait Times Strategy, the Affordable Housing Strategy, and the Drug System Renewal.

Another vital overlap occurs between this strategy and the activities of the Ministry of the Attorney General and the Ministry of Community Safety and Correctional Services (the latter being notably absent from this paper). The criminalization of mental illness is a problem which has not waned over the past several years, and it remains an overwhelming concern of SSO and other organizations in this sector. People with mental illness who are in conflict with the law are often the most high-need, high-risk members of this population, and special attention must be paid to addressing those with mental illness who are in the criminal justice system, and preventing others from entering this system at all. Thus, in the context of discussions of people who slip through the cracks because services are not integrated, such as on page 19 of the discussion paper, we cannot leave out those with mental illness who are in contact with the law.

3. **Scope of Strategy and Limited Resources:** The broad scope of the strategy presents significant challenges in terms of prioritization and implementation. This is of particular concern since the Minister has suggested that this plan can be implemented without additional resources. A full system overhaul like what has been suggested in this discussion paper will take tremendous financial and human resources in order to become a reality. Additional funding earmarked for this strategy, along with a clear plan for implementation, is not just desirable, it is necessity.
4. **Accountability:** In order to ensure the longevity of this strategy over the next ten years, a strong accountability structure must be developed. In a regionalized health care system like we have in Ontario, a chain of accountability with clearly defined standards is necessary to ensure that this mental health strategy is implemented in a uniform fashion across the province. At present time, our system does not ensure consistency, and there are tremendous regional disparities in terms of access to services.

Though identifying “champions” is a good first step, there will need to be a structure created which ensures that this mental health strategy is adhered to no matter what government is in power, and that mental health remains a priority in this province.

Specific Feedback on Seven Directions

- **Act Early:** This section should further emphasize the role of families at the stage of early intervention. For youth or young adults first showing signs and symptoms of mental illness, family involvement is crucial in identifying when there is a concern and in supporting the individual in the early stages of their recovery. Family education and support programs provide family members with the information they need to understand the illness and navigate through the system, giving them the tools they need to effectively advocate for and support their loved ones.
- **Transform the System:** Increasing public awareness about mental health services and supports is an important part of this strategy. Public education campaigns and school-based programs should go beyond discussing mental health to informing people about the signs and symptoms of serious mental illness, such as psychosis, and how to access services for this type of illness. ConnexOntario and other existing information sources should be more widely publicized so that members of the public better understand how to access this information in a timely manner.

Providing consistent, evidence-based innovative services is another important component of this strategy. Too often, we see programs which are working well and proving to be effective in one area, but not available in another. Efforts should be made to expand “gold standard” programs across the province, while still keeping programs relevant to their communities.

In addition to integrating programs across the health and social services sectors, we must integrate policies as well, as a policy in one area may conflict with a policy in another. For example, current thinking around improving access to employment for people with mental illness conflicts with ODSP policies, which claw back earned income and make it difficult for people to re-enter the program if they are in a period where they are unable to work. Efforts should be made to ensure that social policies affecting people with mental illness are in line with the vision for mental health policy in Ontario.

- **Workforce and Stigma:** The issues of strengthening the mental health and addictions workforce and eliminating stigma go hand in hand when we are discussing people with serious mental illness. People with serious mental illness such as schizophrenia are often not accepted as patients by family physicians and even community psychiatrists. People with complex issues of homelessness and criminal justice system involvement are likewise often denied access to services. This response is due to both stigma and discrimination on the part of health care providers as well as issues of capacity, as many agencies and providers do not feel they have the resources to deal with complex cases. Efforts must be made to ensure that no one is denied services, and that even those with the most challenging cases are provided with care.

In discussing the need for enhanced competency to deal with mental illness across sectors, we cannot forget those who work in the law enforcement and criminal justice systems. This includes police officers, lawyers, judges, tribunal board members, and correctional service workers.

- **Healthy Communities:** Many of the principles outlined here could be achieved through a thorough reform of the Ontario Disability Support Program. For the 80% of people with schizophrenia who are on ODSP, the low income levels, limited access and lack of employment support create major barriers to staying healthy in the community. If this strategy is going to make a true commitment to the social determinants of health, major changes to ODSP must be made. This includes raising income

levels to support the real cost of living, indexing ODSP rates to inflation, simplifying the ODSP application process, and increasing access to education and training for ODSP recipients. The upcoming Social Assistance Review, promised in the Poverty Reduction Strategy, will impact those with mental illness significantly. Efforts should thus be made to translate the priorities outlined in this section of the paper to the Social Assistance Review process.