

**Schizophrenia Society of Ontario's Submission to the Ontario Legislature's Standing Committee on
Finance and Economic Affairs
2018 Pre-Budget Consultations
January 19, 2018**

The Schizophrenia Society of Ontario (SSO) appreciates the opportunity to respond to the 2018 pre-budget consultations.

About schizophrenia and psychosis

Schizophrenia is a serious but treatable mental illness affecting about one per cent of Canadians. Although experiences vary, it is generally characterized by positive symptoms such as hallucinations, negative symptoms such as social withdrawal and thought disorder, resulting in disorganized speech. Schizophrenia and other psychotic illnesses can affect anyone irrespective of culture, race, socioeconomic status, or gender and onset typically occurs between the ages of 16 and 24.

Despite the presence of symptoms or diagnoses, people can – and do – get better. Early intervention and sustainable access to a combination of medical supports, community-based services, social and informal supports are essential for achieving both good health and quality of life, yet Ontarians living with schizophrenia and other psychotic illnesses are still not getting the help they need when they need it.

The need for investment

The Ontario government is clearly committed to improving access to mental health care and supports for children, youth and adults. Budget 2017 highlighted important investments, including an additional \$140-million over three years to advance community mental health and addiction initiatives and the creation of OHIP+ to fully cover the prescription costs of people under the age of 25; SSO commends these efforts, however, there is much further to go to address the deep-seated challenges in a historically-neglected sector.

- People with mental illness, particularly if their symptoms are complex and persistent, continue to experience disproportionate rates of poverty, precarious housing and/or homelessness and contact with the criminal justice system.
- According to a 2017 study, people with schizophrenia continue to experience higher rates of death for all causes, including heart disease, cancer, respiratory failure and metabolic disorders, such as diabetes, compared to the general population and die, on average, eight years earlier.
- Contributing to these health conditions are higher rates of substance use, genetic and environmental factors and side effects of certain antipsychotic medications, as well as barriers to accessing health care and experiencing poverty.

- Individuals with schizophrenia are also disproportionately impacted by suicide, with research showing that the lifetime risk of suicide among persons with schizophrenia is between four and 10 per cent.
- In Ontario, the hospital readmission rate within 30 days for a diagnosis of schizophrenia or psychosis was 12.5 per cent – the highest readmission rate among mental illness or addiction.

The risks associated with persistent barriers to accessing timely mental health care and supports can have a profound affect on individual and community health: (re)hospitalizations, contacts with police, social isolation, cycles of poverty and, most tragic, deaths by suicide.

Recommendations

Mental health care in Ontario remains grossly underfunded. According to the Centre for Addiction and Mental Health, mental illness accounts for about ten per cent of the disease burden in the province, yet only receives seven percent of health care dollars; relative to this burden, mental health care in Ontario is said to be under-funded by about \$1.5-billion.

The 2018 Budget is a prime opportunity to create transformative – and sustainable – change in advance of the provincial election.

SSO supports the Mental Health Commission of Canada’s recommendation to increase the proportion of health spending that is devoted to mental health by two per cent and the proportion of social spending dedicated to mental health by two per cent from current levels. SSO recommends that such investment target funding in the following areas:

1. Access to community mental health services and supports

Recent investments in supportive housing, youth hubs and structured psychotherapy to help reduce wait times for much-needed community supports are encouraging. However, people and their families continue to experience barriers to accessing specialized community mental health care for schizophrenia and other psychotic illnesses.

People with schizophrenia access a combination of treatments and supports to meet their mental health needs. These can include early psychosis intervention, counselling, psychotherapy, psychosocial and rehabilitation programs, employment supports, peer supports and case management including, for some, intensive case management and Assertive Community Treatment (ACT) services. As with other health issues, peoples’ needs and the level of support they require can change throughout the course of their recovery.

Beyond ensuring every Ontarians’ right to access evidence-based health care, investment in best-practice treatments and supports for schizophrenia and psychosis just makes good economic sense. For instance, studies find that:

- Cognitive Behavioural Therapy (CBT) can improve symptoms of schizophrenia and result in a significant reduction in relapse, time to relapse and number of days hospitalized.
- Improving access to psychotherapy saves about two dollars for every dollar spent according to research highlighted by the Mental Health Commission of Canada's (MHCC) most recent report for investment in Canada's mental health system.
- In addition to costing less than inpatient hospital care, admission to a crisis house in the community is associated with greater user satisfaction than an inpatient admission, according to the MHCC report.
- Investment in peer support can lead to an average reduction in length of hospital stays by 9.8 days per (hospital) site, with an estimated savings of \$3-million per hospital.
- ACT services significantly reduce hospitalizations and homelessness among individuals with schizophrenia.
- Outcomes associated with prodromal clinics which provide early diagnosis and treatment for young people at high clinical risk for psychosis are promising.

Still, according to ConnexOntario 2017 data, the average wait times for schizophrenia- and psychosis-specific services in Ontario is 55 days. In some LHINs, the average wait time for ACT services can be more than three years. When someone in need of care waits to receive help they could risk symptom relapse, repeat emergency room visits, contact with the criminal justice system, loss of motivation to seek care and possible loss of life through suicide.

For these reasons, SSO urges investment in community mental health supports that respond to the full range of needs for people with schizophrenia and psychosis including:

- Early intervention – beginning with investing in education and awareness about early psychosis intervention programs,
- Psychotherapy and psychosocial supports – beginning with expanding recently-approved structured psychotherapy for anxiety and mood disorders to include schizophrenia and psychosis;
- Peer supports – beginning with increasing investment in peer-developed and peer-led programs;
- Specialized services and crisis supports – beginning with increasing funding for ACT services to alleviate wait times, particularly in rural and remote communities.

2. Supportive housing for people with mental illness

For many people, supportive housing is essential to ensuring access to permanent housing and to other treatments and supports they may need to live healthy lives in the community. Given that a person's needs may change over time, a coordinated, responsive and adequate supportive housing system, which contains a spectrum of supports, and includes a Housing First¹ approach, would play a significant role in

¹ Housing First is an approach to ending homelessness that promotes harm reduction and focuses on quickly moving people experiencing homelessness into independent and permanent housing and providing additional supports and services as needed.

improving health and reducing homelessness. This in turn would help yield significant cost savings to health and social systems.

SSO is encouraged by Ontario's Supportive Housing Strategy Framework and broader Long-Term Affordable Housing Strategy Update. To meet urgent need, immediate investment in creating a greater supply of supportive housing is critical. The Mental Health and Addictions Leadership Advisory Council (the "Council") Supportive Housing Working Group concluded that Ontario has less than half of the supportive housing stock it needs to meet current demand. As a result, wait times for supportive housing are increasing. Although Ontario does not have centralized data to measure exact wait times, in regions that do track this information, it can take as long as seven years for people to access supportive housing, according to the 2016 Annual Report of the Auditor General. A recent Wellesley Institute policy brief focused on the two to three per cent of the population that lives with a severe mental illness or addiction points out that shortfalls in supportive housing in Ontario are linked to higher service use, more hospitalizations, adverse health outcomes, more homelessness and lower life expectancy.

To address long-standing needs, we strongly support the Council's recommendations for creating a well-resourced, flexible and coordinated supportive housing system, including their call for funding housing and supports for at least 3,000 more people each year, for a total of 30,000 added in ten years (2017 to 2026).

3. Income security

Barriers to full social inclusion and income security continue to persist for people and families SSO works with. People with mental illness continue to face considerable barriers to full participation in society and make up nearly half of Ontario Disability Support Program (ODSP) clients, with psychoses, such as schizophrenia, accounting for about 20 per cent of these cases.

As previously stated onset of schizophrenia is generally in adolescence or early adulthood, often disrupting a person's 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.

Social assistance rates continue to fall far below what is required for people to meet even basic needs such as housing and food, entrenching people in a cycle of poverty. Budget 2017 announced significant increases to asset and gift limits for both Ontario Works and ODSP, increased Remote Communities Allowance and a two per cent increase to rates. Although these changes are welcome and needed improvements, they do not go far enough to address the poverty faced by people on social assistance.

The Income Security Reform Working Group report, "Income Security: A Roadmap for Change" (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 strongly support adoption of The Roadmap as a blueprint for change. As an immediate step, we support the recommendation to raise social assistance rates to assist people in the deepest poverty; however, we urge the government to move more quickly to bring people closer to income adequacy beyond a 10 per cent increase to Ontario Works and five per cent increase to ODSP in year one.

At minimum, we recommend a 10 per cent increase to both Ontario Works and ODSP rates this year followed by additional increases in years two and three.

4. Access to medications

Many mental illnesses are commonly treated with pharmaceutical interventions that often involve a lengthy process of trial and error to find the best-suited medication(s) to address symptoms. Yet, consistent access to affordable and effective medications can be challenging due to costs associated with filling a prescription and the patchwork system of public and private drug plans. As a result, one's ability to benefit from a particular medication may be contingent on their ability to pay for it, particularly for people who do not have private insurance coverage. For many, paying out-of-pocket for even minor costs associated with their medication is not feasible, thus leading many individuals to forgo treatment altogether due to cost-related barriers.

The introduction of OHIP+ in Budget 2017 is a commendable step towards ensuring that all Ontarians can access prescription medications. However, as mentioned, onset of illnesses like schizophrenia is commonly between 16 and 24, and many choose to use medications throughout the course of their recovery, which is often long-term. Individuals who outgrow OHIP+ may not be able to continue their treatment possibly leading to a relapse of symptoms. It is therefore critical that the next step is to expand access to prescription medications in Ontario to include people aged 25 and over, to help ensure that barriers such as age, costs, lack of private health insurance and challenges qualifying for health insurance due to pre-existing conditions do not prevent people from accessing this form of care.

SSO strongly urges the government to continue to be a leader in this area by further engaging the federal government around creating a universal drug access plan to meet the needs of people who continue to forgo prescription medication care due to cost.

Until then, Ontario must address this unmet gap by investing in further expansion of Ontario's Public Drug Programs through, for instance, eliminating deductible requirements associated with the Trillium Drug Program for those who are low-income, regardless of age, or expanding the Ontario Drug Benefit program to include this group.

5. Justice and mental health

Diversion

People with mental illness are over-represented in the criminal justice system. Studies suggest that for three out of 10 people with mental illness, the pathway to mental health care is through police. There are many reasons for this including negative stereotypes and misconceptions about their risk of

violence; crimes which are directly related to the symptoms of their conditions, such as causing a disturbance, mischief or minor theft; and the role of police as first responders to mental health crises.

At the same time people with mental illness experience significant challenges when detained, including barriers to accessing mental health treatments and supports and disproportionate placement in segregation. The outcomes of this can be profound, including potential exacerbation of existing symptoms, increased challenges with reintegration, increased risk of recidivism and, in the most severe cases, increased risk of self-harm and suicide.

We are encouraged by the province's recent investment of \$51-million over three years to improve services for people with mental illness and addiction issues who have contact with the criminal justice system, such as expanding the availability of safe beds to provide time-limited emergency housing as an alternative to jail or hospital and increasing reintegration supports.

These are much-needed steps to help ensure that people with mental illness are diverted from incarceration; however, this group continues to be over-represented in Ontario's correctional facilities. To strengthen the work that is being done on reforming corrections in Ontario, we support further investment in programs that divert people with mental illness out of the criminal justice system entirely, including expanding pre- and post-charge diversion programs and mental health courts.

Corrections reform

We further commend the Ministry of Community Safety and Correctional Services for their work on corrections reform and ongoing segregation review and the Ministry of the Attorney General's commitment to expand and enhance the Bail Verification and Supervision programs in Ontario. Recognizing the potential harms of segregation on mental health, SSO has prioritized segregation as an issue that significantly affects people with schizophrenia and other mental illnesses.

The use of segregation, especially for people with symptoms of mental illness, is a severe deprivation of liberty as evidenced by the United Nations Committee against Torture's call on Canada to limit the use of solitary confinement as a measure of last resort, and to abolish its use for persons with serious or acute mental illness. It also completely contradicts the principles of recovery by, in effect, punishing a person for behaviours that may be directly related to their condition, and by placing a person in an environment that is known to aggravate and contribute to extraordinary stress and to symptoms of mental illness.

For these reasons, SSO has called for an end to the practice of segregation in Ontario correctional facilities as a long-term goal. In the shorter-term, we urge investment in Ontario correctional facilities to support the prohibition of the use of segregation for vulnerable groups, including people with mental health problems.

6. Caregiver support

Families/caregivers often provide crisis intervention, encourage and support treatment, arrange for income assistance, provide housing, assist with the activities of daily living, assist health care

professionals and advocate on behalf of their relatives/friends. Caregiving has been shown to provide major savings for the mental health and addiction system by decreasing rates of hospitalization and involvement with the criminal justice system. This is particularly relevant for schizophrenia, which represents the largest hospital, physician, prescription medication and psychiatric costs compared to other mental illnesses. Research also finds that working with families is an effective way of delivering community-based intervention to people with schizophrenia.

Although the caregiving relationship has notable benefits for the caregiver, the individual and public systems, there are numerous common challenges to this role including financial stress. A 2012 Statistics Canada report found that among family caregivers, 28 per cent of those caring for a child, 20 per cent caring for a spouse and 7 per cent caring for a parent reported financial hardship because of their caregiving responsibilities. As a result, some family caregivers may risk sharing the poverty of the person living with mental illness. In fact, of those caring for a child, some reported borrowing money from family or friends or taking out a loan from a financial institution.

To help alleviate financial challenges, 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 caregivers. 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 caregivers.

In addition, SSO is encouraged by the recent investment of \$20-million each year for three years in respite for caregivers. This will provide much-needed support to many people. However, it is important that this new funding targets programs that allow caregivers more flexibility and control over what respite services they can access and must extend to services for people who provide care to people with mental illness and addiction, in addition to other health conditions.

To help ensure that caregivers can continue to fulfill this role, funding should be targeted to increasing supports for caregivers of adults with mental illness, including community programs and family interventions, respite services for people supporting adults with mental illness and financial benefits.

Conclusion

SSO commends the Ontario government for its considerable work to improve the health and quality of life of people experiencing mental illness and their families. We support the various strategies and initiatives underway to ensure that people have access to the treatments and supports they need to live healthy, fulfilling lives which in turn helps to create a healthy, resilient society.

We urge the government to use Budget 2018 as an opportunity to make critical investments to ensure that these plans can be realized.

We welcome the opportunity to elaborate on our recommendations. For questions, please contact Erin Boudreau, manager of policy and community engagement, at eboudreau@schizophrenia.on.ca or 1-800-449-6367 x 255.

About SSO

SSO is a charitable health organization that supports individuals, families, caregivers and communities affected by schizophrenia and psychosis across the province. For over 30 years we have made positive changes in the lives of people affected by schizophrenia by building supportive communities through services and education, advocating for system change and conducting research into the psychosocial factors that directly affect mental illness.

SSO has long advocated for improved access to mental health care, including psychiatric care (e.g., medication, hospital-based care, psychiatrists); community-based mental health services (e.g., case management, counselling, peer support); and social supports (e.g., housing, income and employment supports).

This submission is informed by our extensive history working with people affected by mental illness* and their families in Ontario.

Continued Collaboration

SSO is committed to community partnerships and collaborations across a range of issues to help improve the lives and experiences of people and families affected by schizophrenia and psychosis. As active members of the Ontario Caregiver Coalition, we continue to advocate for investment in respite care to help caregivers manage the stress and financial constraints that often accompany their role. We continue to work with our partners as part of the ODSP Action Coalition and as a member of the Ministry of Community and Social Service's Disability Adjudication Working Group to improve the social assistance system in Ontario and look forward to continuing this work as the province develops its income security plan. Most recently, we have supported the development of Health Quality Ontario's (HQO) Schizophrenia Quality Standards – Care for Adults in Hospitals and Care in the Community – and will continue to work with the agency to support their implementation. Recognizing the unique challenges of people with mental illness in the correctional system, SSO has brought together a coalition of mental health, health and restorative justice organizations and individuals to prioritize reform of the often-harmful segregation practices in Ontario's correctional institutions. Lastly, we continue to partner with health organizations outside of the mental health and addiction sector to address common barriers to accessing psychiatric medications across Canada.

* In this submission, the term "mental illness" refers to symptoms and conditions that may take the form of changes in thinking, mood or behaviour, or some combination of all three, that affect how one functions in different areas of their life over a period of time. This term was chosen because it is the closest in aligning to the range of recommendations in this submission. It should be clarified that not all individuals living with a mental health issue would identify with this label.