MAKING MENTAL HEALTH AND ADDICTIONS A PRIORITY – ONTARIO LHINS MOVE FORWARD

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Transforming Ontario's Health Care System

In 2004, Ontario Health Minister George Smitherman created a vision to transform Ontario's health care system:

"To develop a health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren."

The status quo was no longer good enough. To achieve this vision, health care delivery will transform from a service driven, centrally-planned system to an integrated, patient-centred system of care to meet local needs. The first step in achieving this vision was the creation of fourteen Local Health Integration Networks (LHINs) to plan, co-ordinate and fund health care to make it easier for patients to access the care they need. The LHINs are mandated to engage their communities to find out about their need and priorities. The LHINs went to local health service providers, health care consumers and their families to find out their concerns and used what they heard to identify local clinical and operational priorities to develop individual Integrated Health Service Plans (IHSPs) for 2007-2010.

Along with this transformation in health care delivery, the province increased funding for community-based mental health and addictions services for the first time in twelve years. The LHINs could effect real change as they had both the funding and mandate to do so.

The Voice of the Mental Health and Addictions Sector

The major players in the mental health and addictions sector – the Canadian Mental Health Association – Ontario (CMHA-Ontario), the Centre for Addiction and Mental Health (CAMH) and the Ontario Federation of Community Mental Health and Addictions Programs (OFCMHAP) – participated in the transformation agenda from the beginning. Early on, they met to identify key themes to guide the government's agenda so that people living with mental health and addiction issues would benefit. These themes included principles for a transformed health care system and criteria for evaluating the LHINs. In a joint public statement,[1] these organizations indicated their support of the government's goal of providing a continuum of care to people in their communities and the critical role of community-based services for people who need help for mental health and addiction problems. They were pleased that Minister Smitherman was championing the needs of people with mental health and addiction issues.

Community Engagement Activities

In 2006, the LHINs held community engagement sessions to obtain the input of health care providers, consumers and their families, thereby giving the mental health and addiction community an opportunity for their voices to be heard. Across Ontario, several thousand people and organizations provided valuable input to develop specific priorities for action that their LHIN should take.

The LHINs heard that mental health and addictions issues needed to be addressed in their community and must receive more attention with respect to funding and research. They found families struggling to care for loved ones with mental health problems, receiving little guidance, support, relief or respite. They found people living with mental illness facing discrimination, unemployment, poverty, homelessness and social isolation. They found family members giving up jobs to care for a loved one, with the loss of income further adding to their stress.

Mental Heath and Addictions - The Leading Cause of Disability in Canada

More Canadians are disabled by mental illness and addictions than by cancer, heart disease, stroke or accidents.[2]

Mental health and addictions affect how long one lives. Having an addiction increases the likelihood of having other serious health problems – heart disease, stroke, seizures and certain types of cancer – and can shorten one's life. Alcohol use can cause falls, drowning and motor vehicle accidents, often resulting in severe disabilities or death.[3] The death certificate of these victims might indicate a cardiac arrest or motor vehicle fatality but to the families of these victims, alcohol or substance abuse was the real cause of death.

Who Lives With Mental Illness and Addictions?

According to Health Canada, of Canadians 15 years of age or older:

- 1 in 5 will experience a mental illness in their lifetime.[4]
- Between 10% and 20% will have a substance use disorder in their lifetime.[5]
- 1 in 10 will experience mental health issues (major

depression, mania disorder, panic disorder, social phobia and agoraphobia) and/or alcohol or illicit drug dependence in any given year.[6]

- 3% will depend on alcohol and illicit drugs in a given year.[7]
- 5% have the potential to become – or are already – problem gamblers.[8]

Mental illness and addictions often go hand in hand. The likelihood of having one of these disorders and also having the other disorder is very high. About 30% of people diagnosed with a mental illness will also have a substance abuse problem in their lifetime. As well, 37% of people who abuse alcohol also have a mental illness, and 53% who abuse drugs also have a mental illness.[9]

A Focus on Addictions and Mental Health: A Review of the LHINs IHSPs

Major mental health and addictions organizations in Ontario are working with the LHINS to determine the extent of the work of the LHINs that support the needs of people with addiction and mental health problems and their families.

In 2007, Addictions Ontario, CMHA-Ontario, CAMH and OFMHAP collaborated to review IHSPs from all 14 LHINS to assess the extent to which each LHIN addressed addiction and mental health issues and whether their priorities were translated into action plans.

This comprehensive review, "A Focus on Addictions and Mental Health: Review of LHIN Integrated Health Service Plans,"[10] highlights what is working well and what needs to be done to ensure that the LHINS have strong mental health and addiction services and supports.

What They Found

The authors were pleased that every LHIN is addressing addictions and mental health to some extent, although the sector is a priority in only half the LHINs and a sub-priority in another five LHINS. The authors did have some concerns. Access and service gaps were not consistently addressed within all LHINS because they focused on integration. Barriers to accessing services, particularly among marginalized groups were missed. Diversity issues were often not addressed as adequately as the LHINs focused on language barriers, rather than on providing culturally appropriate services. Few LHINs addressed the importance of housing, income, employment and social supports for people with mental health and addictions issues. Furthermore, most LHINS were not able to demonstrate the importance of involving consumers and families in the planning, delivery and evaluation of services.

The report identified fifteen criteria for evaluating the content, development and implementation planning for the IHSPs and ranked each criteria on a four point system, ranging from whether the criteria was mentioned at all to whether it was strongly addressed. The report included a critique of all 14 LHINs so each LHIN could identify best practices in other LHINs and analyze where their own LHIN fell short.

Recommendations

The authors asked the province to consider strengthening the addictions and mental health system as a strategic priority.

They called for each LHIN to maintain a focus on addictions and mental health and for the sector – consumers, families and service providers – to work together.

They called for the LHINs to review the capacity of the existing service system before any integration efforts could be made. Many LHINS are doing just that. You cannot build on a system until you know what is working and what needs to be changed.

Urgent Priorities Funding – Bringing the Mental Health and Addictions Sector Forward

Many of the LHINs have used 2007/08 funding to address local priorities identified by consumers and health service providers. Here are a few of the many projects the LHINS are working on to address integration efforts in their communities:

- Erie St. Clair LHIN provided one-time funding for the Windsor Salvation Army Substance Abuse Treatment Program for Homeless Men, as its funding is in jeopardy due to city budget cutbacks.
- Waterloo Wellington LHIN provided funding to create a residential addiction treatment pilot program as the first step towards the potential creation of an addiction treatment centre for 40 youth.
- Toronto Central LHIN provided funding to develop and implement a centralized access and referral system for 3,800 mental health supportive housing units provided by 32 organizations.

In addition to funding urgent priorities in the mental health and addictions sector, virtually all the LHINS have convened multi-sectoral system planning tables to assist in IHSP implementation efforts, including priorities identified for mental health and addictions. Consumer/survivor and family participation has also been incorporated into these structures through workshops, education sessions and organized working groups across the province. Most LHINs are also making efforts to address identified mental health and addictions issues through their IHSP priorities. Although some LHINs did not make mental

health and addictions issues a priority when they wrote their IHSPs in 2006, a year and a half later, every LHIN is working towards integrating and improving services for this often neglected sector of the health care system. Several LHINs are reviewing strategies to address the recommendations outlined in the Reville Report[11] commissioned by the Ministry of Health and Long-Term Care, which outlined integration opportunities for the mental health and addictions sector.

Focus on the Future

The LHINs have made substantial progress during the past year towards integrating and improving services for people in their local communities with mental health and addiction issues. Working collaboratively with major players in the mental health and addictions sector, the LHINs will continue to follow up on this important component of our health care system. For more information about the work of the LHINs in the Mental Health and Addictions sector, visit www.lhins.on.ca.

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1 *Local Health Integration Network Joint Public Statement 2004*. www.camh-net/Public policy/Public policy papers/jointlhinstatement04.html.
2 Canadian Collaborative Mental Health Initiative. 2005. *Health Human Resources in Collaborative Mental Health Care*, p.1.
3 City of Toronto. March 2005. *Substance Abuse in Toronto: Issues, Impacts & Interventions*, p.14.
4 Health Canada. May 2006. *It's Your Health: Mental Health – Mental Illness*. Her Majesty the Queen in Right of Canada, represented by the Minister of Health, p.1.
5 National Co-morbidity Survey, National Co-morbidity Survey Publications, 2005.
6 *Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada, Interim Report of The Standing Senate Committee on Social Affairs, Science and Technology,* November 2004, p. 83.
7 Statistics Canada. 2004. *Alcohol and Illicit Drug Dependence, Supplement to Health Reports* 15, p.9.
8 *Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada,* p. 85.
9 *Out of the Shadows at Last: Highlights and Recommendations, Final Report of the Standing Committee on Social Affairs, Science and Technology,* Ottawa, May 2006, p. 205.
10 A Focus on Addictions and Mental Health: Review of LHIN Integrated Health Service Plans, April 2007. www.camh-net/Public policy/Public policy papers/MHA review LHIN IHSPs0707.pdf.
11 *On Becoming Best Friends: Integrating Front and Back Offices in Community Mental Health and Addictions.* May 2006.

MENTAL HEALTH DISCRIMINATION – LIFTING INVISIBLE BARRIERS

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According to Health Canada, approximately 20% of Canadians will experience mental illness in their lifetime.[1] Unfortunately, persons with mental illness often still face stigmatization, stereotypical attitudes and discrimination at work, at home, in schools or even getting services.

Under the Ontario *Human Rights Code*[2] (the "*Code*") everyone has the right to equal treatment without discrimination based on fifteen grounds, including disability, in areas such as employment, housing and services. This means that persons with disabilities should be able to work, get housing or access services without barriers.

"Disability" covers a broad range and degree of conditions, some more visible such as physical disabilities, some invisible, such as, mental illness. Some conditions may be present from birth, relate to accidents or events, others develop over time. The *Code's* definition also includes situations where a person is perceived or "seen" to have a disability but actually does not have one.[3] For example, an employer does not hire a job applicant because she *thinks* the individual has a mental disorder. It does not matter that the applicant does not, in fact, have a mental disorder. If that person is perceived or "seen" as having one by the employer, it still amounts to discrimination because of disability.

Even when job applicants do have a mental health disability, employers must objectively assess their ability to do the job. They should not rely on perceptions and stereotypes that put up invisible barriers to job opportunities. In fact, a recent Ontario Human Rights Tribunal decision, *Lane v. ADGA Group Consultants Inc. of Ottawa*,[4] upheld the right of persons with a mental health disability to be appropriately accommodated in the workplace under Ontario's *Code*.

The Commission is concerned that certain requirements, policies and practices relating to non-criminal police record checks can have a discriminatory impact on persons with mental health-related disabilities seeking employment. For instance, mental illness may result in non-criminal contact with the police. Under the *Mental Health Act*, police can apprehend people to take them to a hospital for examination where it appears that their mental disorder may result in serious bodily harm to themselves or others.[5] In many cases, the individual or a family member may have contacted the police for help.