

# **Submission to the Standing Committee on Finance and Economic Affairs**

January 2009

This submission is made on behalf of the following organizations:

Addictions Ontario

Canadian Mental Health Association, Ontario

Centre for Addiction and Mental Health

Ontario Association of Patient Councils

Ontario Federation of Community Mental Health and Addictions Programs

Ontario Peer Development Initiative

## **Introduction**

Thank you for the opportunity to contribute to the committee's deliberations on Ontario's 2009-10 budget.

This presentation is submitted on behalf of a collaborative of provincial mental health and addictions service providers and clients in Ontario. Our partnership consists of Addictions Ontario, the Canadian Mental Health Association Ontario, the Centre for Addiction and Mental Health, the Ontario Association of Patient Councils, the Ontario Federation of Community Mental Health and Addictions Programs, and the Ontario Peer Development Initiative.

Over the past year the consequences of worldwide economic turmoil have been felt by the people of Ontario – through job loss, uncertainty, and lower projections for government revenue. In October, Finance Minister Duncan informed Ontarians that total revenue would be over \$900 million less than projected at the time the 2008-09 budget was delivered, and a more serious decline can be expected in 2009-10. This has made the task of allocating public resources more challenging than ever, and the work of this committee more important than ever. It also makes the 2009-10 budget a true test of the government's priorities and values.

While the greatest costs of mental health and addictions must be measured in human cost, it may interest the committee to know the full economic cost of mental health and substance use in Ontario: \$34 billion each year. Twenty percent of the general population suffers from a mental illness or addiction in their lifetimes and 3% suffer profound suffering and persistent disablement. One out of every 10 Canadians aged 15 and over reported symptoms which indicated alcohol or illicit drug dependence in 2002/03.

## **Mental Illness, Addiction and Poverty**

In the context of economic uncertainty, it is a challenging time to be addressing the pervasive problem of poverty in Ontario. We believe the government is wise and humane to commit itself to reducing poverty in Ontario, and we urge the government to maintain a strong focus on addressing the needs of Ontario's poor. People with mental health and addictions problems often live in chronic poverty. Poverty also constitutes a significant risk factor for developing a mental health and addictions problem. More than one-third of Ontario Disability Support Program (ODSP) recipients are people with a serious mental health problem. We know that a very significant number of Ontario Works recipients have mental health or substance use problems; in many cases, those on income support programs have concurrent disorders involving both mental health and substance use problems.

### *Ontario Disability Support Program*

Individuals with work-limiting disabilities are nearly three times as likely to be poor and four times as likely to be in receipt of social assistance as individuals without a disability. Many Ontarians with serious mental health problems rely on social assistance as their primary source of income. In 2006, there were 77,430 people receiving income support through the ODSP with a serious mental illness, representing 1 in 3 ODSP recipients. Research indicates that income plays a critical role in supporting recovery, and improved income supports have been empirically linked to improved health and reduced rates of hospitalization for those with mental health problems.

We support the government's poverty reduction strategy commitment to reviewing the social assistance system and to changing rules to better support recipients to pursue education and employment opportunities. Social assistance rates must also be increased and adjusted for inflation. ODSP rates are significantly lower than what is needed to cover the cost of basic necessities, such as food, clothing and housing. The cost of living increases implemented in the course of the prior government are important, and appreciated. Nevertheless, we believe that protection from inflation should be a matter of policy; and that the failure to systematically protect some of the most vulnerable people in Ontario from the effects of inflation represents a serious failure of priorities. ODSP rates must be increased in order to compensate for the significant decline in purchasing power of rates over the past 10 years.

Rates should be subsequently be indexed to the rise in the consumer price index (CPI).

### *Housing*

The cost of housing is fundamentally connected to income security, and we are pleased to see that the poverty reduction strategy includes a commitment to a long-term housing strategy. This strategy should include initiatives to maintain the current supply of affordable housing, an increase in the supply of affordable housing, and programs to improve the affordability of market rents for people on low income. No single solution will solve the problem.

Supportive housing is a model that brings together safe, decent shelter with the supports that many people need to live in the community. These services will recognize the diversity in needs among clients, as well as the need to adjust the services provided to a single client over time. Supportive housing is economical – it costs far less to provide supportive housing than to provide a shelter bed for a homeless person or psychiatric hospital care. (Stable housing is also more cost-effective than withdrawal management beds or residential treatment for those with addiction problems. Ontario needs more supportive housing units in order to promote the recovery of persons with the capacity to live in the community, rather than in institutional settings. We recommend that the Government should work with supportive housing providers to increase the supply of supportive housing units in Ontario by at least 5000 over the next four years.

### *Supporting Consumer/Survivor Initiatives*

Consumer/Survivor Initiatives (CSIs) play a critical role in Ontario's mental health system, and make enormous contributions to the social inclusion of people with serious mental health problems. CSIs are run for and by people with mental health problems or those who have received mental health services. CSIs make a very significant contribution to recovery, and these accomplishments have been documented. Participants in these programs spend less time in hospital, use fewer high-cost crisis services, and often reduce their use of medication. All of these outcomes result in savings to the Government of Ontario.

Investments in CSIs can contribute strategically to the government's anti-poverty objectives. CSIs play a significant role in promoting labour market attachment, thereby reducing social isolation and poverty. The government's poverty reduction strategy acknowledges the importance of a good job. Beyond the importance of providing sustainable income, well-paying jobs "allow a community to look to the future with confidence." We cannot emphasize enough the extraordinary effect of employment for persons whose attachment to the labour force has been severed as a result of a mental health or addiction problem. Research has consistently demonstrated that work is central to recovery for persons with mental health and addictions problems, and that workplace accommodations increase the likelihood of successfully finding and keeping work. Alternative businesses, owned and operated by mental health consumers, provide support to people otherwise excluded from the workforce, and employ approximately 800 people in Ontario. Alternative businesses have waiting lists of people who want to work, but they require additional funding for infrastructure in order to expand their services and hire more employees.

## **Stronger Mental Health and Addictions Services**

Our organizations have expressed support for the key elements of the government's plan for health care. We agree that we must build a comprehensive and integrated system, driven by the needs of patients, and responsive to the concerns of local communities. People with mental health and addiction problems require services that break down the traditional silos present in the system, and they require mental health and addiction services that are an integral part of the overall health care system. We support the government's commitment to improve primary care, expand access to home care, and to create local health integration networks.

### *Funding for mental health and addictions services*

This government has made a commitment to developing a provincial mental health and addiction strategy – a commitment that was reinforced by the creation of a special committee of the Legislature on this matter, at the instigation of MPP Christine Elliott. We will work closely with the government and the committee to develop a strategy that will improve the delivery of mental health and addiction services to the people of Ontario.

The Standing Committee on Finance and Economic Affairs should know that the existing provincial strategy for mental health – *Making it Happen* – is ten years old. *Making it Happen* established a vision of a community-based mental health services supporting Ontarians with serious mental health problems in their communities. *Making it Happen* made a difference in the lives of Ontarians only when the government chose to invest resources in mental health, as it has done since 2003. The Committee should recognize that a new provincial mental health strategy – appropriately developed in conjunction with addiction services – will document gaps in treatment for people with mental health and substance use problems. We will work cooperatively with the government and the Standing Committee on Finance and Economic Affairs to develop strategies to address service gaps and strengthen our collective response to mental health and addiction problems.

Addictions treatment services significantly reduce alcohol and other drug dependency, reduce criminal activity and improve the health of clients. A wide range of economic studies has also demonstrated that there are positive net economic benefits of substance abuse treatment. However, addictions services in Ontario are poorly funded. The core infrastructure of addictions services has been eroded by the failure of governments to provide the funds needed to cover the costs of inflation and increased service demand. A survey of addiction agencies across Canada discovered that Ontario addictions providers were the most concerned about their ability to retain staff and offer competitive salaries. Critical investments in the capacity of addictions services are required in order to ensure that services are in place to respond to the needs of those seeking help for an addiction.

Last year's budget included \$80 million over three years to improve mental health and addiction services. It is critical that the government use this funding and leverage other funds to continue to build the capacity of the community mental health and addictions sectors, in order to strengthen access to services.

#### *Funding for peer support and family programs*

As noted above, peer-operated programs – including patient councils – can play a critical role in strengthening labour market attachment and reducing poverty. We also wish to stress that peer support programs have demonstrated positive health outcomes, and investments in these programs pay significant dividends. In Ontario, research tells us that participants in peer support programs are discharged from hospital more quickly, have fewer contacts with

the health system. Isolated mental health consumers who were formally connected with a peer mentor used an average of over \$20,000 less in health care services after discharge from hospital. These initiatives also challenge our fundamental assumptions about stigma, discrimination, and the capacity of people with serious mental health problems to fully participate in civic life. We recommend that the budget significantly increase funding for peer support programs, operated by people in recovery.

Clients' families are also an important part of the addiction and mental health sector – and a very significant resource for people with mental health and addiction problems. In many cases, families act as a primary caregiver for consumers of mental health and addiction services. Strong family support has been proven to have a positive impact on rates of hospitalization and relapse, adherence to treatment choices, and rates of recovery. Yet families are not recognized or compensated for their work, nor do they receive the education and support they require to carry out this responsibility. The valuable contribution they make to Ontario's health care system justifies a significantly greater investment in family programs and services, including dedicated funding for family peer support and family organizations.

## **Conclusion**

It appears that 2009 will be a challenging year for Ontario's economy. It will be particularly tough for many of those who depend on mental health and addiction services, some of whom are among the most marginalized citizens in our province. Our organizations believe that investments in health care – and in the programs such as disability payments and affordable housing that support health – are good investments in both strong and weak economies. Addressing poverty in Ontario cannot be successfully achieved with addressing the needs of people with mental health and addiction problems to participate fully in our economy and our society.

For more information, please contact Barney Savage, Centre for Addiction and Mental Health, 416 535-8501, ext. 2129, or any of our organizations.