

**SUBMISSION TO THE SELECT COMMITTEE
ON
MENTAL HEALTH AND ADDICTIONS**

RESPONSE TO THE DISCUSSION PAPER

*Every Door is the Right Door – Towards a 10-Year
Mental Health and Addiction Strategy, July 2009*

Canadian Pensioners Concerned, Ontario Division

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Canadian Pensioners Concerned, Ontario Division, founded in 1969, is a provincial and national, voluntary, membership-based, non-partisan organization of mature Canadians committed to preserving and enhancing a humanitarian vision of life for all citizens of all ages.

We would like to applaud the Ontario government, the Minister of Health and Long-Term Care and his Advisory Group for the development of a framework for a proposed 10-year mental health and addictions strategy for the province. This initiative reinforces the work of the Mental Health Commission of Canada and its work in developing a national strategy for Canadians' mental health, mental illness, recovery and well-being.

We are supportive of the seven proposed directions and are especially supportive of the emphasis on person-directed services within an improved transformed system. In tandem with the Mental Health Commission of Canada, Ontario can build public awareness of mental health and addictions stigma, partner in developing a dynamic social movement for the public to respond positively to the needs of those living with mental health problems, and strengthen mental health promotion initiatives.

Canadian Pensioners Concerned, Ontario, would like to encourage the province to adopt in all relevant ministries the use of *The Seniors' Mental Health Policy Lens Toolkit*. It was developed in British Columbia in 2005 and has been evaluated at 15 sites across sectors throughout Canada. Its use would reinforce the mental health and addictions strategy to create healthy communities. The toolkit "is intended to facilitate social environments (including health services) that promote and support the mental health of older adults, reducing the likelihood of mental health problems occurring." What is most important about the *Toolkit* is its inclusion of seniors' values, priorities and perspectives, highlighting seniors' strengths (from *Promoting Seniors' Well-Being: The Seniors Mental Health Policy Lens Toolkit*, pages 5-6).

How can we strengthen the proposed "Seven Directions" as seen in the Discussion Paper, *Every Door is the Right Door?*

There are a number of issues that the proposed strategy raises. CPC, Ontario, would like to see these strengthened, expanded and/or well-funded.

- 1) Act Early: The needs of the senior population must receive increasing attention from the provincial healthcare system as the aging population grows to nearly one-third of those living in Ontario.

Dementia and depression are seen as inevitable for older adults, but are not necessarily a normal part of aging. The strategy must differentiate between and provide for those who develop dementia and depression later in life and those who have struggled with mental health and/or addictions issues throughout their lives. In fact, dementia appears to be a *normal* physiological part of brain aging, which drugs are so far able only to slow to some extent. The distinction must be made between dementia and depression, which late in life and biologically-based, is triggered by such issues as loss, chronic disease and isolation. The belief is that age-onset depression could be prevented or its symptoms mitigated by screening, early intervention or appropriate treatment where necessary, including medication and/or taking therapy and/or social support. Also the strategy notes (page 14) state that ten to 25 percent of seniors experience mental health disorders, such as depression, and are usually related to medical illness, disability and social or emotional isolation. Coping with loss – of a loved one, of income security, of a home setting – can also trigger depression, the need for medical intervention or other healthcare professionals or peer support or community services. CPC strongly supports the important role of peer-based programs, not only in early identification, but also in the continuing community and social support networks whether a senior is awaiting treatment, in a treatment program or coping with day-to-day mental health issues. CPC's new Speakers Program, continues the work of the Older Persons Mental Health and Addictions Network (OPMHAN) and sends those with lived experience to raise awareness of those at risk of or dealing with depression; it is a prime example of a prevention program that is effective and cost-efficient.

The population of older persons with depression experiences a suicide rate which is five times higher than that of any other age group. Of all age groups in Canada, men over the age of 85 have the highest rate of completed suicides, yet very little attention is paid to address this. An indicator of improved services for older adults will be the suicide rate, especially that of men, and will be measurable and help the province and each LHIN in their accountability for community and health services.

2 + 5) Meet People on their Terms/Stop Stigma: Ontario has a diverse cultural population and one which presents multiple challenges. We strongly support that culturally competent and **appropriate** services be available, especially for an older population.

- Diverse communities, such as those who do not speak English or French, who are Aboriginal or recent immigrants/political refugees, face greater obstacles in realizing needs for mental health services or for finding those services. Cultural, racial, life style or religious prejudices and preconceptions make it immensely difficult to provide appropriate services or to receive them.
- Ageism – related to housing or mental health or addiction issues – exists and should be addressed as contributing to the stigma, the power imbalances or unavailable culturally competent services. Many older adults believe the prejudices and stigma related to their mental health issues are inevitable and may not or do not seek help. Public attention, education for professionals and

the general population, is needed to reduce and eventually eliminate these beliefs.

3) Transform the System: CPC supports the eight key points listed here for making change and creating a comprehensive, seamless service. The most significant factor in transforming the system is adequate funding. Change and transformation cannot happen without an increase to the mental health dollars allocated by the province and by each LHIN. In the November issue of the *Newsmagazine for the Ontario Association of Social Workers*, Steve Lurie – Executive Director of the Canadian Mental Health Association’s Toronto Branch, wrote about Canada’s health budget.

“Canada spends five per cent of its health budget on mental health services, less than most OECD countries, when the WHO estimates disease burden as 15 per cent. Ontario spends less per capita than most other provinces. Despite adding \$220 million to its mental health spending over the last four years, mental health spending has declined to three per cent of health spending according to the 2007 budget papers...Provincial governments need to commit to spending eight to ten per cent of their health budgets on mental health care.”

It appears from the *Results-Based Plan Briefing Book 2009-2010* available on the Ministry of Health and Long-Term Care’s website that the government is renewing its investment in community-based mental health and addiction services with a 66 per cent increase since 2003-4 in support with new funding. But the public needs to know that Ontario is pledging to increase mental health spending significantly with a goal of 10 percent in 10 years. The public also needs to know what percentage of mental health spending will be allocated to the needs of a growing, aging population.

- Additional training, personnel and resources should be allocated within an increased mental health budget for all related *health and community* services staff. Education must include a focus on awareness of the natural aging process, the complexities of aging with mental illness and/or addictions, and reducing and eliminating prejudices and ignorance of diverse backgrounds for mental health and addictions patients and healthcare providers. Home care workers, long-term care staff, psychologists and other therapists, nurses, social workers working with peer-support services, nutritionists are some of those who would benefit.

4) Strengthen the Mental Health and Addictions Workforce: Point 4.5 highlights the needs of an aging population and an aging health workforce. Recruitment and retention are critical to positive change and transformation of mental health and addictions services.

- There is a shortage of geriatric specialists in Ontario; positions in medical schools are not filled. The supply-demand difficulties of geriatric, psycho-geriatric and neuro-biological specialists must be addressed with the Ontario Medical Association and the Ministry of Health and Long-Term Care, specifically physicians’ training and pay structures.
- Family physicians are in demand throughout the province, especially in the north. If available, not all are appropriately trained nor do they have the time

necessary for dealing with an older population or with an older population with mental health issues.

- In integrating mental health and addiction services with other health and social services, family health teams should have additional training and resources to help in the development of local mental health services or finding and expanding local services. Family health teams should not be penalized if patients are referred to family physicians outside the team and who have psychiatric and mental health expertise.
- Ideally specialists, family physicians and family health teams should be in place to provide the care that the aging population will require.

5+ 6) Create Healthy Communities/Build Community Resilience: The provincial government can expand its use of the social determinants of health and align programs and policies across ministries.

- The above-mentioned *Seniors' Mental Health Policy Lens* can and should be used as one of the tools available when strategic direction is being set through policies developed or programs expanded.
- The Ministry of Health Promotion could take a leading role in this beyond its current and limited focus on physical activities, nutrition and exercise. Its Healthy Communities initiatives could be expanded and strengthened around mental health and addictions issues.

Of the “Seven Directions” proposed, which do you think is the most important and why?

A 10-year strategy is ambitious in its intent and implementation. Transforming the system is the most important. What exists today, in 2009, is inadequate, is a patchwork of programs and priorities held together by ministry policy making mental health and addictions a central focus. The first accountability is to increase the mental health budget significantly. Then as the 10-year strategy is implemented, key performance indicators can be measured (the existence and/or availability of community mental health and addiction services, wait times for services, how people use the services available as well as new or improved collaboration among service providers).

