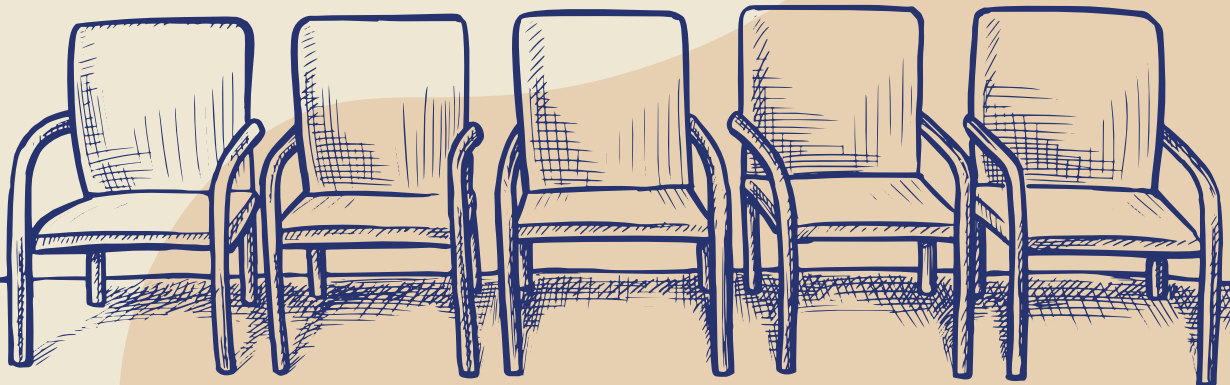


# NO TIME TO WAIT

BUDGET SUBMISSION 2022



# INTRODUCTION

Addictions and Mental Health Ontario (AMHO) represents nearly 200 organizations that provide front line substance use, addiction, and mental health support and services. Some of this work takes place in hospitals, such as the Waypoint Centre for Mental Health Care in Penetanguishene and the Ontario Shores Centre for Mental Health Sciences in Whitby, but most are community-based providers, like Thunder Bay Counselling and Addiction Services Central Ontario.

AMHO members are on the ground in communities across the province, supporting Ontarians through their mental health and substance use health challenges by providing community-based treatment, counselling, structured psychotherapy, case management, withdrawal management services, residential treatment, peer support, family support, harm reduction supports, and supportive housing.

Every year, local mental health and addiction service providers support more than 300,000 Ontarians but many others continue to sit on waitlists or are prevented from seeking and accessing help because of stigma or other barriers.

At AMHO, we believe that all Ontarians deserve access to high-quality, publicly funded mental health and substance use health care whenever and wherever they need it. We also believe that people with lived and living experience (PWLE) should be actively engaged as partners in designing the system of care.

## AS PART OF OUR 2022 BUDGET SUBMISSION, WE ARE CALLING ON THE ONTARIO GOVERNMENT TO:

- Implement a strategy to address growing wait times for mental health, addiction, and substance use health services.
- Develop and implement a Health Human Resources plan to address the staffing challenges in the sector.
- Respond urgently to the escalating overdose crisis and the drastic rise in overdose deaths.
- Use a social determinants of health approach in designing and implementing mental health and substance use supports and services.

## WHAT IS RECOVERY?

**Recovery looks different for everyone and might include abstinence, harm reduction, therapy, medication, or other options. To AMHO, recovery means supporting clients wherever they are on their journey.**

# 1 IMPLEMENT A STRATEGY TO ADDRESS GROWING WAIT TIMES FOR MENTAL HEALTH, ADDICTION, AND SUBSTANCE USE HEALTH SERVICES.

100 days is the average wait time for adult residential treatment for substance use.

Wait times for mental health and substance use health care were increasing before COVID-19, but since the pandemic began, demand for services have increased dramatically. As a result, too many Ontarians have been left waiting too long for access to mental health and substance use health support and services. A strategy to address wait times for care is needed immediately. Because no matter who you are - your race, your gender, your sexuality – where you live or how much money you make, you should have timely access to quality mental health and addiction services.

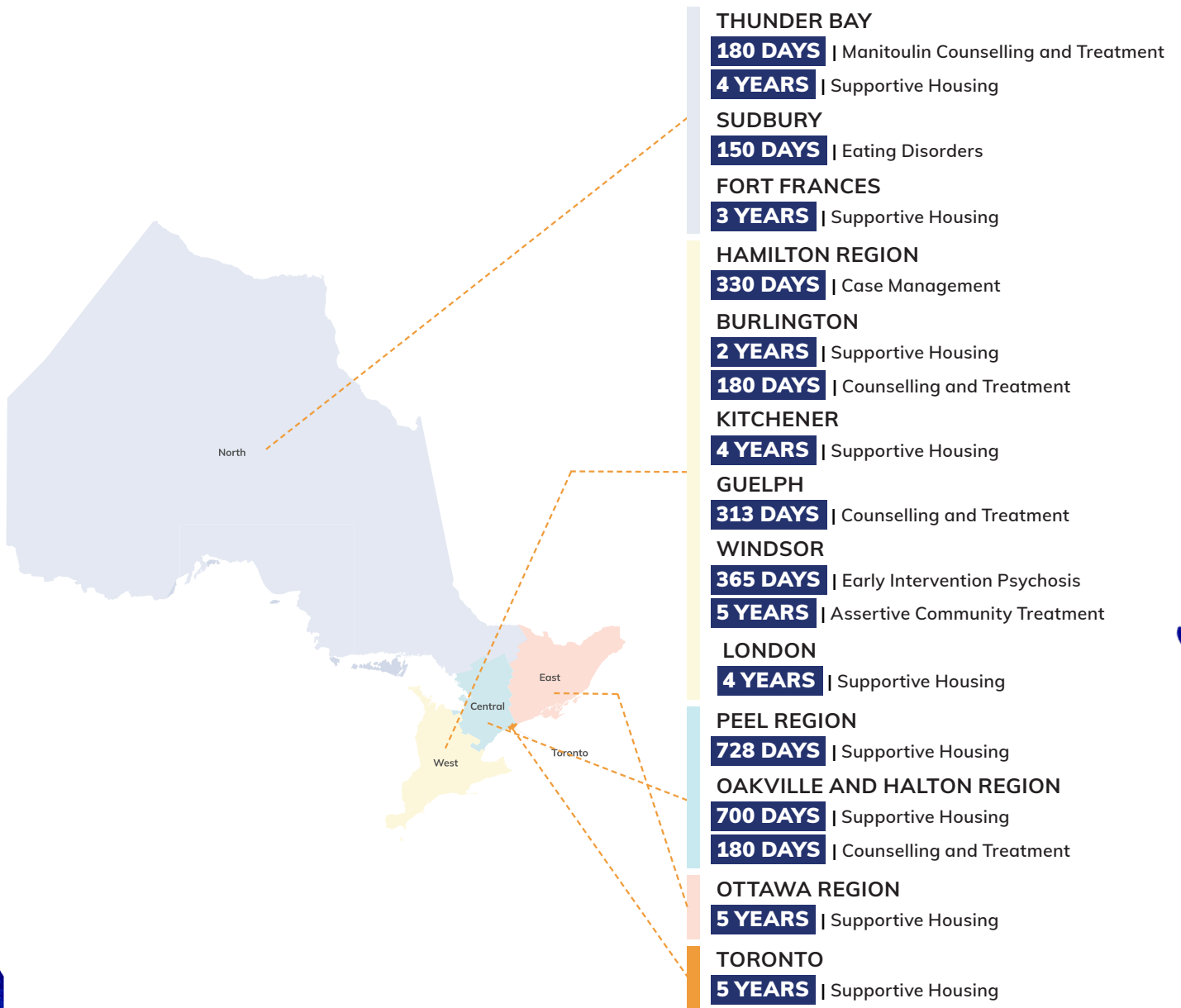
## **WE ARE ASKING FOR CONSISTENT, FAST, EASY, AND TRANSPARENT ACCESS TO CARE. TO DO THIS, WE ARE ASKING FOR THE GOVERNMENT TO:**

- Increase baseline funding to community-based mental health, addiction, and substance use health providers by 8%.
- Set evidence-based quality standards of care to ensure consistency and quality across the continuum of services, across a client's lifespan and across the province, and fund them appropriately.
- Collect data and report on wait time targets to hold providers and government accountable.
- Define clear pathways to care to improve access, navigation through providers and services, and transitions within the system.
- Mandate public reporting of quality measures, client satisfaction, and wait time targets to ensure accountability and enable performance management of service.
- Provide agency investments in data and digital support to better measure and report on performance.

Community-based mental health, addiction, and substance use health providers are ready and willing to work with the government to reduce wait times and improve services.



# IMPLEMENT A STRATEGY TO ADDRESS GROWING WAIT TIMES FOR MENTAL HEALTH, ADDICTION, AND SUBSTANCE USE HEALTH SERVICES.



## 2

## DEVELOP AND IMPLEMENT A HEALTH HUMAN RESOURCES PLAN TO ADDRESS THE STAFFING CHALLENGES IN THE SECTOR.

**84% of community mental health and addiction providers say staffing challenges, including burnout is their biggest challenge.**

**Health Human Resources (HHR) is an increasingly urgent issue in the health care sector, including for mental health and substance use health providers.**

Throughout the past 22 months of this pandemic, health-care workers across Ontario, including mental health and addiction workers, have cared for an increasing number of Ontarians on the front lines of the pandemic and the overdose crisis. They do this while confronting fears for their own health and safety and that of their loved ones. Like other healthcare workers in hospitals, home care and long-term care and personal support workers, they are burnt out and leaving the profession or turning to other positions and sectors that can pay a fair and living wage.

Wages remain lower in the mental health and addiction sector than in other parts of the healthcare system. For example, one community provider in Toronto documents a 33 per cent pay gap between what they are able to pay for an experienced nurse in comparison to what hospitals are able to pay, despite posting for the same job. Without the flexibility to set competitive wages locally and without base funding increases to support recruitment, we can expect staff shortages, long wait times for care, and suffering to persist.

Human resources are our primary resource to reduce wait times and to provide mental and substance use health care, addiction treatment, and support services. Without a qualified, trained, willing, motivated, and engaged workforce, services cannot be provided, expanded, or improved. People will continue to suffer needlessly, and more lives will be lost.

In a survey of AMHO members, there are three main areas of concern when it comes to HHR.

- Retention of staff related to compensation (non-competitive wages and benefits).
- Recruitment as a result of compensation (limited wages and benefits offered).
- Retention of staff related to high workload, stress, or burnout.

These are system wide-issues, and not issues that can be addressed individually by service providers. If mental health is health, we need to ensure that the sector is appropriately staffed, funded, and trained so that when Ontarians need help with their mental health or substance use, we have a healthy, and fairly compensated workforce ready to help them.

## 2

## DEVELOP AND IMPLEMENT A HEALTH HUMAN RESOURCES PLAN TO ADDRESS THE STAFFING CHALLENGES IN THE SECTOR.

### WE ARE CALLING ON THE GOVERNMENT TO:

- Repeal Bill 124, which caps compensation increases for a broad range of public sector workers in the mental health, addiction and substance use health sector at just 1% and does not keep pace with the cost of living or allow the sector to set competitive wages.
- Work towards wage equity across the sector including community-based addiction and mental health workers, with a stated aim to achieve wage parity with the hospital sector.
- Collaborate with community providers to develop and launch an HHR strategy that commits to understanding the needs of mental health, addiction and substance use health providers, workers, and clients with the goals of providing faster, consistent, easy to access, and culturally appropriate, trauma and violence-informed care.
- Implement a retention program for workers in the community mental health and addiction sector, including funding to increase wages.
- Establish an innovative and urgent recruitment program for workers in the community mental health, addiction, and substance use health sector, including funding to increase wages.
- Immediately extend implement the pandemic pay supplement for PSWs in the mental health and addiction sector.

### THE PAY GAP

Low salaries in the mental health and addiction sector are leading to higher staff turnover, understaffing, burnout and longer wait times for clients. An AMHO analysis of recent job postings showed a 20% pay gap for registered nurses in community settings compared to those in hospitals. For social workers, the gap was over 35%. While data gaps exist on compensation across the mental health and substance use sector, and variation exists geographically and by job category, AMHO found, on average, a 30% pay gap looking at postings for addiction counsellors, addiction therapists, therapists, support workers, psychotherapists, case managers, and overnight attendants. AMHO is calling on the government to build a stronger, high-quality community mental health sector by increasing wages and investing in hiring, retention, and professional development.

## 3

## RESPOND URGENTLY TO THE ESCALATING OVERDOSE CRISIS AND THE DRASTIC RISE IN OVERDOSE DEATHS.

*Ontario's monthly overdose deaths have risen 79% in 2020.*

*Northern Ontario has been disproportionately affected by the overdose crisis with Thunder Bay, Algoma, Sudbury and North Bay having higher rates of death than anywhere in the province.*

Currently, we are losing the fight against the overdose crisis. Ontario's monthly overdose deaths have risen 79% in 2020<sup>1</sup>. Last year, there were 2,426 opioid related deaths and in the vast majority of cases, people were alone when they died<sup>2</sup>. We need to act on the overdose crisis with the same focus and intensity in which we have responded to the COVID-19 pandemic.

All solutions must be on the table to address the overdose crisis. An effective response needs to include increasing access to services across the spectrum of care, including preventative support, education and awareness, harm reduction and other treatment services. First and foremost, the goal must be to stop preventable deaths.

### WE ARE URGENTLY CALLING ON THE ONTARIO GOVERNMENT TO:

- Restrike the Ontario Emergency Opioid Task Force to work directly with a diverse range people with lived and living experience and their families, community service providers, clinicians, and other experts to develop a robust strategy recognizing that the overdose crisis extends beyond opioid drugs.
- Commit to collect and release data on the overdose epidemic in Ontario including detailed data on non-fatal overdoses and overdose/poisoning deaths (as currently done for COVID-19 rates) to raise awareness.
- Implement innovative solutions to fill gaps in care, including expanding Rapid Access to Addiction Medicine (RAAM) Clinics.
- Expand access to and open new consumption and treatment services in hotspot regions of the province.
- Invest in substance use health services across the continuum of care to ensure support is there for all those seeking it. This includes reducing wait times for treatment programs and improving the staffing levels and clinical support for existing capacity.
- Expand the number of live-in treatment beds and withdrawal management beds across the province.
- Increase the availability of supportive housing units for people living with mental illness and using substance.
- Offer more varied treatment and supports to meet people where they are in their recovery journey.

<sup>1</sup> [https://www.publichealthontario.ca/-/media/documents/c/2021/changing-circumstances-infographic.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/documents/c/2021/changing-circumstances-infographic.pdf?sc_lang=en)

<sup>2</sup> [https://www.publichealthontario.ca/-/media/documents/c/2021/changing-circumstances-infographic.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/documents/c/2021/changing-circumstances-infographic.pdf?sc_lang=en)

## THE COST OF INACTION

People, families, and communities across Ontario have increasing substance use health care needs. In 2017, substance use health challenges cost Ontario over \$17 billion. This includes almost \$5 billion in healthcare costs, \$7 billion in lost productivity costs, almost \$4 billion in criminal justice costs, and over \$1 billion in other direct costs (accidents, insurance claims, etc.); and these costs have steadily increased every year<sup>3</sup>. To help put these numbers in context, hospitalizations for alcohol-related illnesses outnumber those for heart attacks<sup>4</sup>.

A recent report from the Canadian Institute for Health Information (CIHI) noted that while hospitalizations for most other conditions declined during the first 16 months of the pandemic period (March 2020 to June 2021), hospitalizations for harms caused by substance use rose by 9%. This increase totals more than 16,000 additional hospitalizations.

Emergency department visits cost an average of \$388 per visit, hospital inpatient services range from \$696 - \$2,195 per day, and incarceration costs an average of \$213 per day<sup>5,6,7,8</sup>.

Investing in quality care within the community saves lives and is cost-effective in the long run.

<sup>3</sup> Canadian Substance Use Costs and Harms. <https://csuch.ca/explore-the-data/#>

<sup>4</sup> <https://www.cihi.ca/sites/default/files/document/report-alcohol-hospitalizations-en-web.pdf>

<sup>5</sup> Ministry of Health and Long-Term Care. Emergency - Mental Health Services - Functional Centre 7131076. (2018).

<sup>6</sup> Ontario Hospital Interprovincial per diem rates for inpatient services.

<sup>7</sup> Statistics Canada. Uniform Crime Reporting Survey. (2014).

<sup>8</sup> Ontario Long-Term Care Association. The role of long-term care. Retrieved from: <https://www.oltpca.com/oltpca/OLTPCA/Public/LongTermCare/FactsFigures.aspx>



## 4

## USE A SOCIAL DETERMINANTS OF HEALTH APPROACH IN DESIGNING AND IMPLEMENTING MENTAL HEALTH, ADDICTION, AND SUBSTANCE SUPPORT AND SERVICES.

*Across the province, people are waiting years for supportive housing. What we know is that when people are stably housed, their psychiatric hospitalizations decrease and they have lower rates of emergency room visits<sup>9</sup>.*

For recovery and wellness to be possible, however that is defined by each individual, the basic social determinants of health must be met first. A social determinants of health approach to mental health and substance use health care must be taken at all levels, from government to service providers.

Social determinants of health are a specific group of social and economic factors within the broader determinants of health. Social determinants of health include, but are not limited to:

- Housing
- Food Security
- Income and Income Distribution
- Education
- Unemployment and Job Security

The most effective way to design a mental and substance use health care system that works for all Ontarians is to co-design it with direct input from people with lived and living experience (PWLE). This means creating significant, empowering, and compensated roles for PWLE to be within or as advisors to the Mental Health and Addictions Centre of Excellence and Ontario Health.

<sup>9</sup> [https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3028-7#:~:text=Housing%20First%20is%20an%20evidence,health%20services\)%20%5B9%5D](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3028-7#:~:text=Housing%20First%20is%20an%20evidence,health%20services)%20%5B9%5D).

## 4

## USE A SOCIAL DETERMINANTS OF HEALTH APPROACH IN DESIGNING AND IMPLEMENTING MENTAL HEALTH, ADDICTION, AND SUBSTANCE SUPPORT AND SERVICES.

### TO TRULY HAVE UNIVERSAL MENTAL AND SUBSTANCE USE HEALTH CARE, BASIC NEEDS MUST BE MET FIRST. WE ARE CALLING ON THE GOVERNMENT TO:

- Increase the supply of and access to supportive housing units across the province specifically for individuals living with mental illness or using substances
- Ensure that supportive housing providers and their clients have access to the intended rights and protections outlined in the Residential Tenancies Act and that government investments in rent supplements are protected.
- Create a significant and empowering role for PWLE to work with the Mental Health and Addictions Centre of Excellence. This might include the involvement of PWLE on the board, advisory committee, and as staff within Ontario Health.
- Increase the creation of equitably paid peer support positions in the mental and substance use health and addiction system.
- Engage and work directly with mental and substance use health and addiction agencies when developing and implementing new funding or programs.
- Engage regularly with priority populations and groups, including children and youth, Indigenous peoples, black people, people of colour, Francophones, members of the 2SLGBTQ+ communities, and low-income individuals and families and people who have experienced criminalization. These groups have historically been criminalized and neglected instead of receiving access to treatment and support within the healthcare system.

### EQUITY, ANTI-RACISM, AND ANTI-OPPRESSION FRAMEWORK

Data about race and other health equity indicators are not collected systematically across Ontario. Data that is collected shows that populations that face systemic barriers have poorer general health, mental health, and substance use health and addiction outcomes due to racism, discrimination, and other systems of oppression; both through the social determinants of health and through the ways systemic racism plays out through health care delivery.

This past year, AMHO engaged with members to create the Equity, Anti-Racism, and Anti-Oppression Framework. The framework provides advice and direction for mental and substance use health and addiction providers to advance equity, inclusion, diversity, anti-racism, and anti-oppression with a focus on Indigenous and Black populations. The framework was launched in September 2021 and in 2022, AMHO will be releasing tools to support health organization to implement the framework. Championing this strategy and better access to more equitable care will be key priorities for AMHO in 2022 and beyond.

# CONCLUSION

Addictions and Mental Health Ontario (AMHO) and our members across the province are ready to work together with the Government of Ontario to create the mental health and substance use health system our province needs.

With the additional stress COVID-19 has placed on the mental, physical, social, and economic well-being of Ontarians, there is no time to wait.

We must act quickly to support the millions of Ontarians currently struggling with substance use and/ or their mental health as well as the frontline workers who care for them. **The time to act is now.**