



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario

# ROADMAP TO RECOVERY

**BUDGET SUBMISSION 2021**



# introduction

Addictions and Mental Health Ontario (AMHO) represents over 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 Sandy Hill Community Health Centre in Ottawa.

AMHO members are on the ground in communities across the province, supporting Ontarians through their addiction/substance use and mental health challenges with 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 providers help more than 300,000 Ontarians on their road to recovery.

As part of our 2021 budget submission, we are calling on the Ontario government to:

1. **Release a ten-year investment strategy that outlines the implementation plan for the Roadmap to Wellness and prioritizes reducing wait times for services;**
2. **Meaningfully engage with people with lived and living experience (PWLE), their loved ones, caregivers and local organizations in the development and implementation of the Roadmap to Wellness; and**
3. **Urgently respond to the escalating overdose crisis and the rise in deaths due to overdose.**

The Ontario government has promised to create a comprehensive and connected system for mental health and addiction and to invest \$3.8 billion over ten years. It is time to focus on implementing the Roadmap to Wellness with sufficient investments, meaningful engagement and co-design with the Ontarians that we serve and a targeted strategy to combat the overdose crisis.

## 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.

# COVID-19 in Ontario

Even before the onset of COVID-19, more than one million people in Ontario experienced mental health and addiction challenges every year. COVID-19 has only exacerbated the mental health and addiction crisis Ontarians face. The province's mental health and addiction leaders are critically concerned about the impact that COVID-19 has already had on Ontarians.

The mental health of Ontarians is not just a health and social issue: it is also an economic issue. The pandemic of mental illness and addiction is affecting Ontarians' ability to work, earn an income, pay taxes, study, maintain stable housing and care for their families. We are greatly concerned about the impact on generations to come if we do not embed sustained mental health and addiction care as part of the province's recovery efforts.

## PRE-PANDEMIC

- People living with mental illness or addiction died, on average, **10 to 20 years** earlier than those who do not have one.
- Youth were waiting up to **2.5 years** to access publicly funded residential addiction services.
- Supportive housing wait times were over **a year and a half** in many areas of the province.
- Canadian life expectancy at birth has stopped rising for the first time in **over four decades** – something Statistics Canada attributes to the ongoing opioid crisis.

## A STUDY COMMISSIONED BY AMHO AND CMHO SHOWED

- Almost three quarters (**74%**) of Ontarians are experiencing increased mental health and substance use/addiction challenges as a result of COVID-19.
- **42%** of Ontario adults have increased their substance or gambling use.
- Half of Ontario's children and youth are at risk for mental health issues, with **30%** being at high risk and **19%** at moderate risk of mental health issues.

In a May 2020 survey by CMHA, **6.4%** of participants answered yes to having thoughts of suicide. That increased to **10%** in October. This is compared to data from Statistics Canada that indicates that **2.5%** of the population reported having suicidal thoughts in pre-pandemic 2019.

According to Ontario's Chief Coroner, overdose rates and opioid-related deaths have increased during the months of the pandemic by up to **35-40%**. Over **1,500** people died from opioid overdose in 2019; at least that many died in the first 8 months of 2020. In **3/4** of those cases people were alone when they died.

## AN AMHO SURVEY OF MEMBERS SHOWS

- Growing rates of people experiencing homelessness or housing instability.
- Increased rates of food insecurity and increased demands for food bank services.
- Growing wait lists for services.

## ONE

# Release a ten-year investment strategy that outlines the implementation plan for the Roadmap to Wellness and prioritizes reducing wait times for services

In March 2020, before the onset of the pandemic, the Ontario government outlined a comprehensive plan to improve the quality and delivery of mental health, substance use and addiction services. It is a year into the work, but our system remains fragmented and disconnected. It is critical that the government expedites the implementation and investments needed as part of the Roadmap to Wellness to support the people of Ontario during this challenging time.

As outlined in the Roadmap to Wellness, we are calling on the Ontario government to immediately prioritize a wait times strategy for mental health and addiction services and to fulfill their commitment to invest \$3.8 billion over ten years. **The wait times strategy must include establishing standards of care, defined pathways to care to improve system navigation, setting and reporting on wait times targets publicly and increasing accountability for all providers by mandating the reporting on performance.**

All of this must be done with a focus on the social determinants of health and with the recognition that recovery, first and foremost, requires access to food and safe housing.

### WE ARE CALLING FOR THE IMMEDIATE IMPLEMENTATION OF A WAIT TIMES STRATEGY THAT WILL:

- Define standards of care for common and complex mental health and addiction services.
- Focus on priority populations and early intervention for children and youth to ensure the greatest impact including expanding the Ontario Structured Psychotherapy Program.
- Establish clear pathways of care to simplify navigation for clients (including referral pathways between primary care, community care and hospitals).
- Set wait times targets for access to care and mandate the public reporting of wait times for services (*i.e. an established wait time target for residential addiction treatment of less than 30 days that includes outpatient care for the duration of the wait time*).
- Mandate the reporting of quality performance metrics by all mental health and addiction providers.
- Work towards wage equity (including for community-based addiction and mental health workers) with a stated aim to achieve wage parity with the rest of the health sector.
- Make investments in data and digital support to be able to measure and report on performance.
- Make capital investments so that residential services can be brought up to post-COVID 19 standards for infection prevention and control.

## TWO

# Meaningful engagement and service co-design with people with lived experience, their loved ones, caregivers and local organizations

People with living and lived experience are integral to AMHO's work, including this budget submission. When asked about the trends they are seeing and advocacy priorities:

### BIGGEST TRENDS DURING COVID-19

1. Growing demand for harm reduction services (including overdose prevention services)
2. Growing demand for services related to opioid use
3. Lacking connections or access to primary care services

### TOP ADVOCACY PRIORITIES

1. Increase in mental health and addiction funding
2. Increasing access to supportive/affordable housing
3. A specific overdose and opioid response strategy



*BIPOC community members are struggling more with issues related to social distancing, employment, isolation and dealing with immigration and settlement issues. The provincial government must recognize that investment of new funding now will prevent long-term serious effects of mental illness later on.*

Baldev Mutta, Chief Executive Officer  
PUNJABI COMMUNITY HEALTH SERVICES

*As a system, we are very fragmented. Multiple agencies providing multiple similar services and for clients, this is not easy to navigate at a time when you are already struggling. The system is too complex.*

Patient/Client & Family Council  
WAYPOINT CENTRE FOR  
MENTAL HEALTH

*I would like to see more voices from racialized and Black communities at decision-making tables in the mental health and addiction care system. I want to make sure that what is crucial for the betterment of their health and well-being, is incorporated in all decision-making and most importantly in the current climate. We need to provide responsive and relevant care based on marginalized communities' needs and not just the Eurocentric model.*

Aseefa Sarang, Executive Director  
ACROSS BOUNDARIES

## TWO

# Meaningful engagement and service co-design with people with lived experience, their loved ones, caregivers and local organizations

Clients, their loved ones and caregivers who have lived experience with mental health, substance use and addiction challenges have insights that are critical to government in designing an effective mental health and addiction strategy.

The roots of equality and inclusivity are found through engaging the people who “know what it’s like” and who can promote person-directed service delivery, inform quality improvement and policy change, and transform systems. It is critical that this includes people who use drugs, those struggling with substance use and those living with mental health challenges or with a mental illness. It is essential that the system is co-designed and humanized to ensure it works and to lead the charge in breaking down prejudice, discrimination and biases.

The government must ensure meaningful engagement with people who have lived and living experience (PWLE). The government should also increase direct engagement and consultation with service providers who are experts in delivering care in their own communities.

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

- Specifically and regularly engage with priority populations and groups including children and youth, Indigenous Peoples, Black Peoples, Peoples of Colour, Francophones, members of the LGBTQ2S communities, low-income individuals and families.
- Create a significant and empowering role for people with lived experience within or advising the Mental Health and Addictions Centre of Excellence. This might include the involvement of PWLE on the board, advisory committee and staff within Ontario Health.
- Increase the availability and improve the creation of equitable paid peer support positions in the mental health and substance use/addiction system.
- Build on findings from the Ontario Caregiver Organization to offer specific services and supports for mental health and substance use caregivers.
- Build skilled reference panels of PWLE and family/caregivers to inform all policy and program changes.
- Engage and work directly with mental health and addiction agencies when designing or implementing new funding or programs.

### PEER SUPPORT

Peer support is emotional and practical support between two people who share a common experience, such as a mental health challenge or illness. A Peer Supporter has lived through that similar experience, and is trained to support others.

The various types of peer support fall along a spectrum ranging from informal support to formal peer support within a structured organizational setting. “Informal peer support” occurs when acquaintances notice the similarity of their lived experience and listen to and support each other. Peer support within a structured clinical setting can involve programs where peer support workers offer the opportunity for a supportive, empowering relationship.

## THREE

# Urgently respond to the escalating overdose crisis and the drastic rise in overdose deaths

There is more than one health crisis happening in Canada; as we actively work to fight COVID-19, we are losing the fight against the overdose epidemic. Over the course of the COVID-19 pandemic, deaths in Ontario from overdose have risen between 35%-40% compared to the same timeframe before the pandemic. In 3/4 of those deaths, people were alone when they died. We need action on the overdose crisis at the same level that we have committed to stopping the spread of COVID-19.

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. However, first and foremost, it must start with stopping people from dying.

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

- Restrike the Ontario Emergency Opioid Task Force to work directly with PWLE, community service providers, clinicians and other experts to develop a robust strategy recognizing that the overdose crisis also extends beyond opioid drugs.
- Commit to collect and release data on the overdose epidemic including detailed data on non-fatal overdoses and overdose/poisoning deaths (as currently done for COVID-19 rates).
- Implement innovative solutions to fill gaps in care including expanding Rapid Access Addiction Medicine Clinics.
- Expand access to and open new Consumption and Treatment Services in hotspot regions of the province.
- Invest in substance use and addiction services across the spectrum of care to ensure support is there for those seeking it. This includes reducing wait times for treatment programs, adding paid peer support services and improving the staffing levels and clinical support for existing capacity.
- Expand the number of withdrawal management beds as well as community-based programs and housing supports.
- Provide a targeted provincial investment of approximately \$25 million in publicly funded residential addiction treatment. This is an essential part of a tiered continuum of addiction and mental health care to improve quality, transitions of care and reduce wait times for youth.
- Call on the Federal government to strike a task force to assess the impact of the criminalization of drug use on overdose death rate.



*The overdose crisis is worsening. There is a lack of coordination, there has been no task force meeting for over two years, and there is no table where we're all sitting down and learning from each other. We need to take a health and social based approach and listen to people who use drugs.*

**Nick Boyce, Director  
ONTARIO HARM REDUCTION NETWORK**



*Ultimately, I believe our efforts must be guided by providing appropriate and effective treatment to those who need it, when they need it and where they need it. The will and expertise in our system exists and with strategic government investment, we truly have an opportunity to build a world-class sector that could be a model worldwide.*

Mike Beauchesne, Executive Director  
DAVE SMITH YOUTH TREATMENT CENTRE

# conclusion

Addictions and Mental Health Ontario and our 200+ members across the province are ready to work together with the Government of Ontario to create the addiction and mental health system our province needs.

With the additional stress COVID-19 has placed on the mental, physical, social and economic well-being of Ontarians, we cannot afford to wait.

The recovery of our province must start with the people of Ontario. We must act quickly to support the millions of Ontarians currently struggling with substance use or their mental health. The time to act is now.