



Addictions &
Mental Health
Ontario

Dépendances &
santé mentale
d'Ontario

TOGETHER WE CAN

INVESTING IN ADDICTION & MENTAL HEALTH
SERVICES IN ONTARIO



**FALL 2020
BUDGET SUBMISSION**



TOGETHER WE CAN

Addictions and Mental Health Ontario represents over 200 organizations that provide front line addiction and mental health supports and services. Some of this work takes place in hospitals but most are community-based providers.

Our members are on the ground in communities across the province, supporting Ontarians through their mental health challenges and substance use with **community-based treatment, counselling, withdrawal management services, residential treatment, peer support, family support, harm reduction, and community housing**. Every year, local mental health and addiction providers help more than 300,000 Ontarians.

Before the onset of COVID-19, more than one million people in Ontario experienced mental health and addiction challenges every year. Ontarians were already facing wait times of up to 2.5 years to access mental health and addiction services, often turning to emergency rooms in crisis when there were no other options. That number has only grown since the beginning of the pandemic.

We are calling on the Ontario government to make immediate investments in community-based mental health and addiction care to support the health and wellness of Ontarians.

In addition to providing \$100 million in one-time funding to support urgent COVID-19 related demands and expenses we **continue to call on the government to:**

- 1** Flow the remaining \$204 million before the end of the fiscal year and deliver a public, 10-year plan to meet the platform commitment of \$3.8 billion over ten years
- 2** Mobilize the potential of the Mental Health and Addictions Centre of Excellence to drive systematic change and establish comprehensive and connected addiction and mental health services across Ontario, inclusive of an implementation fund to support service providers to deliver new standards.
- 3** Meaningfully engage with people with lived experience, their loved ones and caregivers to direct investments and co-design a system that works best for people who need substance use, addiction and mental health services.

The Mental Health and Addiction Pandemic in Ontario

The impact of COVID-19 on health and wellness of Ontarians is profound:

- **74%** of Ontarians are experiencing *increased mental health and addiction challenges as a result of COVID-19* and **45%** said their mental health has *deteriorated*.
- **42%** of Ontarians have *increased their substance or gambling use* since the pandemic started.
- *Overdose rates and opioid related deaths have increased* during the months of the pandemic by **up to 35-40%** on a weekly basis, according to Ontario's Chief Coroner.
- **67%** of Ontarians feel that the mental health impacts of COVID-19 are going to be *serious and lasting*.
- Research shows that COVID-19 disproportionately impacts *racialized and lower-income people*.
- The *most vulnerable, children and seniors, are at high risk*, with some child and youth mental health centres already seeing a **20 to 100 per cent increase** in the rate of demand since last year.

The mental health of Ontarians is not just a health or 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, maintain stable housing, and care for their families.

A one-time **\$100 million investment to support urgent COVID-19 related needs in the community-based mental health and addiction is needed in addition to long-term, sustainable funding to continue to provide safe, protected or distanced services throughout this challenging time including:**

- Increased access to mental health and addiction supports generally to respond to the growing demand for mental health and addiction care.
- Reimbursement and support to access Personal Protective Equipment (PPE) and other disinfecting and cleaning supplies to protect staff and clients, prioritizing residential programs, live-in treatment, supportive housing and intensive services that require face-to-face treatment.
- Reimbursement and support of future redeployment of clinical workers to cover staff shortages, fill critical service gaps, implement innovative business models and add capacity in infection control (this could include staff to do screening of clients and patients).
- Capital investments in supportive housing and residential treatment are needed to ensure care can be provided in a safe and physically-distanced manner.
- Reimbursement and support of future expansion of technology and digital solutions, as well as training for high-quality virtual care delivery and digital literacy for clients, to continue to provide high-quality, confidential services such as counselling and therapy by phone or virtually (i.e. purchasing phones or laptops to enable virtual therapy, providing phone-minutes or devices to clients).
- Urgent funds directed to the ongoing opioid and overdose epidemic to expand access to supports across the continuum of care including harm reduction and specialized treatment services.

Flow the remaining \$204 million before the end of the fiscal year and deliver a public, 10 year plan to meet the platform commitment of \$3.8B over ten years.

The \$3.8 billion commitment to addiction and mental health services holds enormous promise. To realize that promise, the government must immediately invest the remaining \$204 million from this year and \$206 million committed in the 2019 budget to get on track for investing the \$3.8 billion committed. We urge the government to immediately invest in community-based services that are the closest and most responsive to the people they serve.

We strongly believe that there is no better return on investment than supporting child and youth mental health and addiction services because when they get the help and support that they need, it reduces demand for services throughout the rest of their lives. That is why we recommend that child and youth mental health and addiction services be a priority.

With an increase to community-based services we can:

- Reduce wait times to mental health and addiction services for children and youth.
- Provide care to people with the most complex needs or concurrent disorders.
- Help combat housing insecurity and homelessness by increasing access to affordable housing, rent supplements, and offering more case management and peer support services to help people experiencing homelessness.
- Offer better access to specialized services and programs including innovative models such as Rapid Access Addiction Medicine Clinics (RAAM clinics) and injectable opioid agonist therapy.
- Expand access to addiction treatment including harm reduction services, withdrawal management services, community treatment, and residential treatment.

There is an immediate demand for 30,000 supportive housing units in Ontario.

Investments in community-based care are effective and efficient. With better access to community care we can support people before they reach crisis levels and keep them out of hospital. We can also help to support and sustain people's wellness after hospitalization, so they do not have to return to hospital. But we need to make investments now, including getting the \$3.8 billion over ten years to frontline supports and services.

Emergency Room (ER) visits for substance use conditions rose by 40%. In contrast, the overall increase in ER visits grew by only 6%.

Auditor General's Report, 2019

AMHO recommends flowing the remaining \$204 million before the end of the fiscal year and delivering a public, 10-year plan. This will meet the platform commitment of \$3.8 billion over 10 years into community-based mental health and addiction services to address the urgent demand for services across the continuum of care (all ages and stages).



Mobilize the potential of the Mental Health and Addictions Centre of Excellence to drive systematic change and establish a comprehensive and connected addiction and mental health system in Ontario, inclusive of an implementation fund.

It is critical that the new Centre of Excellence:

- a. Institutes evidence-based quality standards across the system including qualitative and quantitative data that are tied to metrics that are relevant and meaningful.
- b. Ensures access to an established set of core services across a continuum of care, and accessible via a stepped care model in every region of the province.
- c. Establishes an implementation fund to support mental health and addiction agencies to implement new system-led standards including the implementation of digital tools and solutions needed to support connecting mental health and addiction services, education and training, and the additional professionals that will be required to meet the new standards.
- d. Anchors all investments in the broader plan with specific, public goals, as promised in the Roadmap to Wellness and move away from the uncoordinated one-off funding approach that has not helped to improve services or cut wait times, and which has further fragmented a mental health and addiction system that people desperately need easier, faster access to.

The steps the government is taking with Ontario Health Teams (OHT) to better integrate services around clients' needs is a critically important change. But as we continue to move ahead with health transformation, we need to ensure the foundations are there to best support OHTs to deliver mental health and addiction services locally.

More than 80% of AMHO members are involved in Ontario Health Teams.

The creation of the Centre of Excellence should help support OHTs (and local service providers) to adopt new core services, implement new models of care, and increase standardization and reporting. The Centre of Excellence should also establish an implementation fund to cover the cost of changes that may be required including training staff, hiring new staff and enabling new digital tools that might be required to meet new data and reporting standards.

AMHO recommends that the Centre of Excellence becomes the “central nervous system” for direct service providers so they can be better supported to deliver care that is aligned with best evidence and quality standards.

AMHO also recommends that the government work towards the centralized and transparent reporting of information, similar to what is currently available for cancer care. This will ensure that everyone in Ontario can get access to the information they need to make informed decisions about their care and that caregivers feel more empowered and supported in their roles.

Meaningfully engage with people with lived experience, their loved ones and caregivers to direct investments and design a system that works best for people who need addiction and mental health services.

Patients, their loved ones and caregivers who have lived experience with mental health and addiction challenges have insights that are critical to government in designing a mental health and addiction strategy and services. Their unique perspective, experiential evidence and innovative ideas based on actual experiences will help ensure that a mental health and addiction system is truly person-directed.

It is critical that the government ensures meaningful engagement with people who have lived/living experience (PWLE) when determining system changes or investments in mental health and addiction. This should include:

- A significant and empowering role for people with lived experience within and/or advising 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).
- Building skilled reference panels of PWLE and family/caregivers to inform policy and programs changes within the addiction and mental health sector.
- An enhanced integration of equitable paid peer support positions into the mental health and substance use/addiction system.
- Specific and ongoing engagement with priority populations and groups including children and youth, the Francophone community, Black, racialized and Indigenous partners.

Meaningful engagement at the system level and peer support options at direct service level fosters person-directed care to ensure every person will be recognized, appreciated and respected for the unique person they are on their unique journey. 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, co-create service provision, inform policy change and transform systems.

AMHO recommends creating a truly patient-directed addiction and mental health system by committing to meaningful collaboration and engagement with those who have lived

“Meaningful engagement of Lived & Living Experience and Family is vital. As a system and as a society, we need to ensure a humanizing approach to care that supports an individual’s journey towards what they see as health and good quality of life.”

*Betty-Lou Kristy, Board Member,
Person With Lived Experience*

experience, their families and caregivers, at all stages of system transformation and care provision. This includes people who are currently using substances, as well as people who are currently living with a mental illness. For too long, addiction and mental illness has been seen as a personal character failure. This has resulted in the need for people to self-manage their care instead of getting the help they need. It is essential that people with lived experience are co-designing and humanizing the system - not only to ensure it works but to lead the charge in breaking down prejudice, discrimination and bias that is pervasive around addiction and mental health.



CONCLUSION

While the mental health pandemic predates COVID-19 by decades, we are critically concerned about the serious and long-lasting impact the pandemic has had and will have on the people of Ontario.

Ontarians cannot afford to wait any longer for much needed investments in the community-based mental health and addiction sector. The Ontario government must fulfil its commitment to invest \$3.8 billion to build a comprehensive and connected mental health and addiction system.

Addictions and Mental Health Ontario and our over 200 members across the province are ready to work together with government to create the addiction and mental health system our province needs but we must act now.

Spotlight on Capital Projects

Wait lists for residential treatment across Ontario are growing quickly. To address the growing demand for care we need to build more infrastructure and open new treatment beds.

There are projects across the province that are ready to be built but are waiting for government approval:

- In Ottawa, the Dave Smith Youth Treatment Centre is waiting for \$8 million to build a new treatment centre that will expand care capacity by 25%.
- In Shelbourne, the Pine River Institute is waiting for \$4 million to expand treatment capacity by 30% for children and youth in Ontario.
- In Windsor, the House of Sophrosyne is waiting for \$5 million to expand treatment capacity for women by 50% in the region.

About Us

AMHO represents over 200 community addiction and mental health care organizations across Ontario. Our members provide services and supports that help Ontarians with their recovery, including counselling and case management, peer support and family support, employment services, overnight rehabilitation, withdrawal management, supportive housing, harm reduction, and hospital-based programs. As the collective voice of our members, we advocate to build a comprehensive and accessible system of addiction and mental health care, and improve the well-being of individuals, families and communities in Ontario.

Contact Us

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