




Ontario Community Mental Health and Addictions Health Human Resources Review 2023

Key Findings

The **Ontario Community Mental Health and Addictions Health Human Resources Review 2023** aimed to collect vital data to support insights pertaining to human resources indicators and compensation levels within the community mental health and addictions (MHA) sector.

Members from Children's Mental Health Ontario (CMHO), Addictions and Mental Health Ontario (AMHO), and Canadian Mental Health Association – Ontario (CMHA-ON) participated in this survey in Spring 2023.

The findings from this health human resources review confirms that the community MHA sector is experiencing a health human resources crisis, with pay inequities as the main driver of recruitment and retention challenges.

-  **Significant wage gaps** between MHA and other sectors exist for entry-level positions (difference of 20%), with even larger differences (>50%) for more senior roles.
-  **High turnover rate** of 20%, which is significantly greater compared to other health sectors and nearly on par with sectors like manufacturing and retail.
-  Turnover challenges are coupled with a **high vacancy rate** of 10%, which is anticipated to continue to worsen given current turnover rates.

CONTEXT

The community mental health and addictions sector is facing unprecedented **health human resources (HHR) challenges**. Mental health and addictions providers are reporting significant challenges with recruitment and retention. All of this is occurring in a climate of increasing demand and complexity of mental health need among children, youth ([CHC, 2021](#); [CIHI, 2022](#); [CBC, 2023](#); [CPS, 2023](#)) and adults ([CAMH, 2022](#); [CMHA-ON, 2023](#); [AMHO, 2023](#)).

While many parts of the healthcare sector are experiencing urgent HHR challenges, the historically underfunded mental health and addictions sector is struggling further as a result of wage disparities with other health and publicly funded sectors, high workloads, and burnout. The pandemic exacerbated these issues, and presently there are significant challenges with:

- **Retaining existing staff** due to low compensation, high caseloads, burnout;
- **Recruiting new staff** due to low compensation and a limited pool of qualified candidates;
- **Needing to lower qualification standards** or experience requirements to recruit new staff.

This is causing increased pressure on existing staff, longer wait lists, and challenges in adding new services or expanding existing ones.

The Ministry of Health and Ontario Health made changes during the pandemic to try to address the HHR crisis, such as implementing temporary pandemic pay for frontline staff working in hospital, long-term care, corrections, and community-based health and social service settings.

While there has been some progress to increase funding to expand some post-secondary class sizes such as nursing and medicine, incentivize registered healthcare workers to work in rural and remote communities, expand scope of practice for pharmacists to prescribe, and permit the inter-jurisdictional movement of healthcare workers from other provinces and territories to Ontario, these advancements do not benefit the majority of mental health and addictions service providers.

Additionally, Bill 124, which limited public sector employees, including healthcare workers such as nurses, to a 1% annual salary increase, has been a significant legislative barrier for the community MHA sector. Bill 124 was declared unconstitutional in November 2022, and subsequently, unions representing some healthcare workers have argued for retroactive salary increases in arbitration, including:

CUPE and the SEIU Healthcare

unions were awarded a **6.25% wage increase** in arbitration – 3.75% for 2022 and 2.5% for 2023 – for their 45,000 hospital workers ([CUPE, 2023](#))

The Ontario Nurses Association

was awarded average **wage increases of 11% over two years** (2022/23 and 2023/24) for its 65,000 hospital sector Registered Nurses ([ONA, 2023](#)).

With Bill 124 arbitrations continuing, the MHA sector now has the opportunity to support wage equity and rectify historic underfunding to improve retention and recruitment efforts, and reduce burnout.

KEY FINDINGS

The MHA Health Human Resources Review 2023 confirms key challenges related to **retention and recruitment** and **wage parity**, in terms of gaps within the sector, as well as inequities when compared with other sectors, such as hospitals and schools.

Wage Disparities

There are notable wage disparities between community MHA and other sectors. Based on recently collected data, the median starting salary for nurses and social workers in acute care and education sectors is fairly similar compared to the median starting salary in community MHA; however, **there can be an up to 22% lower salary in community MHA** compared to education or acute care for a social worker. [1]

Wages in the education and acute sectors greatly outpace the wages in the community MHA sector as individuals gain experience. As we can see **in social work, that difference is up to 56%**. (Note: These numbers do not account for ongoing Bill 124 arbitration decisions. There will be further disparity between acute care and community MHA rates when the arbitrated wage increases from 2022 and 2023 are factored in).

Benchmark Job	Median Starting Salary (Hourly)			Median Top Salary (Hourly)		
	Education & Acute Care	MHA	Difference	Education & Acute Care	MHA	Difference
Nurse Practitioner	\$55.49	\$54.02	3%	\$64.67	\$51.40	26%
Registered Nurse	\$34.92	\$31.83	10%	\$50.00	\$34.51	45%
Registered Practical Nurse	\$31.07	\$26.74	16%	\$33.09	\$28.37	17%
Social Worker Level 1	\$34.03	\$27.97	22%	\$42.61	\$30.08	42%
Social Worker Level 2	\$36.48	\$30.71	19%	\$51.33	\$32.88	56%

Recruitment and Retention

Recruitment and retention challenges are evidenced by increasing vacancies, shorter tenures, and growing turnover in the mental health and addictions sector.

The turnover rate in MHA is particularly concerning and is considerably higher than other health sectors. For example, RAO flagged a huge jump in nurse turnover; 7.3% in 2016/17 to 14.5% in 2021/22, mainly due to resignations and retirements during the pandemic. Beyond health care, the only sectors in Canada with turnover rates this high are manufacturing/consumer goods (21.7%), and retail (22.0%) [2].

Comparatively, while vacancy and average tenure rates (approximately 7.5 years) in MHA are similar to other health sectors [3], these numbers remain concerning as the sector continues to report on impacts to capacity to deliver services and growing wait lists, at a time when the MHA sector is also observing increasing acuity, demand, and need for mental health care. This in turn puts pressure on other already overburdened parts of the health and social services system, like hospitals, emergency departments, shelters, and correctional facilities.

Given the current turnover rate, it is anticipated that vacancies will only continue to grow among community MHA if gaps are not addressed.

10%

Vacancy Rate

These issues have worsened, and some agencies reported even higher vacancy rates.

20%

Turnover Rate

This frequency of turnover demonstrates significant burden and costs in frequent recruitment.

Wage Rate of Change and Cost of Living Increases

The impacts of a constant churn of staff include lack of continuity for clients and families as they cannot get accustomed to working with the same MHA professional/staff members. These frequent care transitions cause clients to have to retell their stories thereby disrupting progress made. There are also impacts to remaining staff such as fewer mentorship opportunities, less employee engagement, and inconsistent career development.

While recruitment is undoubtedly a challenge today, the challenges around retention are far greater due to systemic underfunding in the community MHA sector. Even though the sector has bolstered pension/benefits and other HHR incentives to the best of its ability, salary remains a large, competitive draw to other sectors. This prevents the MHA sector from being able to retain professionals with experience and strong institutional knowledge because they have a strong economic incentive to work in other sectors.

Based on a comparative analysis from a previous community MHA salary survey conducted in 2017 [4] and the recent 2023 health human resources review, many MHA sector roles, especially those that have lower salaries on average, have experienced minimal wage or salary increases (see below). On average, across a seven-year period, there was a 15% salary increase, equivalent to approximately 2% per year. This is considerably low given the rate of inflation, especially in 2021, 2022 and 2023.

Peer Support Worker	Program Coordinator	Social Worker
\$46,000	\$63,760	\$66,530
3% increase over 6 years	4% increase over 6 years	8% increase over 6 years

*Numbers reflect median salaries in 2023.

Cost of Living

Based on 2022 data from the Ontario Living Wage Network and crowdsourcing data from livingcost.org, the average living wage for each Ontario Health (OH) Region were calculated, to compare against community MHA salaries identified in the survey. Anywhere from **9-14 jobs and their minimum, 10%, 25% and/or median (50%) salary rate were found to be below the average living wage** in their respective OH region.

These data support the anecdotal observation that some jobs in the Ontario community MHA sector do not adequately compensate staff, causing them to need to work another job, or rely on their families or partners. Increasing wages across all community MHA roles is needed, especially those that are deeply underpaid such as peer support workers and non-clinical support staff.

Equity Considerations

The data from the MHA market compensation survey also highlighted the importance of approaching any workforce solutions with a gender and equity lens. According to the survey data from the three associations, **approximately 20% of staff are racialized; and nearly 80% are female**. This data reflects the gender breakdown in the broader health sector which is 79% female and 21% male in Ontario ([StatsCan, 2023](https://www150.statcan.gc.ca/n1/pub/82-625-x/2023001/article/00001-eng.htm)).

Furthermore, data from across the world continues to show that sectors and occupations dominated by women pay less on average. For example, research out of the US found that staff in female-dominated occupations make just 66 percent of what workers in male-dominated occupations make; while the average gender pay gap across sectors is 79% ([IWPR, 2016](https://www.wpr.org/2016/05/24/gender-pay-gap/)).

Staff in male-dominated jobs make
33% more
than staff in female-dominated jobs

79%
is the average gender
pay gap across sectors

SUMMARY

The Ontario Community Mental Health and Addictions Health Human Resources Review 2023 confirms the significant health human resources challenges that the sector is facing. Compensation remains a key barrier, which paired with long-standing underfunding and recent legislative decisions/related impacts, will continue to worsen the existing wage disparity with other health and publicly funded sectors.

This means that the MHA sector will continue to struggle with the retention and recruitment of staff. Current turnover rates are also considerably high for the health sector and left unaddressed, will continue to impact vacancies in community MHA agencies, thereby compromising access and quality of care.

Recognizing and identifying these challenges is a key step towards supporting policymakers and organizations in implementing solutions that will enhance and sustainably build a dedicated and skilled workforce that can continue to support the needs of individuals seeking mental health and addictions services in Ontario.

[1] This is based on a sampling of Ontario school boards and publicly available acute sector/education data on wages and collective bargaining agreements, with research led by Sense & Nous in Spring 2023.

[2] <https://www.imercer.com/articleinsights/workforce-turnover-trends-canada>

[3] According to recent reporting through the [Toronto Star](#), among hospital-based RNs, vacancy rates are at 13% in 2022, up from 7% in 2017; RPNs are at 10%, up from 7% in 2017; PSWs are at 9%, up from 6% in 2017; and EMS staff are at 6%, up from 4% in 2017. Regarding tenure, the 2022 Stats Can data suggests that the average tenure in health professions decreased between 2018 and 2022, greatly owing to the pandemic. Average tenure among nurses decreased from 11 to 10.25 years between 2018 and 2022. Other regulated health professionals' length of tenure remained steady at approximately 10 years between 2018 and 2022. Average Health support staff tenure declined from 8 to 7 years, which reflects the MHA survey findings.

[4] Community MHA partners conducted a market compensation review in 2017. This 2017 report is not publicly available but would have been shared with participating members and the three associations.