



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

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Recommendations

to

The Legislative Assembly of Ontario

Standing Committee on Finance and Economic Affairs

Pre-Budget Consultations

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INTRODUCTION

Over the next few weeks this Standing Committee and the government will be meeting with Ontarians to seek input into the next provincial budget. Attached you will find advice from the Centre for Addiction and Mental Health (CAMH) about what all levels of government must do to address the needs of people with mental illness and addictions. As the largest addiction and mental health facility in Canada, CAMH has made it a key priority to influence positive change in government policy for people with mental illness and addiction.

ACKNOWLEDGE OPPORTUNITIES AND CHALLENGES

This is an important time for those who seek reform within the health care system. Health care service, funding and delivery remain high on the public and political agenda. CAMH wants to work with government, consumers, families and our partners in the health and community sector to ensure this opportunity is not squandered. People with mental illness and addictions cannot afford it.

We also recognize the fiscal challenges facing the government. We want to work with the government, as well as consumers, families and our partners in the health and community sector to identify investments in mental health and addictions that are affordable in the short term, build the long-term sustainability of the system and have the greatest impact.

ECONOMIC AND DISEASE BURDEN

The impact of mental illness on Canadians is staggering. Over 1.5 million Canadians are currently experiencing clinical depression, a disorder that affects 10-15% of Canadians at some point in their lives. Twenty percent of Canadians in any given year suffer from a broad range of mental illness or addiction, and 3% suffer profound and persistent disablement. Despite these facts, mental illness and addictions are largely absent from mainstream health care reform initiatives.

This situation must change. As we point out in our submission, left undiagnosed or untreated, mental health and addiction problems cause large productivity losses. They have been estimated as amongst the most costly of all health problems. Health Canada has reported that lost productivity due to workers being on disability or due to premature death was more than \$8 billion in 1998. It is also estimated that substance use cost the Canadian economy more than \$18 billion in 1992, which represented 2.7% of gross domestic product in that year.

We believe the lack of attention and investment in mental illness and addictions is a reflection of the stigma and shame associated with these disorders and would not be tolerated for physical illnesses of similar prevalence and severity.

OUR RECOMMENDATIONS

The submission we've attached makes recommendations in a number of key areas. We know that the government will be looking for short term, affordable investments that build towards longer-term goals. So we want to remind the government about the areas in which there is broad consensus amongst consumers, families and people within the addictions and mental

health sectors. We want to work with the government to determine what the government can do in the short-term in each of these areas.

Make investments outside of the traditional health care system:

In keeping with our focus on the determinants of health CAMH recommends the creation of additional units of supportive housing and improve access to income and employment. Investments in these areas have been demonstrated to reduce hospitalization and are critical to treatment and recovery.

In addition to increasing the benefits people receive on ODSP and OW, there are administrative practices in these programs and others that are making it difficult for people with mental illness to participate in employment and meet requirements to maintain their income and drug benefits. Changing these practices will not be costly, but will lead to tremendous improvements for people with mental illness.

Improve treatment and care:

As indicated in its presentation to this Standing Committee last week, the Canadian Mental Health Association (CMHA) advised that there is broad consensus developing in the community about the urgent need for investment in mental health and addictions services. CMHA identified the urgent need for the government to build system capacity by investing in services and supports for people with mental health and addictions that would include investments in housing, employment and early intervention; invest in supports for the system; and identify and reward mental health programs and partnerships that work. CAMH supports the CMHA recommendations and emphasizes the need to:

Ensure a continuum of services from the hospital to the community by investing in the community-based sector which has for too long been neglected.

Support our efforts to transform specialty care so that people receive the same standard of care whether they are treated for a physical or mental health problem.

Support both community-based care and hospital-based care for addictions and mental health: both need to work to ensure there are appropriate services available. CAMH's current facilities do not meet MOHLTC standards, are inefficient, are not conducive to an integrated model of care that supports the community, and they perpetuate the stigma associated with mental health and addictions that is often worse than the illness itself. Through significant consultations with our local community and the communities we serve, CAMH has developed and proposed a redevelopment project that will address these issues in a much more effective and cost-efficient way while, at the same time, transforming how care is provided in mental health and addictions in Ontario. Through a "hub satellite" model and partnerships, CAMH will better integrate care into the community, provide better access to care, normalize the care environment and address stigma head on. CAMH is proposing a phased development of smaller, more flexible buildings that lends itself to a variety of financing options. CAMH's work with the Ministry of Health on the Functional Program for this project is nearing completion and CAMH is working with the government to determine the most effective and efficient means of moving this very important initiative forward.

Support self-help and peer support initiatives as people with mental illness and addictions and their families play a critical role in treatment and recovery.

Respond to the need for people with mental illness and addictions to be at the centre of reform:

Ensure that, as citizens engage in this dialogue about the next provincial budget, that people with mental illness and addictions are included. We know that the stigma and discrimination attached to mental illness and addictions means that the voices of this marginalized group are often not heard. Ensure that they are part of your budget consultation process as well as other health care reform initiatives. They have important knowledge that is critical to understanding illness, treatment and care.

Maintain your commitment to publicly funded Medicare

We agree with the principles and values you set out in the Commitment to the *Future of Medicare Act* (though CAMH has asked to presenting to the Standing Committee on Justice and Social Policy to speak to specific concerns about accountability mechanisms included in the Bill). But we are very concerned reports that the government is reviewing universal programs to consider whether services should be provided regardless of people's income. For our community, user fees, co-payments, medical savings accounts, private insurance, will not work. The resources don't exist, the collection infrastructure wouldn't work for our clients, and those with frequent contact with providers would be the most penalised, as they would be less likely to continue seeking care if a financial impediment was put in the way. Services for our population are vulnerable to begin with. Looking to private financing as a way of reducing the cost to the public system is unacceptable and is inconsistent with the principles of Bill 8.

We are also concerned that reports have singled out substance abuse programs as an area for potential cuts. This discriminates unfairly against people because of the nature of their illness. Do not use substance abuse and addiction programs to achieve cost savings in the health care sector. People with addictions already have limited access to the services they need. The government also needs to consider this in the context of the high rate of co-occurrence of mental illness with addictions (concurrent disorders). Rather than considering cuts to substance abuse and addiction programs, the government should recognize this is an important area for investment because people suffering from both mental illness and addictions have the least access to care and are at greater risk of relapse, re-hospitalization, depression and suicide.

CAMH is very supportive of the government's commitment to health promotion and prevention. One of the best models for health promotion has been developed through CAMH and is delivered across the province and our substance abuse programs have been working very well within this framework. We encourage the government to fulfill this important commitment.

CONCLUSION

Over the coming months, you will be making critical decisions affecting the health of Canadians. CAMH would like to serve as a resource to government to ensure the needs of people with mental illness and addictions are not disregarded.