

“Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians”

The Select Committee on Mental Health and Addictions has released its final report. To view the document go to: <http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/Select%20Report%20ENG.pdf> .

The report titles, “Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians” includes 23 recommendations for action (the complete list has been included below).

The report’s key recommendations are:

1. The creation of Mental Health and Addictions Ontario, an umbrella organization responsible to the Ministry of Health and Long-Term Care (MOHLTC), to ensure that a single body is responsible for designing, managing, and coordinating the mental health and addictions system, and that programs and services are delivered consistently and comprehensively across the province.
2. The consolidation of all mental health and addictions programs and services, including those for children and youth, in the Ministry of Health and Long-Term Care.

Additional recommendations address:



- The availability of a core basket of services in all regions of the province
- Access to system “navigators” to connect people to appropriate treatment and communities supports and services
- Provision of safe and affordable housing units
- Involvement of peer support workers in all aspects of service delivery and use of the Ontario Peer Development Initiative’s Peer Support Toolkit Project in accreditation of peer support workers
- Increased respite care to provide more support for families and caregivers
- Creation of a task force to examine Ontario’s mental health legislation and propose changes to privacy legislation to ensure that family members and caregivers have access to personal health information necessary to provide support
- Review implementation and progress on these recommendations within two years

The Select Committee on Mental Health and Addictions was struck on February 24, 2009 to consider and report on “its observations and recommendations concerning a comprehensive provincial mental health and addictions strategy”. The select Committee, which includes representation from all three political parties, conducted extensive consultations in the 18 months prior to releasing this final report.

The final report, “Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians report, can be accessed here: http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/Select%20Report%20ENG.pdf

An interim report was released on March 31, 2010. It is available at: http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/SCMHA-InterimReport-March2010.pdf

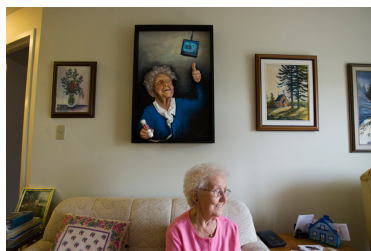
Locally, information supporting the directions of the Select Committee:	Select Committee Recommendations (page 19-21)
<p><i>CE LHIN Substance Use and Treatment Profile</i> The overall prevalence of substance use and dependence among adults in the CE LHIN was not significantly different from that of the province.</p> <p>In 2007, the prevalence rate of substance abuse in Ontario was 6.5% while the prevalence in the CE LHIN was 6.6%.</p> <p>Similarly, the prevalence of alcohol use in the past 12 months among adult residents (18 years or over) in the CE LHIN was 79.9% compared to the Ontario figure of 80.6%.</p> <p>The lifetime use of cannabis by adult residents in CE LHIN was 38.1% and not significantly different from 39.8% for Ontario. Overall, alcohol remained the most widely used psychoactive drug in the LHIN, followed by cocaine and crack.</p> <p>These trends are similar for students (Grade 12 or under). Fewer youth in the CE LHIN reported alcohol use (66%) when compared to the rest of the province (73%). However, the prevalence of binge drinking was higher in the CE LHIN (31%) compared to the province (29%).</p>	<p>1. A new umbrella organization—Mental Health and Addictions Ontario (MHAO), responsible to the Ministry of Health and Long-Term Care—should be created to ensure that a single body is responsible for designing, managing, and coordinating the mental health and addictions system, and that programs and services are delivered consistently and comprehensively across Ontario.</p> <p>and</p> <p>All mental health and addictions programs and services—for all regions of the province and for all ages, including children and youth—should be consolidated in the Ministry of Health and Long-Term Care. (See detailed recommendations regarding MHAO’s mission statement, strategic goals, and responsibilities in the body of the report.)</p>

<p>The overall rate of treatment seeking for substance abuse among CE LHIN residents was considerably lower than the provincial average. Specifically, the rate of contacts with the Drug and Alcohol Registry of Treatment (DART) by individuals suffering from substance abuse in CE LHIN was 156 per 100,000 versus 193 per 100,000 for Ontario. Notably, CE LHIN ranked 11th among the 14 LHINs in the rate of contacts made for substance abuse treatment in 2007.</p> <p>(Source: Addiction Environmental Scan: Mapping Addictions in the Central East LHIN (CELHIN) - Defining the Gaps and Opportunities Project)</p>	
<p>Select Housing counts locally:</p> <p>“Total modified units in social (rent-geared-to-income) housing: 72</p> <p>Supportive units in social (rent-geared-to-income) and other recent "affordable" housing developments: 109</p> <p>Current number on waiting list for supportive housing or modified units: 73</p> <p>(The waiting list is not an accurate indicator because this represents only 1 of 2 supportive housing providers in social housing).”</p> <p>(Source: Housing Programs Officer at City of Peterborough, 2010)</p>	<p>2. Mental Health and Addictions Ontario should ensure that a basket of core institutional, residential and community services is available in every region of the province for clients of all ages, identify gaps, and eliminate duplication. Referral patterns must be put in place for the provision of those specialized services only available outside of a region. Each region must also have sufficient capacity to care for clients with concurrent disorders.</p>
	<p>3. Clients and their families should have access to system navigators who will connect them with the appropriate treatment and community support services (e.g., housing, income support, employment, peer support, and recreational opportunities). Those with continuing, complex needs should be supported by a plan that will lead them through their journey to recovery and wellness, particularly on discharge from institutional or residential treatment.</p> <p>4. Mental Health and Addictions Ontario should conduct an assessment of the need for acute care psychiatric beds for both children and adults by region.</p>

What kind of infrastructure do we need to develop to accommodate the aging of our population?

- Increase nurse practitioners
- Develop multi-disciplinary teams that support outreach and promote aging in place
- Develop community hubs for service delivery
- Recognize that more elderly will experience:
 - Dementia,
 - Complications from addictions,
 - Abuse
 - Chronic illness

(source: Peterborough Social Planning Council, "Boom, Bust, Echo: Planning for Social, Health, Economic & Cultural Readiness for the Community of Peterborough County & City, 2008)



Four Counties Addictions Services Team (4CAST)

- Important to note that the community of people who present for treatment are not the entire population of people who may be struggling with substance abuse.
- With respect to opioid use we have seen a steady increase in those presenting for services using opioid.

5. Mental Health and Addictions Ontario should ensure that primary care providers and relevant staff in all levels of the education and long-term care systems have access to common, age-appropriate, evidence-based assessment and screening tools.

6. Mental Health and Addictions Ontario should facilitate the creation of more 24/7 mobile crisis intervention teams.

7. The Ministry of Health and Long-Term Care should expand and do more to publicize Telehealth Ontario's ability to respond to callers with mental health and addictions issues.

8. Mental Health and Addictions Ontario should work with the Ministry of Health and Long-Term Care to review emergency department protocols in order to increase their capacity to deal effectively, efficiently and sensitively with people appearing with mental health and addictions issues, and when appropriate, redirect or connect them to community-based services and supports.

9. Primary care providers should be given the proper tools and support to enable them to develop a greater sensitivity for the mental health and addictions needs of their patients. This can take such forms as part of formal academic programs or continuing education.

10. All interdisciplinary primary care models should include a mental health and addictions treatment component (e.g., social worker, psychiatrist, psychologist or mental health worker).

FourCAST offers a Community Withdrawal Management Program that provides support to those experiencing withdrawal from substances. This is the program that provides us with the best opportunity to monitor the activity of those presenting with opioid addiction.

- Clients who access services for opioid withdrawal will require medical clearance from a physician (sometimes ER, walk-in clinic, family physician, methadone clinics)
- In the 2008-09 year:
 - CWMS – 451 admission
 - Alcohol – 35%
 - Crack/Cocaine – 25%
 - Opioids – 24% (approx 110) **2 per week?**

Profile

- Mostly under 35yrs
- Many under 25yrs (youth)
- identify that they are not having to “buy” the drugs but are able to access them through friends and family members.
- Typical drugs presenting are :percodan, percocets, oxycontin, oxycondone, Dilaudid, Phentanol, morphine
- Most people accessing services related to opioid addiction report that they began using for legitimate medical reasons related to pain.
- One of the difficult things about working with this client population who are entering service for assistance with withdrawal is that their situation gets much worse before it gets better.

(Source: Proceedings of the Community Meeting Re. Opioid Prescription Drugs Use, Peterborough, 2009)

The number of people waiting for social housing, as of February, 2010 was 1,501.

(Source: Housing is Fundamental, 2010)

11. The Ministry of Health and Long-Term Care should immediately address the problem of addiction to prescription painkillers.

12. The Ministry of Health and Long-Term Care should examine further changes to the family physician remuneration model to focus on improving access to and the quality of primary care for people with mental illnesses and addictions.

13. Mental Health and Addictions Ontario should ensure, coordinate and advocate for the creation of additional affordable and safe housing units, with appropriate levels of support to meet the long-term and transitional needs of people with serious mental illnesses and addictions.

14. Mental Health and Addictions Ontario should ensure that institutional and community-based service providers actively seek to involve peer support workers in all aspects of service delivery and take advantage of the Ontario Peer Development Initiative’s Peer Support Toolkit Project that will enable peer support organizations to accredit peer workers.

15. Mental Health and Addictions Ontario should work with employers and community-based service providers on strategies to increase employment opportunities and supports for people with mental illnesses and addictions.



<p>“According to the Ontario Non-Profit Housing Association’s (ONPHA) 2009, the longest wait times in most municipal Service Manager Areas continues to be experienced by single persons. Single persons in 14 Service Manager areas wait six years or more for assisted housing. The average wait for a single person is 5 or more years in Peel, Brantford, Cochrane, Halton, Hamilton, Hastings, Huron, Kenora, Kinston, Lambton, wellington, Peterborough and Windsor.</p> <p>(Source: Peterborough Social Planning Council, Quality of life: Indicators Vital to Our Community, 2010)</p>	<p>16. Mental Health and Addictions Ontario should provide for the increased availability of respite care to allow family members the time and freedom to pursue personal, social and recreational endeavours in order to maintain their own mental health. It should also monitor the progress of the Mental Health Commission of Canada’s Mental Health Family Link program’s peer support project for family caregivers, and adopt best practices.</p>
<p>There are obvious risks of not dealing with the issues drugs have brought to our community. An increase in the crime rate, loss of public confidence, negative morale to officers who are dealing with the drug issues daily and also with our community stakeholders whose mandate is to deal with the implications of drugs in our society.</p> <p>Local statistics since 2006 indicate there has been a dramatic rise in the seizure of hard drugs including Opioids.</p> <p>In 2006: 48 000 dollars in drugs 125 persons charged</p> <p>In 2007: 879,000 dollars in drugs 291 persons charged</p> <p>In 2008: 1,422,000 dollars in drugs 209 persons charged</p> <p>The seizure of cocaine has increased ten times in three years the seizure of prescription opiates ten times what it was in 2006.</p> <p>Our service recently has been tracking the Drug/ Robbery ratio and out of 63 robberies in 2008; 35 could be linked directly to being drug related i.e.; offender admitted same or offender has a record for drugs. Remember we didn’t solve all the robberies we won’t know about the other 33 until we solve them.</p> <p>(Source: Proceedings of the Community Meeting Re. Opioid Prescription Drugs Use, Peterborough, 2009)</p>	<p>17. The services of court mental health workers should be made widely available across all regions of Ontario, in order to divert more individuals with a mental illness or addiction out of the justice system and into appropriate mental health and addictions services and supports.</p> <p>18. Additional Mental Health, Drug Treatment, and Youth Mental Health Courts should be created across all regions of Ontario, to provide more appropriate services for individuals with a mental illness or addiction.</p> <p>19. The Ministry of Community Safety and Correctional Services should direct police forces across the province to provide training for officers who may encounter people suffering from mental illnesses and addictions.</p> <p>20. The core basket of mental health and addictions services should be available to the incarcerated population, and discharge plans for individuals with a mental illness or addiction should be expanded to include the services of a system navigator and appropriate community services.</p>

“Currently there are 920 patients receiving methadone maintenance treatment (MMT) who list their city of treatment as Peterborough. Representatives of three of the four clinics state that the majority of patients are using prescription pain relievers (specifically Oxycontin).”

(Source: Proceedings of the Community Meeting Re. Opioid Prescription Drugs Use, Peterborough, 2009)

“Alcohol and illicit drug abuse in the CE LHIN has an estimated economic cost (direct and indirect) of \$915.5 million dollars. This figure includes direct costs arising from health care, law enforcement, research and prevention, and indirect costs from lost productivity.

And....

The cost of law enforcement is the most substantial contributor to the direct costs of substance abuse in the CE LHIN. The direct cost of alcohol attributable to law enforcement is \$155.5 million and \$134.1 million dollars for illicit drug abuse. Substance abuse in the CE LHIN is also associated with significant direct health care costs, including \$33.2 million dollars for alcohol abuse and \$9.0 million dollars for illicit drug abuse—these figures may in fact be underestimated.

Importantly, these costs represent the value of goods and services that could be directed to other initiatives.

(Source: Addiction Environmental Scan: Mapping Addictions in the Central East LHIN (CELHIN) - Defining the Gaps and Opportunities Project)

21. The Ministry of Health and Long-Term Care should create a task force, incorporating adequate representation from, among others, mental health clients and their caregivers as well as mental health law experts, to investigate and propose changes to Ontario’s mental health legislation and policy pertaining to involuntary admission and treatment. The changes should ensure that involuntary admission criteria include serious harms that are not merely physical, and that involuntary admission entails treatment. This task force should report back to the Ministry within one year of the adoption of this report by the Legislative Assembly.

22. The task force created to investigate and propose changes to Ontario’s mental health legislation and policy should also investigate and propose changes to the Personal Health Information Protection Act, 2004. The changes should ensure that family members and caregivers providing support to, and often living with, an individual with a mental illness or addiction have access to the personal health information necessary to provide that support, to prevent the further deterioration in the health of that individual, and to minimize the risk of serious psychological or physical harm.

23. The Legislative Assembly of Ontario should review progress on the implementation of the recommendations in this report within two years of its adoption.

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A United Way Member Agency