

**THE TIME IS NOW:  
THEMES AND RECOMMENDATIONS  
FOR MENTAL HEALTH REFORM IN  
ONTARIO**

**Final Report of the Provincial Forum of  
Mental Health Implementation Task Force Chairs**

**December 2002**

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## Foreword

All members of the Provincial Forum and the Mental Health Implementation Task Forces (Task Forces) are deeply committed to the reform of Ontario's mental health system and to improving the lives of people living with mental illness.

The Ontario Government mandated the Task Forces to make recommendations for mental health reform and to be champions for change in how our society perceives, understands and responds to people living with mental illness. This report sets out a blueprint for changes that are urgently needed to transform Ontario's mental health system into one that is accessible, accountable and comprehensive, and which encourages people living with mental illness to work toward recovery, goals and achievements.

The recommendations of the Provincial Forum, along with those of the nine regional Task Forces, represent the most comprehensive proposal for mental health reform in Ontario's history. Although full implementation, including new investments to develop and sustain an integrated mental health system, will likely occur over a multi-year timeframe, all members of the Provincial Forum and the Task Forces call on the Ontario Government to immediately seize the opportunity to move forward.

The time for action is now. It is time to ensure the mental health system is recognized and funded as an integral part of Ontario's healthcare system. It is time to create regional systems of care where people living with mental illness and their families can, without fail, get access to the right help, at the right place, at the right time.

We urge all partners in Ontario's healthcare system to work together to implement reforms that will promote recovery, improve the quality of life for people living with mental illness and support their right to live, work and act as equals in society.

Provincial Forum

## Executive Summary

This report describes the overarching issues and themes and sets out recommendations for mental health reform as identified by the Provincial Forum of Mental Health Implementation Task Force Chairs. The Forum is a vehicle for sharing information among the Task Forces and for identifying and discussing mental health reform matters that are provincial in scope.

One of the goals of mental health reform is to create a mental health system in Ontario that includes regional systems of care where people living with mental illness can get access to a continuum of community-based services and support, where and when they need it. These regional systems of care will deliver a core basket of services and supports, enabling people who use the mental health system to set and realize their personal goals, and to acquire the skills and resources needed to achieve independence and well being.

To achieve this goal, the Minister of Health and Long-Term Care appointed nine regional Task Forces in 2000 and 2001 to develop recommendations for regional and local improvements to mental health services. The regions are: Northeastern Ontario; Northwestern Ontario; Champlain Region; Southeast Region; Central South Region (Hamilton); Toronto-Peel; Central East (Whitby); Central East (Penetanguishene); and Southwest.

The recommendations and advice of the Task Forces will guide and give direction for the implementation of the principles in the province's mental health policy, *Making It Happen*, enacted in 1999. These principles include: moving people living with mental illness to the centre of Ontario's mental health system; ensuring that services meet the needs of people living with mental illness at all stages of life and are delivered as close to home as possible; and offering better services and support, improved choices, and streamlined access to services for people living with mental illness and their families.

## ***Mental Illness Affects Us All***

Millions of Canadians are directly or indirectly affected by mental illness. According to the Canadian Mental Health Association<sup>1</sup>, one in five Canadians will be affected by mental illness at some time in their lives. The impacts of mental illness are significant, both on affected individuals as well as their families and the community. Untreated mental illness is adding considerable expense to other publicly funded services. And it is costly for businesses and the economy as a result of lost opportunity and productivity.

## ***Stigma is Widespread***

People living with mental illness (sometimes referred to as “consumers” or “consumer/survivors”) can face discrimination and neglect, unemployment, poverty, homelessness and social isolation. Discrimination can prevent them from seeking care and treatment. It can also erode public confidence that mental illness is a valid, treatable condition from which people can recover.

Despite its disproportionate costs, much mental illness is preventable and treatable. Statistics Canada research indicates that most Canadians with mental illness recover and are able to lead fulfilling lives with the appropriate treatment and support.

## ***A Vision for Change***

The Provincial Forum has adopted the following vision for Ontario’s mental health system:

*To urgently seed and develop the social wisdom throughout structures, institutions and communities of Ontario for normalizing mental illness, eliminating its stigma, and creating an impetus for innovating the whole spectrum of care to restore hope and realize recovery with dignity.*

The Provincial Forum believes strongly that society, as well as the healthcare system, must be educated in both compassion and understanding to achieve mental health reform. The vision is centered on the individual in need, and it extends from this focus on human respect to include leading a transformation that is social as well as structural. The Ontario Government must

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<sup>1</sup> Source: “Fast Facts,” Canadian Mental Health Association web site:  
[http://www.cmha.ca/english/info\\_centre/fast\\_facts.htm#4](http://www.cmha.ca/english/info_centre/fast_facts.htm#4)

model and orchestrate this dramatic shift in sensibility and practice. And the concept underlying this dramatic shift is the recovery philosophy.

### ***The Recovery Philosophy: The Foundation for Change***

The philosophy that recovery — as defined by the individual, not by service providers — is possible for all people living with mental illness is central to the Provincial Forum's vision for reform. With the appropriate treatment and supports in place, people living with mental illness can take charge of their lives, create new goals and aspirations, and engage in society as productive citizens.

The Provincial Forum believes that the recovery philosophy must be embraced as an integral tenet of a reformed mental health system. It is also the foundation for the dramatic shift in attitudes and behaviours that are needed to achieve lasting and meaningful reforms within Ontario's mental health system and in society at large. Adopting the recovery philosophy across Ontario's mental health sector will create the conditions of success necessary to realizing the goals and principles found in *Making It Happen*.

Although *Making It Happen* does not directly refer to the recovery philosophy, it shares the same principles that drive a recovery-based system, such as placing people living with mental illness and their families at the centre of the system, focusing on streamlining access and creating greater accountability. (See Appendix 3 for a summary of principles found in *Making It Happen* that relate to the recovery philosophy.)

### ***Ontario's Mental Health System***

The work of the Provincial Forum and the Task Forces builds on consultations and reviews undertaken by successive Ontario governments over the past several years and decades.

In this most recent effort, while working with, listening to and learning from a wide range of individuals and groups across the province, the Provincial Forum has identified a number of issues and concerns affecting the delivery of mental health services in Ontario. These include:

- Ontario's mental health system is diverse and fragmented, with many services and supports operating independently of each other. The Ministry of Health and Long-Term Care

currently funds 355 separate mental health programs. Sixty-two hospitals offer mental health care throughout the province. There are gaps in the service continuum in all regions.

- The needs of people living with mental illness are not being met equitably across Ontario. There are gaps in basic continuums of services and supports.
- More mental health services are needed in the community and in areas such as peer support, housing, education, employment and income supports to enhance the lives of those with mental illness.
- Mental health services and supports are not always accommodating to all people in terms of cultural, gender or special needs.
- Without performance indicators of service quality, variations in the quality of supports and services throughout the province cannot be measured.
- It is difficult to determine whether people living with mental illness are getting the most appropriate kinds of care when they need it, from the service providers best able to provide them.
- Stronger accountability and responsibility mechanisms are needed for the management and delivery of services.

## ***Goals for Change***

The Provincial Forum endorses the vision, set out in *Making It Happen*, of the ideal mental health system: One where people with living with mental illness are at the centre of the system and are able to move easily from one part of the system to another.

Consistent with its own vision for a reformed mental health system, the Provincial Forum has identified the following goals for change:

- A system that delivers, without fail, a continuum of care — with programs, services and supports available at every stage of life and as close to home as possible.

- A system driven by compassion and commitment, that places people living with mental illness at the centre of the system, not the margins.
- A system whose highest priorities are the prevention of illness and suicide and the promotion of mental health, which strives to reduce the discrimination associated with mental illness and build awareness of mental health issues in the community.
- A system that embraces the recovery philosophy and provides improved choice of services so that people living with mental illness can engage in society as productive citizens.
- A system that creates regional systems of care and provides access to a continuum of community-based services and supports.
- A system where first-line, intensive and specialized services are linked and coordinated.
- A system where access to services is streamlined, so that people living with mental illness know where to go for services they need, when they need them, and can move seamlessly from one part of the system to another.
- A system that provides services and supports for family caregivers.
- A system that supports integrated service delivery, best practices and continuous innovation, with clearly defined accountabilities, roles and measurable outcomes.

### ***Themes for Reform***

The Provincial Forum has identified a number of overarching themes — embraced by all Task Force Chairs — that have guided its collective efforts. They reflect the long and thorough work of the Task Forces and the Provincial Forum.

The Forum believes that the following themes are key to the successful implementation of mental health reform in Ontario.

- Adopting a recovery philosophy, with the consumer at the centre of the system.

- Creating partnerships and key linkages with other supporting services in the health, social and justice sectors.
- Redesigning the mental health system to make it more accessible, with equitable funding across all regions, and clearly defined roles and responsibilities.
- Implementing regional decision-making, to improve local delivery systems.
- Developing greater system accountability, performance standards and information systems.
- Undertaking more research on Ontario's mental health system.
- Recruiting and retaining mental healthcare workers and professionals.
- Undertaking broad-based public education.
- Providing shared specialized services and supports.
- Building peer support into the mental health system.
- Increasing support to families of people living with mental illness.
- Providing safe and affordable housing.
- Emphasizing early intervention and treatment.
- Enhancing employment support.
- Providing income support programs.
- Making rights advice and advocacy available throughout the mental health system.
- Appointing local teams to guide the implementation of mental health reform.
- Appointing a provincial team to keep mental health reform on the provincial agenda.

Implementing the wide-ranging reforms that the Task Forces were mandated to bring about will require a significant increase in the capacity of the mental health system, as well as effective regional and local management to ensure that implementation responds to the needs of the local community. In this regard, the Provincial Forum recommends that the province put in place strong regional/local management entities to implement the Task Force recommendations and to have control of a separate funding envelope.

It is the view of the Provincial Forum that a regional management model, drawing on its close knowledge and continuing awareness of local needs, is better positioned to direct and oversee implementation of the wide range of mental health reforms identified by the task Forces. A regional management entity can best meet the overriding requirements of keeping the needs of mental health consumers at the centre of the system and of assuming full accountability for meeting the objectives of the mental health reform identified by the Task Forces.

## ***Recommendations***

The Provincial Forum recognizes that implementing mental health reform will take time. Moving forward with reform will require the commitment and support of people living with mental illness and their families, the Ontario Government, mental healthcare providers, health, social and justice service partners, and the public. The Provincial Forum believes that sustained and long-term investment over the next 10 years in the promotion of mental health, and the treatment and prevention of mental illness, can deliver social and economic dividends comparable to those realized from investments in the treatment of physical illness such as heart disease or cancer.

The implementation of mental health reform is influenced by three critical factors. The first is the directive of the Health Services Restructuring Commission to implement its new role by 2003. The second factor includes the new approaches to mental health outlined in *Making It Happen*. And, the third factor is the province's commitment to invest in community service enhancement prior to the closure of any mental health beds.

Based on these three factors and on what it has heard and learned during the Task Force consultation process, the Provincial Forum has developed recommendations and a critical path for implementing reform (see "Appendix 1 — Critical Path: Timeline to *Making It Happen*"). The following is a list of the Provincial Forum's recommendations as outlined in the critical path.

### **One-Time Funding/Quick Wins:**

- Establishing a Premier's Council on Mental Health
- Ontario Government Response/Throne Speech/Budget
- Funding for Completion of Tier 1 Provincial Psychiatric Hospital Divestment
- Consumer Initiatives
- First Episode Psychosis (develop proposal to build capacity provincewide)
- Public Education

### **Policy:**

- **P-1.** Establishment of a New Funding Formula for the Mental Health System
- **P-2.** Housing
- **P-3.** Management Information Systems Policy Development
- **P-4.** Development of an Accountability Policy Framework
- **P-5.** Health Human Resources Policy Development

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- **P-6.** Development of Policy and Legislation to Support Regional Governance
- **P-7.** Develop a Policy Framework on Populations with Special Needs, with an emphasis on sectoral integration including:
  - Dual Diagnosis
  - Forensics
  - Concurrent Disorders
  - Diverse Cultures
  - First Nations/Aboriginal People
  - Children and Youth
  - Seniors
- **P-8.** Develop a Policy Framework for Interministerial Linkages, including:
  - Attorney General
  - Colleges and Universities
  - Community Family and Children's Services
  - Education
  - Public Safety and Security
- **P-9.** Income Supports
- **P-10.** Development of a Policy Framework for First Episode Psychosis
- **P-11.** Policy Development for Scheduled Facility Role
- **P-12.** Residential Treatment
- **P-13.** Recovery Policy Statement

### **Action/System Management:**

- **A-1.** Appointment of a Provincial Change Team with representation from all the regions
- **A-2.** Devolution of the Mental Health Funding Envelope to Regional Offices
- **A-3.** Establishment of Regional Transition Teams to act as a conduit for implementation and funding
- **A-4.** Establishment of Regional Governance Structures
- **A-5.** Regional Governance/System Management
- **A-6.** Appointment of an Assistant Deputy Minister for Mental Health
- **A-7.** First Nations & Mental Health Federal/Provincial Interface to resolve the roles and responsibilities for funding and delivery of mental health services to First Nations

**Investment:**

- **I-1.** Divestment and Completion of Tier 1 and Tier 2 Provincial Psychiatric Hospitals
- **I-2.** Mental Health Program Stabilization (annual percentage increases should be equal to other health sector funding)
- **I-3.** Wage Enhancement
- **I-4.** Housing
- **I-5.** Comprehensive Continuum of Supports and Services based on need – Core basket of services
- **I-6.** Investment in Public Education (five- to 10-year timeframe)
- **I-7.** Management Information System/Accountability

By beginning to put these recommendations into place, **some as early as the 2002/03 fiscal** year, Ontario will be moving toward establishing a mental health system that soundly addresses the needs of persons with mental illness: A decent, safe and affordable place to live; real employment; meaningful social contact; help with symptom management; effective treatment when needed; and immediate crisis intervention when their illness becomes acute.

## Introduction

This report describes overarching issues and themes and sets out recommendations for reforming Ontario's mental health system as identified by the Provincial Forum of Mental Health Implementation Task Forces.

The Provincial Forum was established by the Minister of Health and Long-Term Care as a vehicle for sharing information among the nine regional Mental Health Implementation Task Forces and for identifying overarching issues, themes and recommendations for mental health reform that are provincial in scope.

A key goal of mental health reform is to create local systems of care that will ensure that people living with mental illness have access to a continuum of community-based services and supports that are based on their needs. These local systems of care will deliver a core basket of services and supports in every region of the province, enabling people who use the mental health system to set and realize their personal goals, and acquire the skills and resources needed to achieve independence and well being.

To achieve this goal, the Minister of Health and Long-Term Care appointed the Task Forces in 2000 and 2001 to develop recommendations for regional and local improvements to mental health services. The regions are: Northeastern Ontario; Northwestern Ontario; East Region: Champlain District; Central South Region (Hamilton); Southwest; Toronto-Peel; Central East (Penetanguishene); Central East (Whitby); and East Region: Southeast.

In addition to developing their recommendations, the Task Forces are also working to foster a positive climate for change in the community. The Task Forces are scheduled to submit their reports and recommendations to the Minister of Health and Long-Term Care in December 2002. The Ministry of Health and Long-Term Care will review the Task Force reports and implement those recommendations approved by the Ontario Government.

Task Force recommendations and advice reflect the principles found in the province's mental health policy, *Making It Happen*, announced in 1999. These principles include: moving people living with mental illness to the centre of Ontario's mental health system; ensuring that services meet the needs of people living with mental illness at all stages of life and are delivered as close

to home as possible; and offering better services and supports, improved choices, and streamlined access to services for people living with mental illness and their families.

The work of the Task Forces has been a co-operative and collaborative effort. The Task Forces have worked with, listened to, and learned from a wide range of groups and individuals, including people living with mental illness, their families and caregivers, service providers and experts in the field, consumer/survivor groups, District Health Councils, and other health and social service providers such as the operators of hostels and shelters. All nine Task Forces, as well as their subcommittees and work groups, have examined specific questions relating to mental health reform, conducted various types of forums and information sessions, and encouraged and received written submissions. They have drawn from a deep well of commitment in every corner of the province, on every level, to ensure that their advice and recommendations are comprehensive and inclusive, and draw on both professional and personal experience.

In all regions of the province, the Task Force process has raised support for moving ahead with mental health reform among mental health stakeholders and the public. Expectations are high that the Ontario Government will act on its commitment to achieving reform.

## **Mental Illness Affects Us All**

Millions of Canadians are directly or indirectly affected by mental illness. According to the Canadian Mental Health Association<sup>2</sup>, one in five Canadians will be affected by mental illness sometime in their lifetime. Mental illness is not restricted to any single group. It is found in people of all regions, countries and societies, at all stages of life, among rich and poor, urban and rural.

Mental illness generates extraordinary costs for business and the economy. The Global Business and Economic Roundtable on Addiction and Mental Health indicates that there are significant costs and lost productivity associated with mental illness within the global economic workforce. Mental health insurance claims are the fastest growing category of disability costs in Canada. And, according to recent media reports, Canadians filled more than 30 million

prescriptions for antidepressants in a year, an increase of 40 per cent since 1997, with young people and seniors increasingly using the drugs.<sup>3</sup>

In addition to its substantial social and economic impacts, mental illness generates major healthcare costs because it also affects physical health and is expensive to address in its own right. For example, research<sup>4</sup> shows that depression increases the risk of heart disease fourfold, even when other risk factors such as smoking are considered. Depression is also a risk factor for stroke and has a significant impact on health outcomes for a wide range of chronic physical illnesses, including asthma, arthritis and diabetes. Untreated mental illness in correctional facilities and the justice system results in added costs within these systems.

### ***Stigma is Widespread***

People living with mental illness can face profound consequences, including discrimination and neglect, unemployment, poverty, homelessness, and social isolation. In Canada, more than 75 per cent of people living with a mental illness are unemployed.<sup>5</sup> Many people living with serious mental illness lack safe and affordable housing.

Stigma and discrimination often isolate people living with mental illness. Two-thirds of people with known mental illness never seek help from a health professional, fearing that they will be shunned by society. Beyond that, discrimination erodes public confidence that mental illness is a valid, treatable condition from which people can recover.

Statistics Canada research indicates that most Canadians with mental illness do recover and are able to lead fulfilling lives with the appropriate treatment and support.

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<sup>2</sup> Source: "Fast Facts," Canadian Mental Health Association website:  
[http://www.cmha.ca/english/info\\_centre/fast\\_facts.htm#4](http://www.cmha.ca/english/info_centre/fast_facts.htm#4)

<sup>3</sup> National Post, Nov. 2, 2002, page A1 (Use of Antidepressants up 40% in 'very anxious nation,' report shows: Young, old taking more.

<sup>4</sup> United Kingdom Department of Health. (2001, May). *Making it Happen – A guide to delivering mental health promotion*. [Online]. Available: <http://www.doh.gov.uk/mentalhealth>

<sup>5</sup> Source: Canadian Mental Health Association, Ontario Division.

## ***A Vision for Change***

The Provincial Forum has adopted a vision for Ontario's mental health system:

*To urgently seed and develop the social wisdom throughout structures, institutions and communities of Ontario for normalizing mental illness, eliminating its stigma, and creating an impetus for innovating the whole spectrum of care to restore hope and realize recovery with dignity.*

The Provincial Forum believes strongly that society, as well as the healthcare system, must be educated in both compassion and understanding to achieve mental health reform. The vision is centered on the individual in need, and it extends from this focus on human respect to include leading a transformation that is social as well as structural.

The Ontario Government as a whole must model and orchestrate this dramatic shift in sensibility and practice. And the concept underlying this dramatic shift is the recovery philosophy.

## ***The Recovery Philosophy: The Foundation for Change***

A critical success factor for implementing mental health reform in Ontario is the philosophy that recovery — as defined by the individual, not by service providers — is possible for all people living with mental illness. With the appropriate treatment and supports in place, people living with mental illness can take charge of their lives, create new goals and aspirations, and engage in society as productive citizens.

The Provincial Forum believes the recovery philosophy must be embraced and endorsed as an integral tenet of a reformed mental health system. Ontario's mental health system must offer choices to persons with mental illness, allowing them to set and realize their personal goals, and acquire the skills and resources needed to achieve recovery, independence and well-being. The silo orientation of many professionals and service providers must be eliminated, to create the willingness to redefine shared treatment, service and possibilities for recovery.

## The Context for Reform

### *Ontario's Mental Health System*

Ontario's mental health sector provides a diverse and fragmented array of services and supports across the province. This includes provincial and specialty psychiatric hospitals; general hospital Schedule 1 services, including in-patient and outpatient units; and community-based mental health programs, including consumer and family initiatives.

The Ministry of Health and Long-Term Care currently funds 355 separate mental health programs. Sixty-two hospitals offer mental health care throughout the province. The Ministry spends more than \$2.7 billion on mental health programs and services each year (see Appendix 2 for an inventory of mental health program and services spending by the Ministry). Funding for mental health services provided through other ministries is estimated at about \$2 billion.

Since 1995, the government has invested more than \$375 million in strengthening mental health services in this province. The 2001 Ontario Budget included a \$26.4 million multi-year investment to upgrade community mental health facilities across the province.

### *Past Attempts at Reforming the System*

The work of the Provincial Forum and the Task Forces builds on consultations and reviews undertaken by successive Ontario governments over the past several years and decades. A brief overview of these reviews and activities is provided below.

**Community Mental Health.** The 1980s saw significant growth and expansion of community mental health services in Ontario. New funding, largely through the District Health Councils, supported a total of 355 new community mental health programs, most of which were treatment or clinical in type. In the decades that followed, however, a lack of provincial program standards resulted in a fragmented mental health system where no two areas of the province offer the same continuum of programs and services.

**Graham Report.** In 1987, Ontario's Liberal Government launched a multi-partnered review of the state of mental health services. The resulting report, *Building Community Support for People: A Plan for Mental Health in Ontario*, known as the Graham Report, established key principles for mental health reform. These principles included making the needs of people with serious mental illness a priority; providing supports well beyond the scope of clinical treatment to include help for those living and functioning in the community; and planning the system so that supports and services provide for continuity of care. In the early 1990s, all District Health Councils in Ontario completed mental health plans based on the Graham Report. As a whole, the plans spoke to identifying missing pieces in the continuum of care, as it was then defined. Within the Ministry of Health, this information was used to support further policy development.

**Putting People First.** In 1994, the Ontario Government under the New Democratic Party announced a 10-year mental health reform strategy, *Putting People First*. The strategy included new investments in community mental health services and a framework for downsizing the provincial psychiatric hospital system as community services were created. As with the Graham Report, the province's District Health Councils (DHCs) began to develop mental health system designs based on the provincial strategy document, this time focusing on planning for regional systems that would connect the psychiatric hospitals, Schedule 1 hospitals and community mental health services into a coordinated system with clearly defined roles, protocols and service agreements.

**Newman Report.** In 1998, MPP Dan Newman, Parliamentary Assistant to the Minister of Health, led consultations on the progress of mental health reform and issued a report titled, *2000 and Beyond: Strengthening Ontario's Mental Health System*. The report affirmed the Progressive Conservative government's commitment to mental health reform and highlighted the need for an implementation strategy to move reform ahead.

**Making It Happen.** Following on the Newman report, in 1999 the Ontario Government announced *Making it Happen*, its vision for a comprehensive and responsive mental health service delivery system throughout Ontario. A key goal of *Making It Happen* is to create local systems of care that provide access to a range of community-based services and supports, thus helping people living with mental illness to set and realize personal goals, and to acquire the skills and resources needed to achieve independence and well-being. *Making it Happen* clearly stated the need for change and it identified specific processes and tools to support the mental health reform agenda.

**Health Services Restructuring Commission.** From the outset, the Commission provided advice to the Minister of Health on the psychiatric hospital system, recommending transfer of these services from direct operation by the Ministry to the public hospital system. Early in its mandate, the Commission also called for mental health authorities to manage the mental health portion of the healthcare system, and for mental health funding to be protected in order to achieve appropriate systems of support throughout the province. In 1999, the Minister of Health and Long-Term Care, accepting the Commission's advice that mental health reform needed to be led by regional/district groups closer to communities, began to establish the Task Forces as a conduit for the development of local implementation plans.

### ***Key Issues Requiring Action***

The Provincial Forum has listened to people living with mental illness, their families and network of supporters, services providers, stakeholders and experts in the field across Ontario, and has reviewed research findings and best practices in mental health.

Throughout this process, the Provincial Forum and the Task Forces have heard and noted a number of recurring issues requiring action relating to the delivery of mental health services in Ontario. These include:

- In many regions, services and supports operate independently of each other, with no coordination or integration.
- The lack of a provincial funding mechanism and delays in completing the divestment of all provincial psychiatric hospitals has stalled efforts to build additional community capacity in many areas of the province. In addition, the delay in divestment is having a profound negative impact on the recruitment and retention of mental health professionals.
- Gaps in basic continuums of services and supports from one region to the next mean that the needs of people living with mental illness are not being met equitably across Ontario.
- The lack of provincial program standards means that best practice programs are not guaranteed throughout the province.

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- Services are not always accommodating to all people in terms of cultural, gender or special needs.
- The absence of performance indicators means that variations in the quality of supports and services throughout the province cannot be measured. As a result, it is difficult to determine whether people living with mental illness are getting the most appropriate kinds of care when they need it, from the service providers best able to provide them.
- Many have called for a levels-of-care approach, as defined in *Making It Happen*,<sup>6</sup> to address variations in the provision of mental health services across Ontario and ensure that the needs of people living with mental illness are being met equitably.
- To achieve reform, there is a need to define implementation milestones, identify high-performance indicators, create incentives for change, and measure progress based on realistic timelines.

### **Goals for Change**

The Provincial Forum endorses the Ministry vision, set out in *Making It Happen*, of the ideal mental health system: *One where people living with mental illness are at the centre of the system and are able to move easily from one part of the system to another.*

Consistent with its own vision for a reformed mental health system, the Provincial Forum has identified the following goals for:

- A system that delivers, without fail, a continuum of care — with programs, services and supports available at every stage of life and as close to home as possible.
- A system driven by compassion and commitment, that places people living with mental illness at the centre of the system, not the margins.
- A system whose highest priorities are the prevention of illness and suicide and the promotion of mental health, which strives to reduce the discrimination associated with mental illness and build awareness of mental health issues in the community.

- A system that embraces the philosophy that recovery is possible for most people living with mental illness, and which provides an improved choice of services so that people living with mental illness can take charge of their lives, realize their personal goals and engage in society as productive citizens.
- A system that creates local systems of care where people living with mental illness, and their families and support networks, can get access to a range of community-based services and supports that are tailored to their needs.
- A system where first-line, intensive and specialized services are linked and coordinated.
- A system where access to services is streamlined, so that people living with mental illness know where to go for services they need, when they need them, and can move seamlessly from one part of the system to another.
- A system that provides services and supports for family caregivers — hundreds of thousands of Ontario citizens whose quality of life depends on the implementation of an effective mental health system.
- A system that supports integrated service delivery, best practices and continuous innovation, with clearly defined accountabilities, roles and measurable outcomes.

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<sup>6</sup> Source: Ministry of Health and Long-Term Care (1999). *Making It Happen*

## Key Themes for Mental Health Reform

The Provincial Forum believes that Ontario's mental health system must be based on the recovery philosophy and driven by the needs of people living with mental illness. There is an urgent need for ongoing, multi-year investment to create local systems of care that provide improved choices for people living with mental illness by ensuring access to an equitable, core basket of services and supports across the province.

The Task Forces have identified a need for streamlined access to services, better linkages among first-line, intensive and specialized services, and a continuum of care at the community level. All Task Forces recognize the urgent need for decent, safe and affordable housing for people living with mental illness. And broad-based public education is needed to eliminate the discrimination related to mental illness; promote mental health and the prevention of illness and suicide; raise community awareness of mental illness; and to build greater understanding of how communities can aid in the recovery process.

The following sections describe key themes affecting mental health reform in Ontario.

- *Part 1: Reforming the Mental Health System* includes the themes of recovery, partnerships and linkages, system design, regional decision-making, system accountability and information systems, research, human resources, and public education.
- *Part 2: Building Community Capacity* describes the themes of shared specialized services and supports, peer support, family support, housing, early intervention and treatment, employment, income support, and advocacy and rights advice.
- *Part 3: Building Momentum for Change* describes the theme of leadership.

## ***Part 1: Reforming the Mental Health System***

### **Adopting a Recovery Philosophy**

The Provincial Forum fully supports the philosophy that recovery — as defined by the individual, not by service providers — is possible for virtually all people living with mental illness.

Although *Making It Happen* does not directly refer to the recovery philosophy, it shares the same principles that drive a recovery-based system, such as placing people living with mental illness and their families at the centre of the system, focusing on streamlining access and creating greater accountability. The government must formally acknowledge through a policy statement that recovery is consistent with Making it Happen. (See Appendix 3 for a summary of principles found in *Making It Happen* that relate to the recovery philosophy.)

### ***Recommendations:***

The Provincial Forum believes that the recovery philosophy will help to create the conditions for successful mental health reform. It recommends that the following values and beliefs related to the recovery philosophy should be adopted throughout Ontario's mental health system.

- Recovery is a journey, rather than a destination. It is an active, ongoing, highly individualized process through which a person is encouraged to assume responsibility for his or her life, often in collaboration with friends, family, peers and professionals.
- Each person's recovery is unique. No two people will have the same path or use the same measures to mark the success of their recovery. The real test for recovery is when people feel that they have recovered and are living a quality of life that is not dominated by their past situation or their current symptoms and stresses.
- People living with mental illness should be able to make informed choices on a range of opportunities, so they can assume increasing personal responsibility for their actions and develop a specific set of strategies to accept and overcome the challenge of their psychiatric disability.

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- Recovery is enhanced by a mental health system that is defined, driven and determined by people living with mental illness, and by a mental health culture that recognizes the person's potential behind the illness and encourages innovative treatment and rehabilitation options.
- To promote recovery, Ontario's mental health system must consider people living with mental illness as full citizens, affording them the protection of rights and an entitlement to hope and opportunities for meaningful participation in society.
- Focusing on the capacities of people living with mental illness, and promoting their abilities to engage in society as productive citizens, will contribute to recovery and better quality of life and reduce the economic and social costs of mental illness.

### **Creating Partnerships and Key Linkages**

To promote the recovery philosophy and facilitate the transition to less intensive services and supports, effective linkages are needed at all levels of Ontario's mental health system. An infrastructure that supports partnerships and key linkages will help to ensure the seamless movement of mental health consumers within the system and between systems.

The Provincial Forum believes effective linkages are needed for Ontario's mental health system to respond to the multiple needs of people living with a mental illness. The system must build and maintain these linkages through regular, timely and ongoing communication, case conferencing and transition planning with all key partners.

Formal and informal mechanisms are needed to define roles and responsibilities within the system. These linkages should include protocols and service agreements, conflict resolution and mechanisms for ensuring access to appropriate services for admission, transition or discharge at all facilities, and dedicating services for specific populations.

Adopting this approach will reduce and ultimately minimize the historic "silo" effect on mental health services and supports. Real integration equates to shared responsibility and shared costs.

Included in this key area of partnerships are linkages within the mental health system with First Nations and Diverse Cultural groups in the province. Implicit in this is the adoption of an approach that respect cultural differences and builds capacity and sensitively into the mental

health system. For First Nation Peoples, the terms mental health allude to the general 'well-being' of the person in the context of traditional folkways and practice according to tribal custom. Mental health for Native Peoples is 'balance' of the mental, emotional, spiritual and physical well being of one's self.<sup>7</sup>

***Recommendations:***

The mental health system infrastructure must support linkages and protocols, including processes for information sharing, identification of key liaison staff members and case conferences. Methods must be developed to monitor and evaluate protocols, and to define the role of each party and function, consistent with *Making It Happen*.

Key recommendations are:

***Policy:***

- **P-7:** Develop a Policy Framework on Populations with Special Needs, with an emphasis on sectoral integration including:
  - Dual Diagnosis
  - Forensics
  - Concurrent Disorders
  - Diverse Cultures
  - First Nations/Aboriginal People
  - Children and Youth
  - Seniors

*Timeline: Fourth Quarter 2002-2003 to end of 2005*

- **P-8:** Develop a Policy Framework for Interministerial Linkages, including:
  - Attorney General
  - Colleges and Universities
  - Community, Family and Children's Services
  - Education
  - Public Safety and Security

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<sup>7</sup> "In the Spirit of Healing" Akwesasne Aboriginal Psychosocial Assessment Tool, National Research Council (January 23, 2001). Prepared by Thomas, L. & Francis, J. for the Mohawk Council of Akwesasne, Assembly of First Nations, Royal Ottawa Hospital, and Children's Hospital of Eastern Ontario,p.2.

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*Timeline: 2003 to 2006*

- **P-11:** Policy Development for Scheduled Facility Role

*Timeline: 2003-2004*

- **P-13:** Recovery Policy Statement

*Timeline: Last quarter of 2002/2003 to end of first quarter 2003/2004*

**Action:**

- A-7 First Nations & Mental Health Federal/Provincial Interface to resolve the roles and responsibilities for funding and delivery of mental health services to First Nations.

*Timeline: 2004/2005*

**Redesigning the System**

All members of the Provincial Forum agree that to achieve the goals outlined in *Making It Happen*, mental health reform must proceed simultaneously to address system design issues such as service integration, service capacity and system restructuring. Increasing service capacity alone will not be enough. System restructuring without investment to build full continuums of care is also unsupportable.

The Provincial Forum has heard from many groups and individuals across the province regarding major issues affecting the design of Ontario's mental health system.

- The Ontario Government has yet to complete the divestment of provincial psychiatric hospitals, as recommended by the Health Services Restructuring Commission. Delays in completing all aspects of the government's hospital restructuring plan will continue to adversely affect service integration and system restructuring.
- Many people living with mental illness and their families have said that the fragmented array of mental health services is difficult to access and often confusing. To address this fragmentation, local service delivery must be realigned to create clear points of entry and exit, and clear accountabilities. All parts of the local system must share the common goal of providing support and treatment to individuals in the least intrusive and time-sensitive

approach. To accomplish this will require a fundamental shift in the way programs are configured and interact.

- In addition to new investments, many regions require other changes to achieve reform, both structural and functional. Much work remains before the province, as a whole, has a clear picture of all available mental health services and supports, and a complete understanding of best practices, progress in other jurisdictions and public attitudes about mental illness.
- The Ontario Government must continue to build on efforts begun over the past three years to make programs more accountable through the development of common assessment tools and specific service agreements. At the same time, some regions, have achieved significant success in mental health service delivery.
- At present, numerous programs operate independently. Service providers in many parts of the province have been encouraged to consolidate services, and some have done so by forming voluntary networks and alliances. But in most cases, efforts to improve local delivery systems have stopped short of more substantial measures such as amalgamations, mergers or restructuring.

***Recommendations:***

The Provincial Forum believes that all mental health services and supports in Ontario should be organized into a coherent mental health system, rather than exist as a collection of discrete programs or services. Such a system would be able to make the necessary services and supports available to any person who needs them, regardless of where they live in the province.

The following measures are necessary to achieve this goal:

- The Ontario Government should complete, as a matter of urgent priority, both Tier 1 and Tier 2 divestment of provincial psychiatric hospital services. It should move forward immediately with the Tier 1 divestment plan, including wage harmonization, for the four remaining provincial psychiatric hospitals still operated by the Ministry of Health and Long-Term Care.

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- Local service and support functions must be aligned so that the mental health system can respond directly to client needs. Formal arrangements are needed at the local and regional levels to plan, develop, finance, coordinate, monitor and evaluate these supports.
- Systematic monitoring of the mental health system would greatly help in developing proactive training programs, and in promoting the leadership and skills needed to support a new vision for Ontario's mental health system.
- The Ontario Government must establish a provincial funding framework that sets minimum investment levels in all regions. Mechanisms must be put in place to enable the system to adjust funding allocations and service levels as the needs of the population change.
- The system must be empowered with sufficient influence to overcome resistance to change and to facilitate the shift, in a compassionate way, to a model where a community-based system delivers the largest percentage of mental health services and supports.

Key recommendations are:

### ***One-Time Funding/Quick Wins:***

- Funding For Completion of Tier 1 Provincial Psychiatric Hospital Divestment

*Timeline: Beginning in 2003*

### ***Investment:***

- **I-1:** Divestment and Completion of Tier 1 and Tier 2 Provincial Psychiatric Hospital Divestment

*Timeline: From second quarter 2003-2004 to end of 2005-2006*

## **Regionalizing Decision-Making**

The Task Forces looked at a variety of options for implementing regional decision-making. While the specific form may vary, all Task Forces — with the exception of the Southwest Task Force, for reasons noted below — have expressed support for regional decision-making to optimize the development and integration of local delivery systems.

Most members of the Provincial Forum feel that improving regional decision-making within the local mental health system will promote easier access to services for people living with mental illness in most areas of the province, and will help people living with mental illness to find appropriate and flexible resources as their needs change. Shifting to an enhanced model for regional decision-making will also help to promote equitable delivery of services and supports across the province. Regional models are better suited to providing a single point of responsibility and accountability for local delivery systems.

Unlike the other Task Forces, but in keeping with the mandate given to each Task Force to prepare an implementation report that is appropriate for their region, the Southwest Task Force does not support the concept of establishing autonomous regional mental health governing boards in the Southwest Region. The Southwest Task Force has developed a proposed model that can in their opinion, accomplish the goals, outlined in *Making It Happen*, for a reformed mental health system with sound governance and accountability that builds on existing strengths and collaboration in Southwest Region.

***Recommendations:***

The Provincial Forum supports regional decision-making for local delivery systems.

- In keeping with the distinct models recommended by each Task Force, funding, evaluation and accountability mechanisms to enable adjustments to funding and services as the needs of the population change, must be managed regionally.
  
- Where a regional model is established:
  - The regional governing agency must put in place funding, evaluation and accountability mechanisms to enable it to adjust funding and services as the needs of the population change.
  - At the local and regional levels, there must be formal arrangements for planning, developing, financing, coordinating, monitoring and evaluating local delivery systems.

Key recommendations<sup>8</sup> are:

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<sup>8</sup> It is noted that the Southwest Mental Health Implementation Task Force opposes the implementation of recommendations P-6, A-3, A-4, and A-5 in Southwest Region. In the view of the Southwest Task Force, these measures are not necessary for the Southwest regional plan, for reasons that are set out in the Southwest Task Force's final report.

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***Policy:***

- **P-6:** Policy and Legislation to Support the Development of Regional Governance

*Timeline: 2002-2003 to 2003-2004*

***Action/System Management:***

- **A-2:** Devolution of Mental Health Funding Envelope to Regional Offices

*Timeline: First quarter 2003-2004 to second quarter 2004-2005*

- **A-3** Establishment of Regional Transition Teams to act as a conduit for implementation and funding

*Timeline: Fourth quarter 2002-2003 to third quarter 2003-2004*

- **A-4:** Establishment of Devolved Regional Governance Model

*Timeline: Third quarter 2003-2004 to third quarter 2004/2005*

- **A-5:** Regional Governance now System Manager

*Timeline: Third quarter 2004-2005 onward*

**Developing System Accountability, Performance Standards and Information Systems**

The Provincial Forum believes that strengthening accountability will help ensure that system capabilities and operating performance meet the needs of people living with mental illness and their families, and are measured and evaluated against the highest standards.

- There continues to be resistance at many levels of the mental health system to establishing standards, measurements and benchmarks to improve system performance, even though other parts of Ontario's healthcare system have made significant progress in these areas.
- Ontario's mental health system must demonstrate efficiency and effectiveness in the same way as hospitals and medical, nursing and other long-term care services do.

- Mental health services cannot be viewed in isolation. Regional mental health systems should be compared with other parts of the regional healthcare system. In turn, the Ministry must address provincewide issues and concerns about mental health services.

***Recommendations:***

*Performance Standards and Governance.* To improve accountability in Ontario's mental health system, clearly defined standards are needed. Such standards will promote improved communication, better assessments of system performance, and improved understanding of differences in performance.

There must be agreement on accountability standards by all partners in the mental health system, at all levels. Roles, standards and expectations must be clearly defined, to improve both continuity and levels of care.

In reviewing mental health systems in other jurisdictions, the Provincial Forum looked at models for developing local service delivery and system management approaches. The Provincial Forum supports the development of regional governance structures that would manage local mental health systems. The human and fiscal resources required for this function would be devolved from the regional offices of the Ministry of Health and Long-Term Care to ensure that these structures are implemented in a fiscally responsible way that does not reduce funding for direct services. Local leadership is central to building systems that are responsive to, and driven by, the needs of people living with mental illness.

The Ministry of Health and Long-Term Care must develop a funding framework to ensure an appropriate, equitable distribution of funding for mental health services across all regions.

To promote greater accountability, the Provincial Forum recommends that the Ministry of Health and Long-Term Care provide an annual report card to the public on the progress of mental health reform and subsequently on the reformed mental health system.

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Key recommendations are:

### **Policy:**

- **P-1:** Development of a Mental Health Funding Formula

*Timeline: 2003/2004 to end of 2005*

- **P-4:** Development of an Accountability Policy Framework

*Timeline: 2003/2004*

- **P-6:** Development of Policy & Legislation to Support Regional Governance

*Timeline: Fourth Quarter 2003 - 2004*

### **Action/System Management:**

- **A-3:** Establishment of Regional Transition Teams to act as a conduit for implementation and funding

*Timeline: Fourth Quarter 2002/2003 to end of 2003/2004*

- **A-4: Establishment of Regional Governance Structures**

*Timeline: Second Quarter 2003 – onward*

*Information Systems.* The Provincial Forum vision for mental health reform includes developing state-of-the-art information systems and technology to support Ontario's mental health system.

At present, Ontario's mental health system faces numerous information management challenges as a result of incompatible data platforms throughout the province. There is a long overdue need to establish a client-linkage system for recording client information, which can be accessed from all levels of the system. There is also a need to monitor patterns of use, to understand how people living with mental illness and their families benefit from services.

**Recommendations:**

Ontario must establish a client-linkage information system for the province's mental health system. Such an information management system would promote greater service accountability at the agency, system and ministry levels while maintaining client confidentiality. It could also incorporate and reinforce the principles of recovery and provide real-time information.

Ontario's mental health system must ensure the optimal use of advanced technologies for video and voice. Such technologies can enable more people living with mental illness and families to access a comprehensive range of care and services. The system must make more effective use of new technologies, and promote and support innovative strategies such as tele-health and Internet health initiatives. More responsive remuneration strategies are required to support professionals who embrace these innovative approaches.

Key recommendations are:

**Policy:**

- **P-3:** Management Information Systems Policy Development

*Timeline: 2003-2004*

**Investment:**

- **I- 7:** Management Information System Implementation

*Timeline: Second quarter 2003-2004 to 2007-2008*

**Enhancing Evidence Based Research in the Province**

Research plays an important role in ensuring accountability, monitoring and innovation. Ongoing feedback, monitoring and evaluation will help to ensure that continuous improvement occurs and the system offers the highest quality services.

There is a need for more readily available, Ontario-based research. This includes such basic information as who is being served by what services, to evaluation research on cost-effectiveness of the service delivery system. Adequate funding is required to support evidence-based programming that reflects research at the program, regional and provincial levels.

***Recommendations:***

The Provincial Forum recognizes the critical need to invest more resources for research on Ontario's mental health system. Investing in research to support accountability, monitoring and innovation must be seen as part of the cost of delivering mental health programs and services. Mechanisms must be put in place to ensure that research results are acted on.

The Provincial Forum believes that mental health consumers can add value to research on the mental health system. The system must recognize the unique experience and skills that consumers offer, and provide meaningful employment opportunities for mental health consumers in this area.

The Provincial Forum recommends that the Ministry of Health and Long-Term Care build on work begun by the Mental Health Rehabilitation Reform Branch in undertaking research to evaluate community mental health and supportive housing and homelessness initiatives. The Ministry should:

- Continue to support the transfer of research results to the field and incorporate lessons learned into a provincial research framework.
- Support multi-site studies using the same evaluative tools, to enable comparisons of results and costs across regions.
- Develop strategies for the meaningful involvement of mental health consumers and their family members in research.
- Mandate that research be collaborative and use consumer participation.

**Recruiting and Retaining Mental Health Care Workers and Professionals**

The Provincial Forum recognizes the significant human resource challenges to implementing mental health reform, such as the need for adequate numbers of highly skilled, trained and motivated professionals across the system. Currently there are shortages of all types of healthcare workers across the entire healthcare system in Ontario.

In the mental health sector, the slow progress in completing divestment of provincial psychiatric hospitals and services is destabilizing the labour force as workers leave to find employment

elsewhere in the healthcare sector. Compensation issues have further destabilized the labour force and made both recruitment and retention difficult. There is a significant wage disparity between community and institutional mental health workers, and Ontario's community mental health workforce has not seen a wage increase in a decade. Wage harmonization is also needed between provincial psychiatric hospital employees and other hospital workers.

There is no provincial strategy for recruiting and retaining a skilled and motivated mental health workforce. Much work is needed to identify the competencies and skill sets of community mental health workers. A strategic training agenda for the community mental health system will be substantial and will require a coordinated plan across all affected ministries.

***Recommendations:***

The Ontario Government must visibly demonstrate its commitment to mental health by addressing the human resource challenges facing Ontario's mental health system.

- To provide leadership, the Ministry of Health and Long-Term Care should establish a Policy Framework on Human Resource strategies to support of regional mental health services.
- To help recruit and retain a skilled and motivated workforce, Ontario's mental health system must address the wage gap between institutional and community-based mental health workers; implement wage harmonization between provincial psychiatric hospital workers and other hospital workers; and develop retention strategies aimed at more experienced workers.
- The Ontario Government needs to develop and deliver training to enhance the skills and practices of current mental health workers, especially those who are shifting to a community-based system from previous jobs in hospitals and institutions.
- In addition to training for workers who move from an institution-based system to a community-based system, new training is also needed for justice sector workers such as police, lawyers, judges and diversion workers in the justice system, as well as for social services workers and housing providers.
- The Ontario Government should immediately begin to develop a mental health training agenda in partnership with Ontario's colleges and universities to develop a mental health

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training agenda that recognizes mental health needs across the life span. It should assign responsibility for liaison and coordination among affected provincial ministries.

- The training agenda should identify the skill sets and competencies needed in a recovery-oriented community-based system. It should include innovative forms of training, such as web-based courses, distance learning and apprenticeship programs.
- The Ontario Government needs to develop policy to support peer approaches and peer workers in the community-based mental healthcare system, and identify appropriate training requirements and opportunities for people living with mental illness to assume these roles.
- The Ontario Government needs to consider the role of volunteers in a community-based mental health system, and identify appropriate training requirements and opportunities for volunteers.

Key recommendations are:

***Policy:***

- **P-5:** Health Human Resources Policy Development

*Timeline: First quarter 2002-2003 to end of 2003-2004*

***Investment:***

- **I-3:** Wage Enhancement

*Timeline: 2003-2004 onward*

## **Undertaking Public Education**

All members of the Provincial Forum support the fundamental need for more public education to raise awareness and explain mental illness, the mental health system and mental health reform to the people of Ontario, and to break down the stigma and discrimination associated with mental illness.

Many Ontario residents do not understand mental health issues, nor do they know what services and supports they should expect from Ontario's mental health system. There is a need

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to make greater use of public education to promote mental health and help prevent mental illness and suicide.

As a result of long-standing practices that saw people with the mental illness hospitalized in institutions, many Ontario communities have had little exposure to information or education about mental illness, allowing fears and myths to go unchallenged. These communities must learn how they can provide active support to people living with mental illness and their families.

Public education activities must be broad-based to reach a diverse range of audiences at the provincial, regional and local levels. Key target audiences include the general public; people living with mental illnesses and their families and support networks; mental health providers and other health, social and justice service providers; and those who play key roles in the recovery process, such as community leaders, employers, landlords and other housing providers, and school aged children.

***Recommendations:***

Ontario must undertake a sustained and broad-based campaign of public education to increase awareness of mental health issues and dispel the fear and discrimination associated with mental illness. Such a campaign should be designed to help communities to understand their role in mental healthcare, including how people living with mental illness recover and what communities and individuals can do to support this process.

Public education must affirm community responsibility and define and explain the recovery philosophy to Ontario residents and communities. The public must understand that recovery is aimed at leading as full a life as possible and actively participating in community activities. It is essential that the private sector partner with the public sector to undertake an education strategy around mental illness.

Public education must also explain the economic costs and impacts of mental illness, particularly to businesses and in the workplace.

Key recommendations are:

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***One-Time Funding/Quick Wins:***

- Provide funding to plan and execute a public education program across the province

*Timeline: 2002-2003*

***Investment:***

- **I- 6:** Investment in Public Education Initiatives

*Timeline: Second Quarter 2003/2004 onward, for a five- to 10-year timeframe*

## ***Part 2: Building Community Capacity***

Central to the recovery philosophy is the idea that mental health services should be developed within a natural community, not replicated by the mental health system. The community should enable those with mental illness to find gainful employment, participate in supported education programs, and volunteer or participate in society in meaningful ways.

People living with mental illness have called for a range of mental health reforms in key areas that support recovery by building community capacity, such as specialized services and supports, peer support, family support, housing, early intervention and treatment, employment, income support, and advocacy and rights advice.

### **Providing Shared Specialized Services and Supports**

The Provincial Forum recognizes the need to provide shared specialized services and supports through the system. Services must be available for individuals who require specific kinds of treatment and supports, such as children, seniors, people in the forensic system, as well as those who have a dual diagnosis (mental illness and developmental/cognitive disability) and those with concurrent disorder (mental illness and substance abuse).

As part of its mandate of addressing how to streamline the delivery of services for specialized populations, the Task Forces reviewed the needs of people with complex and special needs. They found that there are gaps in funding, policy development, planning and delivery for children's and geriatric mental health services across the province. Furthermore, as a result of

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multiple and competing mandates in some regions, agencies serving the same population can often operate at cross-purposes.

The Provincial Forum notes the work of the Forensic Mental Health Services Expert Advisory Panel, which has met regularly since April 2001. The Panel is developing recommendations on implementation issues for the mental health forensic system, including how best to ensure that people living with mental illness in the forensic system receive appropriate integrated care within the larger community mental health system. The Forensic Panel Chair has maintained a liaison with the Provincial Forum to ensure appropriate linkages and information-sharing.

The Ministry of Community, Family and Children's Services, which has lead responsibility for mental health services for children, is currently involved in a broad exercise focused on children's mental health. While the Task Forces are developing recommendations to address service delivery issues affecting all people with serious mental illness, the Provincial Forum recognizes that specialized treatment is needed for certain populations, including children.

***Recommendations:***

The shift to community-based mental health services must include reforms in key areas that support recovery, such as enhanced family and peer support, housing and employment.

The Ontario Government must develop a range of supports that promote the recovery philosophy and which will assist people living with mental illness to participate in their communities as citizens, gain easier access to supports and treatment, and achieve hope and respect.

As part of mental health reform, the Ontario Government must address current gaps in mental health services for children, transitional-aged youth, seniors and people in the forensic system, as well as those who have a dual diagnosis and/or concurrent disorder. It must identify clear and comprehensive mandates, roles and responsibilities for ministries in these areas.

Key recommendations are:

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***Policy:***

- **P-7:** Develop a Policy Framework on Populations with Special Needs (see *Partnerships and Key Linkages* Section)

*Timeline: Fourth quarter 2002/2003 to end of 2004/2005*

- **P-8:** Interministerial Linkages (see *Partnerships and Key Linkages* Section)

*Timeline: 2003/2004 to end of 2005/2006*

- **P-9:** Income Supports

*Timeline: 2003/2004*

***Investment:***

- **I-2:** Mental Health Program Stabilization

*Timeline: Second Quarter 2003/2004 to end of 2005/2006*

- **I-5:** Comprehensive Continuum of Supports and Services based on need/Core Basket of Services

*Timeline: Second Quarter 2003/2004*

**Building Peer Support into the System**

The Provincial Forum notes the current lack of funding and formal status for peer support initiatives in Ontario's healthcare system, despite indications that peer support can help in building outcomes that truly reflect the needs of people living with mental illness.

***Recommendations:***

Peer support should be integral to a recovery-oriented system.

- For people living with mental illness, finding mentors to help achieve personal and professional goals can be a life-altering event.

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- For some people living with mental illness, the support of a peer — that is, someone with the personal knowledge that comes from having experienced mental illness — can help to make self-esteem, adjustment to disability, empowerment and self-determination realistic goals.
- Peer support approaches must be integral to all mental health services to maximize the effectiveness of supporting individuals in their recovery.
- Not all people living with mental illness choose to engage in formal clinical services, but some who decline formal treatment may be willing to use peer-driven services. Peer services must be equitably funded as clinical services and be identified as relevant and mainstream partners in local systems of care.

Key recommendations are:

***One-Time Funding/Quick Wins:***

- Funding To Support Consumer Initiatives

*Timeline: 2002-2003*

***Investment:***

- **I-2:** Mental Health System Stabilization (see *Shared Specialized Services* section)

*Timeline: Second Quarter 2003/2004 - onward*

- **I-5:** Comprehensive Continuum of Supports and Services based on need/Core Basket of Services

*Timeline: Second Quarter 2003/2004 - onward*

## **Increasing Support to Families**

The Provincial Forum recognizes that family members, partners and friends bear much of the stress of caring for people living with mental illness. These individuals deserve both the respect and support of the mental health system and adequate resources to perform their care-giving role.

A reformed continuum of mental health services and supports must acknowledge the contribution of families and others who are primary caregivers for people living with mental illness. Often these individuals quietly bear much of the stress of care and, in some cases, they may require mental health services and supports themselves.

### ***Recommendations:***

Mental health reform must include a range of supports for family members, partners and friends who provide care for people living with mental illness.

- Providing support to these individuals will help promote recovery and increase the resilience of the caregivers, thus reducing demand on formal services.
- Supports can range from providing better access to information, to assisting individuals to access self-help or family-advocate positions within formal services and supports.
- In developing family care plans Ontario's mental health system should emulate the emerging best practices of those who provide care for the elderly (e.g., respite services, friendly visiting or access for family members to personal care workers).
- The system should recognize that some families might require support even in cases where a person with mental illness has not agreed to family involvement in his or her care plan.
- All mental health services need to have a defined family-support component.

Key recommendations are:

**Investment:**

- **I-2:** Mental Health Program Stabilization (see *Shared Specialized Services* section)

*Timeline: Second quarter 2003/2004 - onward*

- **I-5:** Continuum of Care/Core Basket of Services (see *Shared Specialized Services* section)

*Timeline: Second quarter 2003/2004 – onward*

**Providing Safe and Affordable Housing**

The Provincial Forum and all the regional Task Forces recognize the urgent need for more affordable housing options for people living with mental illness in Ontario. Until such needs as safe and affordable housing are met, many people living with mental illness cannot achieve and maintain stability.

While the Provincial Forum recognizes the progress made by the Ontario Government in developing a community mental health housing system, it submits that much more needs to be done. The Ontario Government must build on Phases 1 and 2 of the Homelessness Initiative and on its consultation on reforming the residential housing sector through the new Homes for Persons with Special Needs program, and it must integrate these findings into a comprehensive mental health housing strategy for Ontario.

**Recommendations:**

The Provincial Forum recommends the following approaches to support the provision of safe and affordable housing for people living with mental illness.

- The Ontario Government must apply best practices from other jurisdictions and encourage a wide choice of supported living environments for people living with mental illness. These choices include private family homes with supports, home-share arrangements, and co-operative housing or multiple-unit apartments.
- The Ontario Government must review housing preferences to ensure that the housing needs of people living with mental illness are being met. It should also provide better housing supports to families.

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- The system should link housing support to flexible and portable funds, rather than to service provision.

Key recommendations are:

***Policy:***

- **P-2:** Development of a Mental Health Housing Policy

*Timeline: 2003/2004*

***Investment:***

- **I- 4:** Investment in Mental Health Housing

*Timeline: Second quarter 2003/2004 onward*

## **Emphasizing Early Intervention and Treatment**

The Provincial Forum recognizes the importance of early intervention and first episode programs to improving the mental health system in Ontario.

Many types of serious mental illness frequently have their onset during childhood, adolescence and early adulthood. With child and adult mental health services currently supported by separate ministries, the Ontario Government must pay special attention to the 16- to 18-year-old transitional age group to ensure that individuals receive the care they need from these two service systems.

An early episode of psychosis can affect a young person's emotions, thinking processes, perceptions, motivation and confidence. It can set back a young person's vocational and employment goals and affect their ability to establish independent social relationships. Early episodes are also stressful and difficult for the person's family and support network.

Early intervention, along with public education, can encourage recovery and the prevention of mental illness.

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***Recommendations:***

Treatment, advocacy, education and support for young people, including early intervention and first episode programs, must be essential elements of an integrated system of mental health services. The Ontario Government must continue to provide support for the growing number of clinical, professional and family groups in Ontario dedicated to providing treatment and supports for young people with serious mental illness.

There is a need to provide treatment, education and support both to individuals in the early stages of psychotic illness and to their families, so that young people experiencing mental illness can achieve the highest possible level of recovery. Treatment, rehabilitation, and support must be tailored to specific needs to bring about the best possible outcomes and minimize the psychosocial impacts of an early episode of mental illness.

Key recommendations are:

***One-Time Funding/Quick Wins:***

- Seed money for proposal to expand capacity for First Episode Psychosis program province wide.

*Timeline: 2002/2003*

***Policy:***

- **P-10:** Development of a Policy Framework for First Episode Psychosis

*Timeline: Fourth quarter 2002/2003 to second quarter 2003/2004*

***Investment:***

- **I-5:** Comprehensive Continuum of Supports and Services based on need/Core Basket of Services (see *Shared Specialized Services* section)

*Timeline: Second quarter of 2003/2004 - onwards*

## **Enhancing Employment Support**

Employment is a key determinant of a person's mental and physical health and well-being, and it is central to the concept of recovery. Yet it remains the case that mental illness can be a tremendous obstacle to an individual's attempts to find and hold employment.

The unemployment rate among people with serious mental illness in our society remains disproportionately high. Negative attitudes toward people living with mental illness play a significant role in this high rate of unemployment.

Studies indicate that employers need help in understanding how to create supportive environments for people living with mental illness. There is also a need for public education aimed at the business community, the general public, people living with mental illness, their families, and service providers, to address negative attitudes in the workplace toward the mentally ill.

As more people living with mental illness find and sustain meaningful employment, they will be able to experience the many significant benefits that stem from having a secure place in the world of work.

### ***Recommendations:***

The province must develop and implement a more accessible and enhanced system of employment supports for people living with mental illness.

People living with mental illness need more opportunities for meaningful paid work, rather than sheltered employment. To realize this goal, more education and training are needed, as well as leadership and skills development.

The Task Forces have been guided by *Making It Work*, the Ministry of Health and Long-Term Care's policy framework for employment supports for people living with mental illness. Final Task Force reports will identify the required capacity for employment and educational supports. This will guide the Ontario Government in determining the funding levels needed to build this part of the continuum of services and supports.

Key recommendations are:

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***Investment:***

- **I-2:** Mental health Program Stabilization (see *Shared Specialized Services* section)

*Timeline: Second quarter of 2003/2004 to end of 2005/2006*

- **I-5:** Comprehensive Continuum of Supports and Services based on need/Core Basket of Services (see *Shared Specialized Services* section)

*Timeline: Second quarter of 2003/2004 - onward*

## **Providing Income Support Programs**

The Provincial Forum has heard from people living with mental illness, families and other stakeholders that existing income support programs create barriers to recovery.

Mental illness can involve several acute episodes of illness recurring over periods of months or years. Yet under the Ontario Disability Support Program, people living with mental illness lose their benefits if they are hospitalized for longer than 30 days. These individuals find themselves trapped in a frustrating cycle of having to start over with their social assistance, housing and other benefits after enduring a lengthy hospitalization.

For some people living with mental illness, the high cost of medications is a barrier to finding employment. Many choose to stay on disability benefits rather than take a low-paying job that may not include benefits. Among people living with mental illness who are employed, many face barriers in terms of eligibility for health insurance and medical benefits.

***Recommendations:***

Income support programs in Ontario must reflect the realities of living with mental illness. For example:

- The current review of the Ontario Disability Support Program must address changes to support people living with mental illness in their recovery.
- The Ontario Works housing allowance must better reflect local rents, as well as the housing needs of people living with mental illness and their families.

- The Ontario Government should develop another form of financial assistance for medication costs, to assist people living with mental illness who wish to enter the workforce.

As Ontario implements reforms to provincial income support programs to reflect the realities of living with mental illness, provincial officials must ensure that similar changes are made in federal income support programs.

The insurance industry requires extensive education regarding the recovery philosophy and mental illness, to address the industry's existing policies regarding health insurance and medical benefits for people living with mental illness.

Key recommendations are:

***Policy:***

- **P-9:** Policy Development on Income Support

*Timeline: 2003-2004*

## **Making Rights Advice and Advocacy Available**

The mental health system needs to give wider scope to the areas of advocacy and rights advice, particularly during the shift to community-based care.

Advocacy in the mental health system currently takes many forms, ranging from formal processes and tribunals to the informal advocacy that occurs daily at the front line. Currently the only formal program is the Psychiatric Patient Advocacy Office, which is limited to people in psychiatric hospitals and some of the reformed Schedule 1 services. There is no formal or systematic process for addressing broader consumer concerns.

People living with mental illness are often the most vocal advocates, but families, support networks and service providers alike all play an advocacy role throughout the system.

***Recommendations:***

Advocacy and rights advice must be available to all people living with mental illness, across the entire mental health system. The system must provide people living with mental illness with opportunities to build skills and confidence in these areas, so they can participate as advocates and partners in the mental health system.

Mental health reforms must help to ensure that all people living with mental illness, their families and support networks, and service providers are aware of advocacy and rights advice services. They should know how to access these services and know they are available to every person who wants them.

Rights advice services must continue to be available as mental health reforms shift programs and services to a community-based model of service delivery. Advocacy and rights advice programs within a reformed mental health system should include regular reports of systemic issues to local mental health managers and an annual report to the Minister of Health and Long-Term Care.

Key recommendations are:

***Investment:***

- I- 5: Comprehensive Continuum of Supports and Services based on need/Core Basket of Services (see *Shared Specialized Services* section)

*Timeline: Second quarter of 2003/2004 – onward*

### ***Part 3: Building Momentum for Change***

#### **Appointing Regional Transition Teams**

It is important that past lessons not be ignored. To help ensure that the vision for mental health reform as set out by the Task Forces is realized, the Provincial Forum recommends the appointment of Regional Transition Teams in all regions. These teams will serve as change agents and steer implementation of reforms after the mandate of the Task Forces has ended.

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The Regional teams must be committed to reform, supportive of the themes for change, and able to speed implementation.

Key recommendation:

***Action/System Management:***

**A-3:** Establishment of Regional Transition Teams to act as a conduit for implementation and funding

*Timeline: Fourth quarter 2002/2003 to third quarter 2003/2004*

**Appointment of an Assistant Deputy Minister for Mental Health**

Given the order and magnitude of the reforms proposed by the Provincial Forum and Task Forces, strong senior leadership devoted to mental health reform is critical to success. A senior change agent to advocate for mental health and marshal reforms must be appointed to support the transformation process. The appointment could be a term position for the period of five years which would ensure that priority is given to moving forward with the recommendations of the Task Forces and Provincial Forum. The goal is to create leadership within the Ministry of Health and Long Term Care that will enable meaningful and sustained change.

Key recommendation:

***Action/System Management:***

- **A-6:** Appointment of an Assistant Deputy Minister for Mental Health

*Timeline: Fourth quarter 2002/2003*

**Appointing a Provincial Implementation Change Team**

There must also be a conduit for change at the provincial level. Otherwise, there is a significant risk of losing the momentum that the Task Forces and the Provincial Forum have brought to this critical area of healthcare, once their mandates are completed.

The Provincial Forum urges that a Provincial Implementation Change Team, with representation from all Task Forces, be appointed to keep mental health reform on the government's agenda and ensure that implementation is realized.

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The profile that mental health has received during the tenure of the Task Forces must continue if meaningful and lasting changes are to be realized. There will be much upheaval in the mental health system as Task Force recommendations move to action, and strong leadership is required to ensure that these changes move forward in a sensitive and strategic way.

Key recommendation:

***Action/System Management:***

- **A-1:** Establishment of Regional Transition Teams to act as a conduit for implementation and funding

*Timeline: Fourth Quarter 2002/2003*

**Establishing a Premier's Council on Mental Health**

In order to ensure that mental health is given the recognition as the significant social issue that it is, on going processes must occur to ensure that mental health has a lasting profile within the Government and the social consciousness of the Province. As seen in other jurisdictions such as the US and the UK, success is often guaranteed when senior government officials and senior business leaders come together to create action and education around a particular issue. The time is ripe for mental health to be given it's due. To that end, the Provincial Forum recommends the establishment of a Premier's Council on Mental Health.

This Council would:

- Steer public education initiatives
- Promote this issue in the work force of Ontario
- Promote intersectoral collaboration on this issue
- Monitor progress in mental health reform

Key recommendation:

- **One Time/Quick Win:** Establishment of a Premier's Council on Mental Health

*Timeline: Fourth Quarter 2002/2003*

## Measuring Mental Health Reform

Ontario's mental health system will need measurements to evaluate the progress of mental health reform. Incorporating performance measures into the system will help ensure that services are relevant, effective and efficient for people living with mental illness, their families and caregivers, and the public.

Based on the principles of *Making It Happen* and guided by the work of the Task Forces, the Provincial Forum has identified the following outcomes for reforming Ontario's mental health system.

- A system that provides a full continuum of community-based services and supports based on needs, and delivers a core basket of services and supports in all regions of the province.
- A system that is focused on people living with mental illness, and whose highest priorities are the prevention of illness and suicide and the promotion of mental health.
- A system that supports and relates well to the broader primary healthcare system so that people with less intense mental health and illness-related needs are served in an appropriate and timely manner.
- A system that involves people living with mental illness, their families and support networks, service providers and the public in the planning, delivery, governance and evaluation of mental health services.
- A system that implements best practices, eliminates ineffective services and duplication, and, where possible, integrates service delivery to improve and streamline access and reduce fragmentation.
- A system that offers choices to people living with mental illness which promote independence and recovery, and whose services are suited to those who use them, culturally sensitive and non-discriminatory.

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- A system that ensures that, for people living with mental illness, help is available when and where it is needed, as close to home as possible, and which provides supports and services in the least intrusive manner for only as long as required by people.
- A system whose services are well coordinated, with clear roles, responsibilities and accountabilities at all levels, and which has defined and measurable outcomes to achieve continuous improvement.
- A system that delivers continuity of care and which empowers and supports service users, staff, volunteers and directors.

The Provincial Forum proposes the following additional markers be used to measure progress in the areas of public awareness, community capacity and accountability including:

- An informed public that identifies mental health reform as a top priority for all governments.
- Levels of proactive investment in the mental health system.
- Increased community acceptance and receptiveness toward people living with mental illness.
- Demonstrated community capacity in areas that help people living with mental illness to enjoy a better quality of life, such as peer and family support, housing, employment rates, wages, and income supplement rates.
- Enhanced accountability through a province wide mental health information system, with clear performance indicators across all levels of the system.

## Conclusion

The Provincial Forum has identified a wide range of themes and recommendations for reforming Ontario's mental health system. These themes and recommendations are guided by the policy framework for implementing reform set out in *Making It Happen* and are based on what the regional Task Forces heard and learned from people living with mental illness, their families and support networks, service providers, and other mental health stakeholders.

The Provincial Forum's blueprint for reform includes building an integrated mental health system that is accessible, accountable and comprehensive, and which encourages people living with mental illness to work toward recovery, goals and achievements.

The voices of people living with mental illness and their families have been heard throughout the Task Force process and their message is clear. It is time for all stakeholders in Ontario's mental health system to work together to achieve a community-based system of care centered on the needs of people living with mental illness.

While it will take time to put in place many changes recommended in this document, all members of the Provincial Forum agree the time for action is now. It is time to seize the moment and begin to implement lasting and meaningful reforms to mental health services in Ontario. The resulting profound changes to the treatment of mental illness in Ontario will resonate across all levels of our society and culture.

## **Appendix 1 – Critical Path: Timeline to *Making It Happen***

The implementation of mental health reform is influenced by three critical factors. The first is the directive of the Health Services Restructuring Commission to implement its new role by 2003. The second factor includes the new approaches to mental health outlined in *Making It Happen*. And, the third factor is the Ontario Government's commitment to invest in community service enhancement prior to the closure of any mental health beds.

Based on these three factors and on what it has heard and learned during the Task Force consultation process, the Provincial Forum has developed recommendations and a critical path for implementing reform. The critical path sets out recommendations in three broad areas: Policy; Action/Systems Management; and Investment. It also includes immediate actions that the Ontario Government can take to implement much-needed reforms, which are identified under the category, One-Time Funding/Quick Wins.

Recognizing that the implementation of mental health reform will take time to complete, the critical path identifies timelines for all of the Provincial Forum's recommendations. While the full timeframe in many areas is up to 10 years, many reforms are identified for completion within the first one to three years. In addition, it is recommended that the One-Time Funding/Quick Wins be implemented no later than June, 2003.

The following critical path synthesizes the recommendations and timelines required to realize mental health reform in the Province of Ontario.



## Appendix 2 – Inventory of Mental Health Services

<b>In-patient services</b>	<b>Number of Mental Health Beds</b>	<b>Monetary Expenditure 2000/01</b>
<ul style="list-style-type: none"> <li>4 provincial psychiatric hospitals<sup>9</sup> (as of September 30, 2001)</li> </ul>	1,055	\$290.6M
<ul style="list-style-type: none"> <li>53 general hospitals with psychiatric facilities</li> </ul>	2,662	\$239.8M
<ul style="list-style-type: none"> <li>5 specialty hospitals (including the Royal Ottawa Health Care Group and Providence Continuing Care Centre) and one long-term care facility</li> </ul>	1,345	\$199.9M
<ul style="list-style-type: none"> <li>Total adult mental health beds</li> </ul>	5,062	
<b>Total estimated spending on in-patient services</b>		\$730.3M

<b>Consumer/Family Supports and Community Mental Health Services</b>		
<ul style="list-style-type: none"> <li>355 community based mental health services (including 24 hospital-sponsored community-based children's mental health programs)</li> </ul>		\$502.2M
<ul style="list-style-type: none"> <li>148 homes for special care</li> </ul>	1,767	\$25.8M
<ul style="list-style-type: none"> <li>101 supportive housing providers (mental health, long-term care and substance abuse)</li> </ul>	3,963 units	\$30.2M
<b>Total estimated spending in 2000/01 (including out-patient services)</b>		\$558.2M

<b>Total estimated spending in 2000/01 on MOHLTC program administration</b>		\$8.1M
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<b>Other mental health services</b>		
<ul style="list-style-type: none"> <li>Long-term care</li> </ul>		\$881.7M
<ul style="list-style-type: none"> <li>Ontario Health Insurance Plan</li> </ul>		\$463.1M
<ul style="list-style-type: none"> <li>Ontario Drug Program</li> </ul>		\$76.1M
<b>Total estimated spending in 2000/01 on other mental health services</b>		\$1,420.9B

<b>Total MOHLTC spending</b>		\$2.7B
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<sup>9</sup> Lakehead Psychiatric Hospital, North Bay Psychiatric Hospital, Whitby Psychiatric Hospital and Mental Health Centre Penetanguishene still remain to be divested.





## Appendix 3 – *Making It Happen*: Key Principles

The following are principles that drive a recovery-focused reformed system, as identified in the province's mental health policy, *Making It Happen* (1999).

- The consumer/survivor is at the centre of the mental health system.
- Services will be tailored to consumer/survivor needs with a view to increased quality of life.
- Consumer/survivor choice and access to services will be improved.
- Services will be linked and coordinated so that consumer/survivors can move more easily from one part of the system to another.
- Services will be based on best practices.
- Mental health funding will be protected.
- There will be continued investments/reinvestments in mental health services to increase system capacity.

*Making It Happen* also set out goals for implementation plans to ensure that core mental health services and supports:

- Are provided within a comprehensive service continuum developed to meet client needs and based on best practices.
- Are well integrated with the broader continuum of care provided by health and social services.
- Are organized and coordinated based on a levels-of-need structure to ensure that consumer/survivors have access to the services that best meet their needs.
- Are appropriately linked to other services and supports within geographic areas.
- Facilitate a shared service approach to meeting the needs of individuals with serious mental illness who may have multiple service needs.
- Achieve clear system/service responsibility and accountability through the development of explicit operational goals and performance indicators.
- Are simplified and readily accessible, according to need.



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