

The Institute for Advancements in Mental Health's Submission to the Strategic Policy Unit of the Ministry of Children, Community and Social Services on Ontario's Poverty Reduction Strategy 2020-2025

The Institute for Advancements in Mental Health (IAM) appreciates the opportunity to provide our recommendations for the 2020-2025 Poverty Reduction Strategy Five-Year Renewal. This submission is informed by our 40-year history of working with people affected by serious mental illness and their families and caregivers in Ontario.

IAM is formerly the Schizophrenia Society of Ontario (SSO). Under a new brand, our mandate is to look at the holistic needs of individuals, beyond just a diagnosis, and to find opportunities for making communities and society more conducive places to recover and thrive in. IAM delivers the same support services it always has through our service delivery area while also taking on broader mental health challenges through innovation.

Our organization has long advocated for improved access to mental healthcare, including psychiatric care (e.g., medication, hospital-based care, psychiatrists); community-based mental health services (e.g., case management, counselling, peer support); and social supports (e.g., housing, income and employment supports).

Our Recommendations

1. Investments in income security

Barriers to full social inclusion continue to persist for the people IAM works with. People with mental illness continue to face considerable obstacles to full participation in society and make up nearly half of Ontario Disability Support Program (ODSP) clients, with psychoses, such as schizophrenia, accounting for about 20% of these cases.

The Government for the People has announced significant changes to both ODSP and Ontario Works (OW), including increasing the earned income exemptions and annualizing income support calculations. These changes are welcomed but there is much further to go. Social assistance rates continue to fall below what is required for people to meet even basic needs such as housing and food, entrenching people in a cycle of poverty and often increasing their likelihood of serious physical illness. Living with low income makes it difficult to afford independent living, creating the need for supportive and affordable housing opportunities. Additionally, the stress and anxiety individuals feel as a result of financial insecurity can exacerbate symptoms of mental illness leading to relapses and hospitalizations.

Recognizing the impact of financial security on quality of life, IAM strongly supports raising the base rates for both ODSP and OW and reducing income claw backs. We further support initiatives which recognize the unique challenges faced by people with disabilities such as mental illness and in turn, provide financial help to individuals and families who are directly affected.

2. Promote social inclusion

Onset of mental illness is generally in adolescence or early adulthood, often disrupting a person's education and career goals. At the same time, stigma, discrimination and lack of accommodation may prevent people with mental illness from meaningfully participating in educational, employment and social pursuits. These forms of meaningful participation in society positively impact recovery which can reduce relapses and lower the likelihood of hospitalization.

Social inclusion can be defined as the ability to fully participate in society and it is instrumental to mental health recovery. Unfortunately, for many people with mental illness, social inclusion remains elusive. IAM believes that Ontario's social assistance system has great potential to support social inclusion of people with mental illness through either work and/or volunteer activities. Yet, the current system tends to limit opportunities for community engagement due to complex rules placed on recipients and lack of recognition of their abilities to contribute outside of the labour market. We recommend that the government promote social inclusion by incorporating designated opportunities and supports into the social assistance system that will enable people to volunteer and engage in other community involvement.

3. Maintain the existing definition of disability used by ODSP

IAM views disability as a social concern, rather than an individual concern and supports utilizing a social disability perspective, which focuses on how social, political, economic and environmental structures discriminate against people with mental illness and other disabilities. This approach contends that disability is the result of society's failure to accommodate people with disabilities to ensure their full participation. Social disability perspective does not categorize people based on presumed "severity" of their disability but rather recognizes that every individual has something to contribute, irrespective of their medical condition(s). This is particularly important for people with mental illness, who due to the nature of their condition(s) often do not meet the eligibility criteria of programs that use "severity" of disability as the threshold.

Of great concern to the clients and caregivers that we serve, is the government's intention to re-examine the definition of disability used by ODSP. IAM eagerly awaits further information on what the new disability definition will be. **We recommend that the government continue to include individuals with episodic illnesses, such as depression or schizophrenia, in the new definition** and remember that recovery is a multi-faceted process, not a linear path. People who live with mental illness should be able to qualify for support during their periods of illness which can often last months or years. The complexity of the needs of this population should not be forgotten when determining eligibility for income supports.

4. Invest in supportive employment programs

Recognizing a need for a continuum of individualized and comprehensive employment supports is essential when considering employment and employment supports for persons with mental illness. It is also important to ensure that employment supports address the complex and numerous obstacles that people with mental illness face.

IAM supports implementation of pre- and post-employment supports that are flexible and responsive to the various skills and needs of persons with mental illness and that attend to their nonlinear routes to employment. Programs that provide a full range of training and supports have been shown to facilitate better access to preferred employment and meaningful, long-term engagement in the labour market. For instance, a report by the Mental Health Commission of Canada in 2013 described the benefits of Supported Employment programs which have been shown to move clients away from the use of benefits as their primary source of income while promoting social inclusion. Additionally, Individual Placement and Support (IPS) models, which are integrated with comprehensive mental health treatments show very high success rates at engaging individuals with serious mental illness in competitive and gainful employment. Individuals engaged with IPS support also earned higher wages than individuals in more traditional employment programs.

Effective employment supports involve a range of services and training, including job readiness and job coaching, as well as practical supports such as transportation and accommodation. To further increase effectiveness of employment supports, people with mental illness should be fully involved in determining the level and type of employment support that they require to achieve their goals.

In order to effectively address socio-structural and attitudinal barriers that preclude people with mental illness from participating in the labour market, employment service providers and employers should receive designated mental health and anti-stigma training. Addressing barriers to employment involves a multi-pronged approach and a comprehensive employment policy for people with mental illness and other disabilities. This should focus on collaboration and partnerships between government ministries, community organizations and local businesses, as well as the education of employers about the contributions of individuals with disabilities and how to address stigma in the workplace.

We recommend developing an employment policy framework for people with disabilities which sets out directions for a system of employment supports, including IPS, that offer accessible, individualized and collaborative services. In addition, there is a need for programs which proactively recruit and support the employment of members of marginalized communities through partnerships between employers and community-based employment services.

5. Invest in supportive and affordable housing

Access to housing is a fundamental social determinant of health and a basic human right; yet the current system does not effectively promote housing security for Ontarians affected by mental illness. For over 40 years we have heard from individuals and families about the numerous challenges and barriers that they experience when trying to navigate the housing system to attain, and maintain, quality affordable housing. As a result, we are all too aware about how lack of housing impacts physical and mental health, undermines access to healthcare and social services, limits employment and educational opportunities, and jeopardizes the safety and security individuals and their families

For many people, supportive housing is essential to ensuring access to permanent housing and to other treatments and supports they may need to live healthy lives in the community. Given that a person's needs may change over time, a coordinated, responsive and adequate supportive housing system, which

contains a spectrum of supports, and includes a Housing First¹ approach, would play a significant role in improving health and reducing homelessness. This in turn would help yield significant cost savings to health and social systems, as approximately 35% of homeless individuals who present to the ER are treated for mental health problems.

Indeed, a lack of adequate housing contributes to the type of psychosocial distress that can lead a person to the ER, contributing to hallway healthcare. Supportive housing can be more cost effective than institutional care, making it a viable housing option for governments seeking to decrease health expenditures. In fact, the existence of supportive housing and community mental health services has been shown to reduce hospitalizations by up to 80%.

To meet urgent need, immediate investment in creating a greater supply of supportive housing is critical. Ontario has less than half of the supportive housing stock it needs to meet current demand. As a result, wait times for supportive housing are increasing and more people are ending up homeless or “warehoused” in hospitals with no other place to turn. Although Ontario does not have centralized data to measure exact wait times, in regions that do track this information, it can take as long as seven years for people to access supportive housing, according to the 2016 Annual Report of the Auditor General of Ontario. A recent policy brief from the Wellesley Institute described the two to three per cent of the population that lives with a severe mental illness or addiction and points out that shortfalls in supportive housing in Ontario are linked to more hospitalizations, adverse health outcomes, more homelessness and lower life expectancy for this population.

To address long-standing needs, we strongly support recommendations for creating a well-resourced, flexible and coordinated supportive housing system, including funding housing and supports for at least 3,000 more people each year, for a total of 30,000 added in ten years.

Conclusion

IAM commends the Government for the People for its work to improve the health and quality of life of people experiencing low income in Ontario, and particularly those with mental illness. We support the numerous strategies and initiatives underway to ensure that Ontarians have access to the supports they need to live healthy, fulfilling lives which in turn helps to create a healthy, resilient society.

We urge the government to use the Poverty Reduction Strategy 2020-2025 as an opportunity to make critical investments to ensure that these plans can be realized.

¹ Housing First model of supportive housing aims to rapidly end homelessness and enable people to retain housing and achieve their recovery goals. This approach does not view housing as a temporary solution but rather recognizes housing as a fundamental social determinant of health and promotes *immediate access to permanent housing* with community-based support. It further acknowledges that individuals with mental health and addictions issues have a wide range of needs and promotes availability of different variations of housing with supports to meet them all.

We welcome the opportunity to elaborate on our recommendations. For questions, please contact Kaelen Boyd, policy analyst at kboyd@iamentalhealth.ca or 1-800-449-6367 x 255.

Sincerely,



Kaelen Boyd