# EMPOWERMENT COUNCIL

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# Bill 36, Local Health System Integration Act

## Standing Committee of the Legislative Assembly of Ontario ON SOCIAL POLICY

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Submission by the
EMPOWERMENT COUNCIL
*Systemic Advocates in Addictions and Mental Health*

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*The Empowerment Council (EC) is a nonprofit organization dedicated to acting as a voice for people who have been in the mental health and/or addiction systems, particularly the clients of the Centre for Addiction and Mental Health (CAMH). The EC's Board, general membership and staff consists of people with this personal experience. Our catchment area is Ontario, consistent with that of CAMH. We are fiscally responsible to CAMH, but responsible to the people we represent for our policies and practices. In this manner we maintain our integrity as an independent voice of the people the system is intended to serve.*

The proposed **Local Health System Integration Act** is to be credited for its recognition in legislation of the critical role of community engagement. Our concerns now become: how are **"community"** and **"engagement"** defined in practice?

Community must consist primarily of those citizens of Ontario whose health is at stake. In mental health and addictions this means those who have had personal experience of these systems. It will not do to substitute the voice of others. Study after study has shown that prejudice based beliefs and discriminatory treatment of our members is pervasive. People considered to be mentally disturbed or having addictions are frequently found to be the least wanted of any group, be it socially, or as employees, and even in the health care system itself.[1]

"Individuals with mental illness and addiction also face discrimination and rejection by service providers both in the mental health system and the broader health care system, and discrimination by policy makers and the media."[2] For this reason, and because the most effective health care provision is that which meets clients self identified needs, it is critical that people who have personally experienced mental health issues and addictions have a substantial voice in decisions effecting our lives.

"…outcomes were not strongly related to either the amount or types of services people received. However good outcomes were strongly linked to consumers having their needs met… The results also demonstrated that good outcomes were more closely linked to consumers' perspectives of needs than in their case managers' perspective.

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[1] Lois Harris and Associates, *Public Attitudes Toward People with Disabilities* (1991), Study No. 919028, conducted for the National Organization on Disability; B.G. Link, *"Mental Patient Status, Work, and Income: An Examination of the Effects of a Psychiatric Label"* Amer. Soc. Rev. 47 (1982) p.p.. 202-215; S. Stefan, "*Unequal Rights, Discrimination against People with Mental Disabilities"*, American Psychological Association and United Press (2001)

[2] Standing Senate Committee on Social Affairs, Science and Technology, Chair Michael Kirby, "Mental Health, Mental Illness and Addiction: Issues and Options for Canada", p. 25

… Good outcomes were also linked to whether consumers felt empowered - … had some control over the treatment process and were involved in decisions regarding their services, medications and housing."[3]

It will not do for the LHIN to engage only those who plan or provide services and consider that to be a legitimate process leading to valid decision making.

This requirement on a LHIN policy level also applies to the accountability provisions the LHINs should apply to all funded services. Each must be required to have meaningful involvement of its clients in governance and evaluation.

In the recent interim report of the Standing Senate Committee on Social Affairs, Science and Technology it was noted that "A major criticism of mental health services and supports and addiction treatment in Canada is that it is largely organized around (and often for the convenience of) providers, not patients/clients. Rather than the system adapting to meet their needs, it seems that individuals with mental illness and addiction are expected to adapt to fit into the system and access services and supports only when and where the system can provide them."

"This rather damning observation is confirmed in several provincial reports that have acknowledged that the delivery of mental health services and supports and addiction treatment needs to be more strongly person-oriented. To improve the quality of patients'/clients' lives, safe, timely and effective treatments, services and supports should be coordinated around the needs of individuals with mental illness and addiction."

"Our international comparative analysis showed that in other countries changes have been made to the mental health/addiction system to make them more patients/client centred."[4]

The support of the Centre for Addiction and Mental Health for an independent client voice is by far the exception rather than the rule.

The (U.S.) National Council on Disability observed that "policy making based on input from experts, and that excludes participation from people labeled with

[3] [3] D. Roth et al, "LCO Project Description." SAD, Office of Program Evaluation and Research, Ohio Dept of Mental Health, 1998, p.5

[4] Standing Senate Committee on Social Affairs, Science and Technology, Chair Michael Kirby, "Mental Health, Mental Illness and Addiction: Issues and Options for Canada", p.5

psychiatric disabilities themselves, results in wasteful and ineffective one-size-fits-all public policy that doesn't efficiently meet the needs of those it is intended to serve."[5]

"The National Council on Disability has also concluded that one of the reasons public policy concerning psychiatric disability is so different from that concerning other disabilities is the systematic exclusion of people with psychiatric disabilities from policy making."[6]

The method of engaging community will predict how meaningful the community's contribution will be to health care planning and delivery.

## Recommendations

A previous Liberal government formed a legislative subcommittee (popularly known as "The Graham Commission") that conducted the most comprehensive consultation on mental health matters that has ever taken place with the people of Ontario. Although the Community Mental Health Legislation Sub-committee Report came out approximately 15 years ago, its recommendations are still very relevant today. (I urge the members of this committee to read the original document, The Community Mental Health Legislation Sub-committee Report which describes the actual findings of the Committee, not the later documents that presumably reflect other influences.)

**Recommendation #12 of that committee is one we fully endorse: that consumer/survivors participate fully in the mental health system – that one third of boards and committees should be consumer/survivors, chosen by consumer/survivors.**[7]

**We recommend that Bill 36 more specifically describe the formal mechanism for community engagement, and that health care clients be identified as integral and substantial participants in any engagement process.**

**We recommend that the legislations require the creation of Standing Committees of the LHIN Board that report directly to the Board.**

**We recommend that a Standing Committee on Mental Health and Addictions be specified in legislation, at least one third of which consists of**

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[5] National Council on Disability, "From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves", January 20, 2000, p. 21
http://www.ncd.gov/newsroom/publications/privileges.html
[6] ibid, p. 6
[7] Community Mental Health Legislation Sub-committee Report, p.12

**clients (or former clients) of addiction and mental health services (nominated by clients through consultation for this purpose). Any body representing mental health issues must also contain representatives of advocacy organizations, as the individual's experience of rights deprivations is uniquely prominent in the mental health system.**

**We recommend that this same requirement, as described in the Graham Committees' recommendations #12, be required of all funded mental health and addiction services.**

**We recommend that another Standing Committee of the Board be formed that is critical to good health care decision making – A Committee of Persons with Disabilities. Reflective of the percentage of need in the population and the specific quality of mental disability issues, we recommend at least two members with addictions, and two who have been in the psychiatric system. The needs of people with disabilities are distinctive in the health care system, and for all the reasons described above, it is crucial to hear directly from the people affected. This should include some representatives of self help initiatives for persons with disabilities, including advocacy organizations, as the well being of the organizations that are run by and for us also affects our well being (see "CSI's: Impact, Outcomes and Effectiveness" referenced in the OPDI submission)[8].**

**The recommended process by which clients be selected to represent their community was exercised in the creation of the Advocacy Commission (An organization stemming from the work of Father Sean O'Sullivan in his report "You've Got a Friend".) It entailed the democratic polling of groups and organizations in order to elect representatives who in turn nominated Commission members.**

**The Empowerment Council supports the recommendations made in the submission to this committee by the Ontario Peer Development Initiative.**

The EC commends the combined efforts of the Centre for Addiction and Mental Health, the Canadian Mental Health Association Ontario Division and the Ontario Federation of Community Mental Health and Addictions Programs for their support

[8] J. Trainor, M. Shepherd et al, "Beyond the Service Paradigm: The Impact and Implications of Consumer/Survivor Initiatives", Psychiatric Rehabilitation Journal, Fall 1997, Vol. 21 No. 2, p.p. 132-140
J. Trainor and J. Tremblay, "Consumer/Survivor Business in Ontario: Challenging the Rehabilitation Model", Canadian Journal of Community Mental Health, Vo. 11, No. 2, Fall 1992, p.p. 65 - 71

of client involvement in the LHIN structure. The EC also agrees that mental health and addiction funding must be protected and enhanced, as is clearly required by all reviews of this health care sector.

This is a great opportunity to do things right, creating a health care system that enhances social as well as personal well being. By its very structure and processes, the LHIN is poised to become a determinant of health. Let it be a good one.