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**South East Local Health Integration Network**

*Presentation to*

Mental Health Support Network – Hastings & Prince Edward  
*Annual General Meeting*

September 19, 2008

Check against Delivery

- Thank you for the kind invitation to join with you today at the annual general meeting of the MHSN. It is indeed a pleasure to bring greetings on behalf of the Board of the South East Local Health Integration Network.
- The past year has been an exciting one as the LHIN matures. One area of particular attention is with CSIs. Strengthening our consumer/survivor initiative program across the region is not only important from the perspective of the people who receive a direct benefit from services like those provided by MHSN, but also for our LHIN as this integration effort is one of our first.
- I would like to thank the Board of MHSN and staff for the time and attention you have invested to date in moving toward a new model of services. Together, we are truly transforming the delivery of health care in our region, not only to provide excellent quality to accessible services today, but to ensure those services are available in the future.
- All health service providers must be accountable for the funds they receive from the government – no matter how big or how small they may be. We need to make sure that we are using our tax dollars in the best way possible and that what we do today is sustainable for the future.
- In talking about how services are delivered, we need to keep costs in mind, but we must also focus on why the system exists – to help people live more fulfilling lives. While the dialogue oftentimes focuses on dollars, everyone must understand that this conversation needs to happen because we know that the decisions we make today will have a direct impact upon our clients, patients and other recipients of care in the future. We have this conversation because we care –

we care about how we are meeting the needs of people today, and we want to ensure we will be able to do so tomorrow.

- Many of you are familiar with the story of how the CSI model has evolved and how we are integrating services in our region, but for those who may not know, I'd like to share some thoughts:
- Firstly – and this is key -- the South East LHIN believes in the importance of putting consumers at the centre of the mental health system. We embrace the importance of consumer/survivor initiatives, in that their design is to ensure consumers are active and valued participants in the planning, management, evaluation and governance of mental health services.
- Last year, the LHIN brought together CSI organizations from across the region to talk about how CSI services could be best delivered in our region. In the past, CSI services have been designed and delivered by different organizations, creating a varied array of services and variations in access to services by the public.
- After this consultation, the LHIN issued an order February 25<sup>th</sup> for a facilitated integration – for those of you who are interested in learning more about the process, it is laid out in the *Local Health System Integration Act, 2006*. This order would integrate the former CSI services being delivered in Kingston and Napanee with the Mental Health Support Network in Belleville, serving Hastings and Prince Edward which would restructure to become a regional service provider.

- There are several benefits to integration of services. The first is obvious: Having one regional consumer board that is accountable for equity across the region, a strong consumer presence and improved sustainability. The MHSN has some significant work to do in this area to ensure there is Board representation and voices from across the region it serves and to also ensure a supported and strong role for consumers on both the Board and staff.
- Another benefit of integration is ensuring consumers have access to the same high quality and kind of resources across the region. We also expect the new model will build more sustainability into what has been a fragmented system. Previously, CSI services across the south east did not necessarily receive the recognition and voice within mental health care that they should.
- CSI services currently being delivered in Lanark, Leeds and Grenville on the eastern end of the region are delivered through a service within the Champlain LHIN. Our discussions continue with our colleagues in Champlain.
- We are continuing to support you in transforming MHSN into a thriving regional service provider that can best support consumer survivors across the south east, and that supports consumer survivor leadership in this organization. But I cannot stress enough, from the perspective of the LHIN, the importance of ensuring that consumer survivors play a key role in the governance and operations of the organization. If consumer survivors are not in control, then we must question the validity of resources that are provided to CSI.
- After all, the Ministry of Health introduced CSI initiatives in 1991 with respect, inclusion and authenticity as the

foundation for relationships. These initiatives were designed specifically to tap the skills, knowledge and commitment of people with direct experience in the mental health services system – survivors themselves.

- Consumer Survivor Initiatives are defined by the Ministry as “supports planned and run by consumer/survivors as alternatives to the formal mental health system.” A consumer/survivor is “a person with direct personal experience of the mental health system and/or with a significant mental health problem.”
- The Canadian Mental Health Association National Consumer Advisory Council reports the following are some reasons for involving consumers in all areas of mental health:
  - Consumers speak from experience and can offer new ways of looking at things from that vantage point
  - Consumer input is as valuable as that of professionals and family members
  - Consumers get the attention of politicians and funders
  - Consumer involvement will make policies, activities and processes more relevant and rooted in reality
  - Expertise in organizations is more diversified with consumer involvement
  - The present mental health system needs improvement and new expertise can help
  - Consumers are a credible voice – involving them is in keeping with both federal and provincial government’s conviction that people with disabilities can and should speak for themselves.
- Consumer providers, by virtue of their own positions, instill something that many others cannot – hope.

- In 1991, 42 programs across Ontario were selected for funding of CSI initiatives. At that time, there were two key elements:
  - Project independence – Projects were allowed to channel funds through a sponsoring agency, but movement toward incorporation and a trained, wholly consumer/survivor staff was encouraged
  - Democratic structures – Projects were to have a governing structure democratically elected by the membership. An active and involved membership was expected.
  
- There has been a lot of change since 1991. Organizations like MHSN have provided excellent services to our community. As the model further evolves, we expect that consumer / survivors will play a key role in governance and operations.

Thank you for the opportunity to address your organization today – I look forward to watching MHSN grow under the clear path for integration that has been set out.