



Ontario Peer Development Initiative

SUBMISSION TO THE SELECT COMMITTEE ON MENTAL HEALTH AND ADDICTIONS

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The Ontario Peer Development Initiative (OPDI) is pleased to present to the Select Committee on Mental Health and Addictions. Our submission will be organized around three themes: who we represent (and why our groups are successful and making a difference in the world of mental health and addiction services), what we see as positive strengths as we move toward a recovery-based focus where every door leads to service, and how our knowledge as

people with lived experience has pioneered the role of peer support, as well as our vision for an expanded future role for mental health consumer/survivors in creating a better and more caring person-centred system.

OPDI is the provincial umbrella organization of over 50 consumer/survivor initiatives (CSIs), also known as peer support organizations, across the province. Since start-up funding began in 1991, these groups have evolved to provide a variety of programs. They include self-help groups, alternative businesses, and patient councils (in institutional settings). As a strong and cohesive voice, OPDI has always spoken out in favour of a recovery-focused system and the value of peer support. It is gratifying, in reviewing the transcripts of these Committee hearings, to note so many other stakeholders in mental health and addictions catching up to the values and beliefs that are the foundation of OPDI.

Consumer/survivor initiatives (CSIs) leverage the knowledge of people who have used mental health services and supports. As such, people of lived experience run and operate these supports for others. With this experiential knowledge, each CSI can provide quality responsive services and supports for its membership. The goals of organizations are to support individuals on their recovery journey, to keep them well, and to transition them back into the community.

Peer support organizations have been well-researched and documented over the years. The latest paper funded by the Ministry of Health and Long-Term

Care is “Consumer/Survivor Initiatives: Building an Equitable Future” which came out in the fall of 2009. The consistent message is that CSIs are a best practice in Canada and Ontario, and peer support is recognized as an integral part of a recovery-oriented mental health and addictions system. These and other reports are available at OPDI’s website. (<http://www.opdi.org>)

The responsive nature of membership-driven organizations means that in addition to providing core activities, they are able to meet specific needs within their communities. Some examples of what peer support organizations do to make a difference include the following:

- a) The Brantford Vocational Training Association (BVTA) has a friendly visiting program called “We Care” that sends a peer support worker to visit inpatients in the local hospitals. They bring a small gift pack of toiletries as well; for new clients, the visiting peer worker is a welcome and caring contact in an unfamiliar and stressful setting. As a result, by the time clients are discharged, they have an understanding of what local services are available outside the hospital. Also, BVTA has a Friend-to-Friend program which offers one-to-one support between a recently discharged patient and a peer that is further along the road to recovery.

(<http://www.execulink.com/~bvtaqb/>)

- b) In York Region, the Krasman Centre has a “warm line” support system that runs from 6 pm to 12 am nightly (extended hours during the holiday

season) which provides informal support and resource information. This service is operated by mental health consumer/survivors whose experiential knowledge is valuable because they are able to work with callers to understand their needs from a non-medical perspective. Rather than seeing someone as a “person in medical crisis”, they may be able to identify the structural social factors, such as a lack of access to social determinants of health (housing or food), or help by simply being an empathetic listener. This is an example of an emerging best practice that diverts from the use of more cost-intensive services (emergency room and mobile crisis teams) to mutual problem-solving between peers that can both help someone going through a hard time while linking to more appropriate supports.

[\(http://krasmancentre.com/\)](http://krasmancentre.com/)

- c) The Can-Help Centre (Fort Frances) operates a peer support program for individuals who are at risk or are involved with the law. By partnering with other stakeholders in the mental health and justice system to build relationships with these clients with complex needs, such a program diverts from future pressures on legal aid services, forensic clinical services, and offer motivated individuals a holistic road to recovery.

<http://www.cmhaff.ca/can-help>

- d) A-Way Express has been a successful courier business run by and employing consumer/survivors for more than two decades.

[\(http://www.awaycourier.ca/\)](http://www.awaycourier.ca/)

- e) Fresh Start Cleaning and Maintenance is an independent and autonomous alternative business providing market-rate wages for its part-time and full time permanent staff.

[\(http://www.freshstartclean.com/\)](http://www.freshstartclean.com/)

There has been much Ontario-based research to show the benefits of peer support. The Committee has heard time and time again from other presenters about three areas of concern within the system. OPDI wants to share how CSIs are achieving positive outcomes:

- a) Reductions in Wait Times

Wait times for mental health services is a concern to all stakeholders.

Consumer/survivor initiatives are already doing their part in reducing wait times because they lower the demand for more traditional or medically-modelled services.

According to the Longitudinal Study of Consumer/Survivor Initiatives, people who participate in these services and supports benefit with

measurable decreases in number of days spent in hospital, rate of hospitalization, and symptoms, and a better quality of life over time.

(<http://info.wlu.ca/~wwwpsych/gnelson/self-help.htm>)

In another landmark study, discharged clients from hospitals were matched with peer support volunteers. With a program of weekly visits, drop-ins, skills development and social activities, these individuals thrived. Fewer hospital and emergency room services were required, with reported improved outcomes such as lower costs, improved quality of life, and higher level of functioning of clients compared with a control group. Moreover, a \$12.2 million savings over one year was calculated from this multi-site study.

(http://www.chsrf.ca/final_research/ogc/pdf/forchuk_final.pdf)

b) Improving Access to Services

Peer support organizations improve access to services because they keep their members in good health. They also play an important role in the system by assisting discharged hospital clients, people who are then less reliant on community-based services such as case management. They also extend a hand to socially isolated people who are at risk because they do not have other formal supports. Consumer/survivor initiatives are

unique in that most do not have a waiting list policy, which is remarkable given their limited funding.

c) System Transformation

There is a broad consensus that the current mental health and addictions system needs to move toward a recovery-based focus and to achieve better population health as its outcomes. In other jurisdictions (England, United States, and New Zealand), this has been ongoing, with consumer empowerment and leadership as a key strategy. This expansion of peer support into public education, research, and other areas of service provision underline the value of creating an evolving system that reflects the expressed needs of consumers. Arguably, in a recovery-focused system, consumers integrated into the workforce themselves can be the experts in providing even better care.

In considering future priorities around mental health and addictions, OPDI sees three strategic opportunities for peer support organizations to achieve better system outcomes while being financially sustainable:

a) Secondment of Peer Support Workers from CSIs into Mainstream Settings

Consumer/survivor organizations can provide seconded peer support workers who regularly visit inpatients within hospitals and outpatients in community settings. If the emergency room is one of the points of access,

individuals in mental distress have someone “who’s been there” to help them through a hard time, and better navigate the healthcare system. The diversion of people from hospitalization is not only economically sound, but embodies the idea of “harm reduction” when it comes to personal self-care.

For both employer and employee, it represents a mutual learning opportunity. The CSI employee can share his or her experiential knowledge with professional staff while overcoming bureaucratic hurdles and offering instant expertise; the employer may in turn hire that person permanently in the long run. It is therefore representative of an innovative and sustainable labour training strategy.

b) Peer Support Workers as Systems Navigators and Peer Advocates

Consumer/survivor organizations have an integral role to play in the emerging process of a common assessment tool for community mental health organizations (also known as the CMHCAP project). Peer support workers can assist users of the system in assessing their needs and helping them understand how to tailor their roadmaps of services and supports. Over time, as individuals’ health improves, they can be directed towards wellness-based approaches and away from clinical and other therapeutic interventions. This is best understood by people who have lived experience, and as system navigators and advocates, can steer the

system away from over-reliance on acute services. This emerging approach features greater efficiency, wellness-based supports, and a focus on recovery.

c) The OPDI Peer Support Toolkit as a Best Practice in Knowledge Exchange

There is an unprecedented richness of understanding and best practices that have accumulated within the organizations under the umbrella of OPDI. The current OPDI Peer Support Toolkit Project, funded by the Ontario Trillium Foundation, is the means by which peer support organizations in Ontario will share that knowledge and be able to accredit peer workers by September 2010. This represents an exciting opportunity in the near future to strengthen partnerships and collaboration with other stakeholders in mental health and addictions. Trained peer support workers will be even more proactive in outreaching to clients, and therefore offering more access to services.

In conclusion, more importantly than ever, peer support organizations recognize the value of the person. The value of lived experience and identifying with our peers in a non-judgmental way cannot be understated whether in service delivery or in policy implementation. OPDI on behalf of its member organizations looks forward to working with the Select Committee on Mental Health and Addictions.