

Ontario Legislature Select Committee on Mental Health and Addictions	
Date:	June 3, 2009
Prepared by:	Janine Luce, Public Policy Unit
Web site:	http://www.ontla.on.ca/web/committee-proceedings/committees_detail.do?locale=en&ID=7790
Presenter: Ministry of Education	<p>Summary:</p> <ul style="list-style-type: none"> • Focus of the presentation was on Special Education Services. • Working to increase collaboration with stakeholders, including families. • MH not listed as an 'exceptionality' within Special Ed (others are intellectual disability, Autism, learning disability, etc.) • Issue of how boards of education work with children's mental health agencies in the community, this issue is being researched by CHEO. • Need for coordination at Ministry level as well as regional and local levels (ME working with MCYS on service mapping). • Positive children's mental health addressed in curriculum early on, and specific school boards have other children's mental health programs.
Presenter: Durham Mental Health Services	<p>Summary:</p> <ul style="list-style-type: none"> • Emphasized their housing services which includes a variety of models; • Gave examples of successful collaborations within the community, e.g., an integrated adult/children/youth crisis response service and the Durham Region Drug and Mental Health Court. • Expressed concern about the impact of emphasizing quantitative outcomes in community mental health: less emphasis on relationship building and quality of life outcomes. • Five suggestions for priorities: <ul style="list-style-type: none"> ○ Raise awareness of mental health problems and eradicate stigma; ○ Facilitate communication and cooperation between diverse sectors; ○ Provide adequate resources to individuals and communities (e.g., housing, income and supported employment); ○ Enhance local capacity to respond to mental health; and ○ Set service standards and promote knowledge exchange.

<p>Presenter: Ministry of Children and Youth Services</p>	<p>Summary:</p> <ul style="list-style-type: none"> • Developed a Framework in 2006 (<i>A Shared Responsibility</i>) defined children’s mental health from health promotion and prevention to serious mental illness. Working closer with other Ministries, e.g., Education, MHP and MOHLTC. • Lead agency for children’s mental health services in Ontario but only funds community based programs and CHEO Centre of Excellence. • Currently engaged in significant mapping of services in province. Expect to be bringing data analysis to providers over the summer. • Additional work needs to be done in children’s mental health at the policy level: interministerial collaboration and coordination; addressing wait times; involving parents in decisions about services.
<p>Presenter: Ontario Seniors Secretariat</p>	<p>Summary:</p> <ul style="list-style-type: none"> • Seniors are fastest growing demographic, especially those over 85. Individuals with mental health and addictions have more complex aging issues. • Three main strategies (don’t fund direct service): <ul style="list-style-type: none"> ○ Alzheimer and Related Dementias Strategy – front line staff and physician training; respite services; psychogeriatric consulting resources and public awareness and education. ○ Strategy to Combat Elder Abuse – work with Ontario Network for the Prevention of Elder Abuse to improve service coordination; train front line staff and improve public awareness of where seniors can go for help. ○ Safe medication use seminars – public education on medication problems including interactions with alcohol. • Look at work done at National level on guidelines for dementia and delirium, and experts such as Dr. Ken Le Clair who is part of Minister’s Advisory Group.
<p>Presenter: CAMH (Paul Garfinkel)</p>	<p>Summary:</p> <ul style="list-style-type: none"> • Need for increased funding, given statistics on the burden of illness, as well as international and interprovincial comparisons. • Committee should be considering role of primary care, and assessing whether changes in primary

	<p>care are leading to better mental health and addiction care.</p> <ul style="list-style-type: none"> • Stressed importance of key investments outside health care, such as housing and employment. • Adequacy of community resources should allow hospitals to provide specialized care and support people to live in the community. <p>Question about wish list for role of Primary Care – better medical and professional education on mental health and addictions; non-traditional education and support for GPs – shared care; reconsideration of OHIP funding models to allow physicians to spend more time with patients with MH&A.</p>
<p>Presenter: Children’s Mental Health Ontario</p>	<p>Summary:</p> <ul style="list-style-type: none"> • Focused on advocacy message about lack of funding and dwindling capacity of services in the province. • No funding increases in 12 of last 15 years, demand for services continues to increase. Results in raising the bar for admission: mostly crisis response. • At local level services are well coordinated. • Not enough training in children’s mental health for physicians; half of pediatric visits are to do with mental health issues for which they have no training, no time and no compensation. • System urgently needs reform; Framework exists, but has not been implemented. • No capacity in agencies to develop outcome based services and evidenced based practices without further funding.