

Ontario Legislature Select Committee on Mental Health and Addictions	
Date:	May 27, 2009
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Web site:	http://www.ontla.on.ca/web/committee-proceedings/committees_detail.do?locale=en&ID=7790
Presenter: Michael Kirby, Chair Mental Health Commission of Canada	Summary: <ol style="list-style-type: none"> 1. Mental health services in Canada are grossly underfunded, a central provincial leadership role needs to be created to ensure accountability. 2. Supportive housing is the most important service. 3. Need to increase children’s mental health services. Early intervention critical to improving individuals’ long-term prognosis with mental illness. 4. Need to improve the way community-based mental health services are funded and delivered. Too many different little agencies; need administrative amalgamation, reduction in silos. <p>Through questions Kirby addressed the following:</p> <ul style="list-style-type: none"> • Best practices in mental health promotion do exist, good examples from around the world, workplace prevention is critical. • The importance of telepsychiatry to providing access to specialist mental health services in rural areas. • Psychologist services need to be covered to increase access to range of mental health services. • Priorities for First Nations communities are housing, children’s mental health and telepsychiatry.
Presenter: Lorne Zon and Michelle Gold, CMHA Ontario.	Summary: Ontario has a comprehensive basket of services for mental health but it is not integrated, coordinated or adequately funded – mentioned Common Assessment, Connex, ICM programs as positive areas. Inequities across LHINs is still a problem. Province’s priority areas (ED wait times) – having a community mental health worker in EDs will help hospitals access long-term community solutions for patients in ED. Connecting to primary care –co-location and CMH supervision of mental health workers in FHT and CHCs were suggested as best practices for increasing access to primary care for people with SPMI Mental health promotion – three key determinants of good mental health, social inclusion, freedom from discrimination and violence and access to economic resources. In response to specific questions, CMHA Ontario agreed that central leadership is needed to sustain the current level

	<p>of interest in mental health. Also discussed briefly some issues with employment supports programs; that they are effective but different ministries offer different programs, no coordination for individuals with mental illness.</p>
<p>Presenter: Paula Goering, HSRCU, CAMH</p>	<p>Summary: Dr. Goering spoke about the tools available to the committee in research and evaluation in mental health and addictions that will help them solve the problem of developing a strategy. Specifically she spoke of two initiatives. <i>Systems Enhancement and Evaluation Initiative (SEEI):</i> a four year initiative just wrapping up now that looked at effect of increased investment in community mental health services from 2004 to 2008. Results showed that when you put money in one sector of the system, you can create demands in the other parts of the system. <i>Mental Health Commission of Canada – homelessness demonstration projects,</i> \$110 million in five cities (Toronto is one). Objective is to put in place services that address homelessness and study their impact at the same time. Research can help you know what works, but you still need public policy and political will to make change. In response to questions Dr. Goering discussed examples of best practices in mental health promotion (David Wolfe’s work); the need for good outcome based data systems in order to evaluate impact of mental health programs; the evidence to support the need for a single point of accountability at a high level of government for mental health and addictions; national data shows that there are high rates of mental health in young people, a new phenomenon.</p>