



October 6, 2009

The Honourable David Caplan  
Minister of Health and Long-Term Care  
Chair, Minister's Advisory Group on Mental Health and Addictions  
Hepburn Block  
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Dear Minister,

The Ontario Society of Occupational Therapists (OSOT) is pleased to have opportunity to respond to your invitation to comment on the Discussion Paper of the Advisory Group on Mental Health and Addictions, *Every Door is the Right Door, July 2009*. On behalf of the over 3100 occupational therapists that the Society represents, we share the profession's enthusiasm for the goal of achieving a 10 year mental health and addictions strategy for Ontario. This is an important goal for a sector of our health system that is worthy of, and indeed, in need of review and development. In forwarding our comments, we also forward our commitment to support your work and to contribute constructively throughout your consultation processes.

Occupational therapists (OTs) have a long history of providing mental health services in Canada across the continuum of care. Occupational therapists focus on enabling recovery by addressing barriers to function using a client-centred, goal directed approach to interventions. Occupational therapists believe people experience life to the fullest through meaningful occupations – the day to day living skills, activities, interactions and experiences that engage us with our environment, our community and the people around us. Our ability to participate in occupations that are important to us promotes health and well-being. The goal of occupational therapy is to positively influence people's health by enabling occupation. Occupational therapists assist their clients to identify barriers to occupations (self care, work, leisure) and then to change or remove these barriers. We were pleased to note that *Every Door is the Right Door* documents a broad range of issues that can limit the health, and participation of individuals living with mental illness or addiction.

Over 500 occupational therapists work in Ontario's mental health system, including hospital and community based programs. We work to promote the recovery of individuals within their home, workplaces, schools, and long-term care homes. Many more therapists work in other parts of our province's health care system, from primary care through to rehabilitation, supporting physical and mental health. OSOT members are pleased to share the perspectives of a mental health profession with a unique focus on enabling occupational performance and engagement.

**How can we strengthen the proposed "Seven Directions" as seen in the Discussion Paper, "Every Door is the Right Door"?**

The Advisory Group has proposed a vision for the future where *every door is the right door*. As occupational therapists, we applaud the proposed vision and believe in an approach that gives committed attention and resources to the broad determinants of mental health, and a focus on recovery from mental illness and/or addiction. Occupational therapists work with people of all ages across the province, and across the full spectrum of mental health and illness. We see and experience a system that is fragmented, inequitable and overburdened. OSOT supports the recommended strategy that is focused on seven key directions:

1. Act Early
2. Meet People on their Terms
3. Transform the System
4. Strengthen the Mental Health and Addictions Workforce
5. Stop Stigma
6. Create Healthy Communities
7. Build Community Resilience

We are emphatic supporters of a strategy that recognizes and promotes attention to the needs of persons with mental illness and addiction beyond the health care system. We also support integration of a variety of policy foci (community services, housing, employment, education, income) to assure effective attention to all issues that may promote health or may create barriers to meaningful occupation.

We offer the following suggestions to lend additional strength to the proposed directions of the strategy;

**Act Early**

***i) Attention to mental illness and addiction in the educational system***

OSOT would concur that many problems can be prevented through early intervention provided to children and their families in childhood and adolescence. Too often there is a significant delay between the identification of mental health issues and referral for treatment by a mental health specialist. This delay can impact negatively on the potential for recovery. We are concerned that once children are identified, there are not enough specialized mental health services to respond to their needs. The value of early screening can be undermined by a lack of available services for intervention.

The school system could be a key point of entry for identifying children and youth at risk. Currently the school system is limited in its ability to identify and respond to the mental health issues of students. Occupational therapists working in the school system, for example, have a mandate to support school participation of children with handwriting difficulties or other physical impairments however they are limited in providing services to students with mental health issues. A model of care where services are provided within the school system to students with both physical and mental health issues may minimize disruption to their school participation. Adequate funding, however, is needed to ensure that timely intervention is provided.

**ii) *Ensure easy access to services***

*Every door is the right door* is an admirable goal. However, at present there remain many barriers to accessing needed services. As outlined above, an occupational therapist working in the school system who is providing interventions for students who are having difficulties with fine motor skill development may be a good “door” for a child struggling with psychosocial issues. However, clinicians are often restricted by others and program or organizational policies in their area of focus and the opportunity is often not available to provide the necessary supports and services. There is a need to remove such barriers and ensure supports and services are available to those in need.

**Meet People on their Terms**

**i) *Introduce participation in meaningful occupation as an indicator of healthful living***

Occupational therapists believe that mental health services are best provided through inter-professional, collaborative care approaches with a focus that extends beyond symptom management. In fact, we believe that the document would be strengthened if there was a specific emphasis on functional needs and the importance of meaningful community participation. Labelling desired outcomes, such as meaningful occupation and community participation would strengthen the focus on recovery. Identifying meaningful occupation as an indicator of healthy living would label goals in relation to “people” as well as the “system”. We agree that today’s system with “services focused on treatment” and where “care is disease or provider focused” places inappropriate priority on symptom reduction and illness management. Recovery focused services would include symptom management as one part of a treatment plan which also addresses the ability to function in the full range of daily living skills, including work, school, self care, social interaction and leisure. There is a growing body of research supporting the important link between participation and health. Occupational therapists have expertise to offer in this area.

**ii) *Promote movement from a medical model approach to care***

Notwithstanding the important contribution of physicians, specialists and mental health professionals, occupational therapists purport that it is necessary to move away from a medical model of health service delivery to achieve the goals inherent in the vision of a truly integrated, person-directed system. This shift will require not only system restructuring but also education of the public and health professionals to promote inter-professional care and true integration of traditional “health care” within a recovery oriented system. We are not suggesting that professional expertise is not an important component of a mental health care system but rather, that a broader range of focus is required to achieve the visions articulated. For example, we would suggest the recognition of “rehabilitation” as an important component of a mental health system.

## **Transform the System**

### ***i) Focus on healthy development and life transitions***

Occupational therapists are supportive of directions that will focus the strategy on ensuring that individuals are supported through life's natural transitions. Life transitions are often marked by changes in occupational performance demands – e.g. starting high school or post-secondary education, starting work, moving from home into a supported living environment. Such changes create stress for all people. By focusing components of the system on assisting people to manage key and normal life transitions, services and resources can be of value to all people. By bringing the challenges of healthy development into the public eye, services and resources not only educate the public but may also impact stigma. Of course, people with mental illnesses and/or addictions may face particular challenges in accommodating these life changes, therefore attention needs to be paid to how individuals can access the necessary support during this time of transition (e.g. skill training, advocacy & support).

### ***ii) Ensure coordination of funding across different government ministries, organizations and departments***

To achieve the goal of integrated service delivery and seamless care, funding will need to be coordinated amongst organizations or government departments with shared responsibilities. Funding commitments to bring the strategy to life need to be shared by all stakeholders in order to create a better mental health system.

## **Strengthen the Mental Health and Addictions Workforce**

### ***i) Achieve a balance between peer support and professional care***

It is important to emphasize collaborative care and evidence based approaches. The emphasis on peer support is a valuable component of the system that should be integrated with services provided by regulated health providers. Individuals with lived experience of mental illness and addiction are entitled to receive services from health providers who have advanced training and who are supported and supervised in their profession by a professional association and/or regulatory body. It is important to consider the engagement of people with lived experience or other consumer initiatives as a part of the continuum of care rather than a replacement for trained health care providers. While attention to system efficiencies is critical, the human resource workforce for a mental health and addictions strategy should be driven by the health care needs of the population and not by a need to reduce funding. The cost benefits of effectively addressing the needs of those with mental illnesses or addictions in the big picture need to be emphasized.

### ***ii) Access to "service managers" for clients with mental illness and addictions***

The system needs to ensure that any provider who is a "doorway" to services (i.e. a system navigator providing triage and referral services) is sufficiently trained to understand the whole system and to make effective links. In the case of a chronic complex physical problem, referrals are typically made to a case manager (a

regulated health professional) through the CCAC. Individuals who experience mental illness or addiction should also have timely access to a trained service coordinator.

## **Stop Stigma**

### ***i) Anti-stigma campaigns to eradicate stigma and discrimination***

We support eradicating stigma and discrimination in order to ensure access to opportunities for meaningful participation in all aspects of life including relationships, education, work, and recreation. In order to be effective, targeted action is needed to eradicate discriminatory attitudes and practices in key environments such as schools, workplaces, and the healthcare system. Occupational therapy research and practice supports the importance of community participation and positive contacts with people who have personally experienced mental health or addiction issues. It is through this personal contact and positive examples of community integration that we can create more supportive and inclusive communities where all Ontarians have a good understanding of mental illnesses and addictions.

## **Create Healthy Communities**

### ***i) Build and fund adequate supports within the community***

OSOT applauds the emphasis on social determinants of health. Engaging as a citizen in meaningful occupations is critical to mental health and well-being and recovery from mental illness and addiction. For far too long there has been an emphasis on illness reduction with little attention to functional skills required for successful living in the community. Historically we went through a period when Ministry of Health funding was reduced and individuals with mental health issues were sent into the community with inadequate resources and were often forced to spend their days in isolation in boarding homes and rooming houses. We need to ensure that there are adequate supports in community as well as specialized hospital based services.

### ***ii) Promote healthy lifestyles***

The promotion of healthy lifestyles, including exercise and diet, are identified in the discussion paper. While occupational therapists support this recommendation, we propose even further emphasis on emotional self-care. Healthy lifestyle is more than just exercise and diet. When occupational therapists speak of healthy lifestyles they are encouraging balance between work (paid employment, school, volunteering), self care, rest, exercise and leisure. For individuals with lived experience of mental illness and addiction, those meaningful roles are often lacking. Evidence of recovery is occupational performance and engagement – being a contributing member of society, in addition to physical and emotional health and well-being.

### ***iii) Prevent bullying, family violence & violence against women in homes and workplaces***

The emphasis on prevention and trauma-informed care is important, but we encourage increased emphasis on preventing bullying, family violence and violence in schools and the workplace. In particular, women, girls, and seniors are identified as high-risk groups.

## **Build Community Resilience**

### ***i) Expand the significance of paid or volunteer employment, and participation in educational upgrading***

Communities that promote opportunities for participation and engagement promote health. Attention to paid and volunteer employment as identified in the discussion paper is important. Occupational therapists believe that participation in meaningful work and school/upgrading provide strengths that protect people from mental illness and addiction. Education not only builds foundations for employment and self-sufficiency but also engages people in enhanced social opportunities.

### ***ii) Plan for increasing needs of Ontario's aging population***

While it is recognized that a Mental Health and Addictions Strategy should address the needs of all Ontarians, we urge strategic attention to Ontario's aging population. The opportunity to be proactive in a 10 year strategy which will coincide with the aging of the boomers is significant. There are unique occupational challenges associated with changing life roles and relationships that come with age as well as with the onset of dementia.

### ***iii) Build effective supports for parents of children with mental illness and addictions***

Mental health services need to be provided as part of the continuum of care to parents and families coping with children with health issues and disabilities. Often parents are unable to take full advantage of the rehabilitation and developmental services offered for their children because of the impact of dealing with grief, loss and stress.

## **Of the "Seven Directions" proposed, which do you think is the most important and why?**

OSOT believes that all directions are inter-connected /inter-dependent, and all need to be addressed for the system to work. Transforming the system is key but it is not sufficient to just rearrange the existing supports which have been historically limited and under-funded. The discussion paper speaks to increasing capacity by using resources differently and more efficiently. This suggests that the primary issue within today's mental health system is inefficiency. To increase capacity, we need more than just more efficient use of existing resources. Mental health care has been consistently under-funded and requires review of current resources and ongoing reinvestment. There is value in quality improvement and in system indicators with benchmarks for output. There is a need for opportunities for all Ontarians to have access to evidence based care for mental illnesses and addictions. Quality mental health services need adequate funding. Our concern about selecting a priority for the "Seven Directions" is that we may be choosing funding reductions to another critical area.

**Recommendations to further improve the discussion paper**

The discussion paper speaks to *standardized assessment, treatment planning, crisis supports and crisis management section* (see p. 26). Occupational therapists propose that it would perhaps be more appropriate to title this section *screening and referral and crisis management*. We read this to refer to the first point of entry to the mental health system and would suggest that at this point, standardized assessments and comprehensive treatment plans would not be generated.

The profession of occupational therapy is misrepresented in the document as “people who work in other parts of the health system”. Although occupational therapists work in a variety of settings including those that focus on traditional physical medicine without specific focus on mental illness or addiction, many occupational therapists work as front line mental health professionals. For example, occupational therapists are one of five professions authorized to carry out the controlled act of psychotherapy in addition to professionals to be regulated under the College of Psychotherapists of Ontario. OSOT asserts that occupational therapists need to be identified as a valued component of the mental health workforce. We suggest that the listing of professionals who provide psychosocial rehabilitation on page 33 include occupational therapists. In fact, we believe that occupational therapy could be better utilized in a transformed system. In light of the need to build an adequate supply of mental health and addictions workers, OSOT urges the Ministry to recognize and utilize an existing source of mental health expertise. We urge consideration of policy and funding adjustments that enable access to OT services in schools, inpatient services, community based mental health services and family health teams.

Ontario occupational therapists appreciate the opportunity to provide feedback on the discussion paper and are excited about the strategic direction that has been articulated. Our professional skills and beliefs are congruent with the vision and plans that are outlined in the discussion paper and we look forward to being part of the transformed system.

OSOT would be pleased to meet with the Advisory Committee to discuss our comments, to provide additional information about occupational therapy or to discuss direction and innovation for the future of Ontario’s mental health and addictions system.

Sincerely,



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Executive Director

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