

Living Working Belonging

It's Here!



It has been a long time coming, but finally on June 22, the Ontario government released its long awaited 10 year comprehensive Mental Health and Addictions Strategy titled Open Minds, Healthy Minds. With its implementation, the government hopes to “transform services so that all Ontarians have timely access to an integrated system of coordinated and effective promotion, prevention, early intervention, and community support and treatment programs.”

The strategy has four broad goals: to improve the mental health and well-being for all Ontarians, to create healthy, resilient and inclusive communities, the early identification and intervention of mental health and addiction problems, and to provide timely and quality person-directed health services.

The first phase of the strategy will focus on improving mental health services for children and youth by investing \$257 million over the next three years. Too often young people do not get the help and service they need and their families struggle to navigate the mental health system and find the right support for their loved ones.

Focusing on the mental health of young people is critically important because:

- 80% of adults with a mental health issue, experienced their first symptoms before age 18;
- 3 out of 4 young people with a mental health problem do not get the help they need;
- 100 to 150 young Ontarians commit suicide every year; and

### Mindful Minute

Staying mentally fit means striking a balance in all aspects of our lives: social, physical, spiritual, financial and mental. One way to practice mental fitness is to treat yourself well. Give yourself permission to take a break from your worries and concerns. Take some time to cook a meal, ride a bike, read a book, or spend time with friends.

summer 2011

# talk

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- The waiting list for addictions treatment for young people is 3 to 6 months long. In 2009, more than 2,000 young people waited more than 12 months to receive mental health care.

The Ontario government argues that changing the way we serve children and young people in the province is the foundation from which the mental health system as a whole will be transformed.

Here are some of the highlights of the child and youth mental health strategy. The government will:

- Help community-based agencies hire more workers to serve an additional 13,000 kids and to reduce wait lists;
- Develop a wait-time strategy to track and reduce wait times;
- Provide training and resources to help teachers and social workers work together to identify kids with mental health issues sooner;
- Place mental health workers and nurses in schools;
- Hire new Aboriginal mental health workers to provide culturally appropriate services to more Aboriginal children and youth;
- Hire more mental health court workers to redirect young people with mental health issues from the justice system to appropriate community-based services; and
- Provide more mental health workers in colleges and universities.

What do you think of the government's strategy? Read it and share your thoughts with us at [Talk@cmha-toronto.net](mailto:Talk@cmha-toronto.net). We would love to hear from you!

To read the full strategy, visit [www.health.gov.on.ca](http://www.health.gov.on.ca).



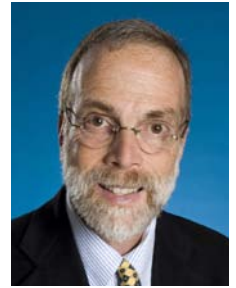
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REFLECTIONS

# Pushing the Mental Health Agenda in Ontario

By Steve Lurie



Steve Lurie,  
Executive Director  
CMHA Toronto

**36** years ago when, I started to work in mental health, I didn't know much about it as I had been trained in community development and social administration. In those days Ontario had 10 large psychiatric hospitals which were starting to discover community work and outpatient services for people living with serious mental illness, general hospital psychiatric units that had a capacity for elective admissions, and there were virtually no community mental health services.

Beginning in 1976, the Ontario government began to fund community mental health programs with a grant of \$5 million (for the whole province). The government of the day was actually surprised when the evaluation showed that the programs were working. Today in Ontario, we are spending over \$600 million on community mental health services, we have a range of community programs, a number of redeveloped psychiatric facilities, a national mental health commission, a focus on children and youth announced in June and a new 10 year strategy promising timely access to excellent, evidence based services. But I still feel like the kid who keeps asking his parents in the car on that long trip: "why aren't we there yet?"

I know we are still far from our destination. Despite the advances, only one in three people in need can rely on being able to access services, something we would not tolerate for cancer or other physical health issues. I also know from personal experience as well as system observation that it is very difficult to navigate our non-system. Paradoxically, we have research showing that once people do get services they are generally satisfied. Despite

almost a century of advocacy and public education by CMHA and other mental health organizations, mental health as a discussion point or priority has been out of sight out of mind, except for the commissioning of government reports that are only partially implemented.

Some, including the current Health Minister, have said that mental health's time has come. I sure hope so, but let me suggest a few concrete indicators:

1. In the next provincial budget we should set a goal of mental health spending reaching 12% of health spending over the life of the 10 year mental health and addictions strategy. Other jurisdictions have already achieved this. We are currently at 5.8%.
2. We should set a target that every person in Ontario who has a mental health problem should be able to access a range of services close to home, beginning with primary health care by the end of the strategy and set a target of 60% by year five of the strategy.
3. We should set targets to ensure that people living with mental illness at least are guaranteed an income above the low income cut off from income support programs, are helped to get a job and have access to safe, affordable housing and supports, including peer support by 2015.

If we can do these things, we would prove the wags who wrote Yes Minister wrong when they coined the Law of Inverse Relevance- "the more we talk about something, the less we intend to do about it."

## What's Coming Up!

**Mark your calendars. The Ontario election will be held on October 6th, 2011.**

Mental health and addictions will be a major issue for Ontario voters. CMHA Ontario has joined the Ontario Mental Health and Addictions Alliance to urge all political parties to have a plan of action for addictions and mental health. To learn about the Alliance and its important messages please visit [www.vote4mha.ca](http://www.vote4mha.ca).

## Workshops

**CMHA Toronto will be holding the NAMI (National Alliance on Mental Illness) Family to Family Education Program this fall.** This is a 12-week program for families who have a loved one living with mental health challenges, and is taught by trained family members. **The course is offered free of charge.**

**The course will be held in the evenings at the Lawrence Site, beginning on Wednesday September 21st and ending on Wednesday December 7th.** If you know of a family who would benefit from the Family to Family program, please have them contact Patti Phipps-Walker, Public Education Administrator at [pphipps-walker@cmha-toronto.net](mailto:pphipps-walker@cmha-toronto.net) or 416-789-7957 ext. 260.