

“If *we* had to walk in *each other’s* shoes...”

A report on the state of mental health care in North Bay.

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Ontario Health coalition
North Bay Community Mental Care Round Table report
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“It’s not a turf war – it’s about meeting the needs of the mentally ill.”

And for the mentally ill in North Bay their needs are simple – safe, affordable housing; a job with dignity; and easily accessible community supports.

For those working with the mentally ill, it’s about working together in a public system that isn’t fragmented.

The North Bay Community Mental Health Care Round Table brought together a cross section of consumer/survivors, agency representatives and front line workers.

We heard stories of frustration and exasperation, but we also heard positive stories and came away with the clear opinion that **publicly funded community supports** are vital to the quality of life for the mentally ill.

Conclusion

The politicians making the decisions on mental health care policy and funding need to spend some time *“Walking a Mile in Each Other’s Shoes”*. Whether that is time spent with:

- a consumer/survivor trying to find housing on \$427 a month,
- a member of an ACT team as they are roused at 3 a.m. to come to the aid of a psychotic client or;
- a police officer delivering a mentally ill person to the emergency department and waiting for a psychiatric assessment.

The participants of the North Bay Community Round Table invite local municipal, provincial and federal politicians and media representatives to **“Walk a Mile in Our Shoes”!**

North Bay Round Table Policy Proposals

1. Money earmarked for Mental Health should go to Mental Health.
There is a growing concern that with the divestment of Psychiatric Hospitals to General Hospitals in a community, and hospitals already stretched for dollars, the psychiatric hospital will suffer with bed closures and staffing cuts.
2. An information center or service that can direct those with mental illness to the service they require. Note: This is not a proposal for privatization, nor for one organization running the entire mental health services in a community. PEP representatives are adamant that consumer/survivor organizations need to be included in the list.
3. Provincial rates for shelter and transportation are inadequate to meet basic needs. Provincial legislation creates a disincentive to work, even if a consumer/survivor can find a job, because access to medication and income supports is lost.
4. More safe and affordable housing and crisis beds need to be made available in North Bay.
5. Much remains to be done to deal with stigma and discrimination that create higher rates of unemployment and poverty among consumer/survivors of mental illness.

North Bay – State of Mental Health System and Supports

Safe and affordable housing

Round table participants gave evidence of a severe shortage of safe, affordable housing for persons with mental illness. Some examples of the North Bay experience:

The police or an ACT team member must escort a mentally ill woman to the local women's shelter. The shelter -- meant for a different purpose -- to house battered women and their children, has the only available emergency bed in the community.

For those on ODSP (Ontario Disability Support Program) there is a \$427 basic monthly shelter allowance* for a single person. Scanning the classified advertisements in the local daily newspaper, The North Bay Nugget, reveals the average rental cost of a one-bedroom apartment is just over \$600. The cost of housing is 40% more than the basic monthly shelter allowance for a person on disability for mental illness in North Bay.

The quality and safety of housing is also an issue. Some mentally ill people have to live in apartment buildings where drug use and prostitution are prevalent. "There is one boarding home in North Bay that is acceptable," says ACT (Assertive Community Treatment) team member Mickey King. However, the boarding home only has 22 beds. Ms. King and other round table participants also described how people with mental illness have been raped, beaten and surrounded by street drug use in questionable housing in North Bay. North Bay Community Housing Initiatives is an example of one agency that works with the landlords and clients to find a better deal in accommodation. PEP too, helps to find the mentally ill safe and affordable housing in North Bay.

The weather is a factor in housing. One participant indicated that in the warm weather the mentally ill are on the streets, but will seek shelter in the winter months.

Jobs with dignity

"There is no shortage of people who want to work," is a general refrain from consumer/survivors and the front line workers. But there are barriers.

One barrier is transportation to work. A monthly bus pass in North Bay is \$75. A disabled person can apply for a reduction and the monthly fare is reduced to \$50.

* Ontario Disability Support Program – Income Support Directive 6.2

Even to do volunteer work in order to gain experience and trust within the community is difficult. “I’m a volunteer and it costs me \$50 a month to go to my volunteer activities,” said one PEP representative.

One disincentive to getting a job is the ODSP rules. On ODSP, a person can earn up to \$160 a month. If an ODSP client earns more than \$160 in a month, the government claws back the extra earnings. “The rules penalize those who want to work,” said a PEP representative.

If an ODSP client finds full time employment and tries to go off ODSP on their own, they no longer have drug coverage. It is a catch-22 in which people with mental illness often require drugs for the stability they need to work, but once they find work their support in paying for drugs is removed. There is funding available for medication through the Trillium Fund, but it requires a referral from a psychiatrist that may take time, and it requires paying a deductible up-front which poses difficulties for many facing the costs of a new job.

Accessing Health Services and Community Supports

The Mental Health community faces divestment of institutions, funding cuts, and privatization of services. There is also across the board concern about the Ontario government’s implementation of the Local Health Integrated Networks (LHIN’s) that will replace the current District Health Council structure. There are numerous agencies in the community, but it was generally acknowledged the organizations and agencies work in silos. There is some communication between agencies, but it is not community-wide.

The round table participants noted that there is a shortage of psychiatrists at the North Bay Psychiatric Hospital; there is a shortage of crisis beds in the community and a shortage of crisis workers. “I know someone who was considering suicide, went to the hospital’s crisis intervention worker. The worker was called away to deal with someone else who was suicidal. The person was left there to what, wait and maybe they’ll come back or go home...” said Rev. Terry O’Connor. The person survived, but their needs were definitely not met.

Consumer/survivor organizations are part of the mix fighting for provincial dollars. There is no standard across the province, but PEP, in North Bay provides support and social activities for the mentally ill in the city.

Criminalization

A generally accepted statistic is that 15 per cent of those in jails across Canada are mentally ill. They don’t always get there in the same way.

The round table participants nod in agreement when a story of a homeless mentally ill person puts a brick through a window because they are looking for housing. The brick thrower will get picked up and at least spend a few hours in jail.

Appendix I

Community Round Table Background

The Community Round Tables are an offshoot of a joint conference held by the Ontario Public Service Employees Union (OPSEU) and the Ontario Health Coalition in November of 2004. In addition to OHC and OPSEU members, consumer/survivors, agency representatives and front line workers attended the conference.

Out of that conference came two things:

1. Key Issues were identified
2. Next Steps were identified

The Ontario Health Coalition's mental health committee identified the list of key issues as follows:

- Determinants of health
- Access to Services
- Criminalization
- Stopping Privatization

At the conference, the Determinants of Health were defined as follows:

Access to safe and affordable housing – increase availability of housing (crisis beds, safe houses, regulated group homes)

Access to jobs, education/training, affordable activities and meaningful lives

Access to adequate income – improved and more flexible ODSP (Ontario Disability Support Program) and Ontario Works; increased minimum wage; affordable transportation

Secondly, access to services is very important. This was defined as follows:

It was agreed that a continuum of integrated, culturally specific and appropriate services, adequately funded and available where and when they are needed is required

Survivor, family and community supports are required

Advocacy services are required

Other health services are required (**examples needed**) to be increased

Inpatient services funding needs to increase

Downsizing needs to stop

Thirdly, criminalization of the mentally ill is unjust!

Jails and the criminal justice system are not the place for people with mental illness

Forensic beds must be available for all people with mental illness who require assessment to determine whether they should be in the justice system

And finally, stopping privatization!

Promote options that retain public control and delivery; no P3s
Protect mental health dollars (stop diversion of mental health dollars; protect children's mental health funding and addictions programs)

Appendix II

Questions asked at the Round Tables

Under the four key issue areas:

- Determinants of Health
- Access to services
- Criminalization
- Privatization

- (a.) What *does* Mental Health Care look like in our community?
- (b.) What *should* Mental Health Care look like in our community?