

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

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

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Ontario Health Coalition  
Thunder Bay Community Mental Care Round Table report  
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*“If politicians had to walk in the shoes of those with mental illness things would be a lot different.”*

The headlines in the daily newspaper announce another mill closing in Thunder Bay the day of the round table. This is only one element of the crunch facing the mentally ill in Thunder Bay.

Thunder Bay is moving from 76 long-term mental health care beds at Lakehead Psychiatric Hospital to 38 beds while the need is greater.

The Thunder 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 hospital services and 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 or a front line worker they need to experience first hand what their day-to-day lives are like.

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

## **Thunder 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 centre 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.
3. Mental health care agencies, workers and consumer/survivor organizations need to work together to lessen gaps in service.
4. More safe and affordable housing units are needed in Thunder Bay.
5. Changes need to be made to Ontario Disability Support Program (ODSP) recognizing that some of the mentally ill on ODSP may be able to work for more than 160 hours in one month, but the next month not be able to work at all. It was suggested the hours be accumulated on a yearly basis for a limit of 1,920 hours of work a year.

## **State of Mental Health System and Supports**

One in five Canadians suffers from mental illness. But mental illness runs a full spectrum from clinical depression to schizophrenia.

“Mental illness has many, many different faces,” says one participant.

### **Safe and affordable housing**

“We simply need more affordable housing,” says George from the local Schizophrenic Society. “Without more housing there is more stress and more relapses,” he states.

- The participants agreed that the numbers of people affected by mental illness in Thunder Bay aren’t known because many have been taken in by a family member.
- Positively speaking, it was noted there is a fairly new group home for the mentally ill in Thunder Bay, providing 24-hour staff support. Of course, there are not enough of these, it was noted.

### **Access to hospital services**

The reduction of mental health care beds is worrisome to the mental health care community. Some one suffering from schizophrenia can at times be functional and it is quite appropriate they live in the community, but at other times, they may need to be hospitalized in a psychiatric care facility.

- “Last winter a woman’s son was returned home despite suffering delusions he wanted to kill her,” said Carolyn Croft, a patient advocate.
- If a person suffering from schizophrenia has a relapse and is psychotic, the police are usually called. Typically what happens then is a police officer sits in the emergency department of the local hospital and waits with the person for an assessment. From there they may be sent home, admitted to hospital or once assessed transferred to the psychiatric hospital.
- “The medical model doesn’t work for the mentally ill. They shouldn’t be sitting in the emergency department, they should be assessed quickly and get the treatment they need,” said Diane Muller.
- It used to be that the mentally ill could go to the emergency department of the psychiatric hospital and assessed quickly and treated. Now, the participants noted, they go to the local emergency department and wait for assessment with heart attack and car accident victims.

- Thunder Bay has a serious lack of respite care for family members caring for the mentally ill. Lakehead Psychiatric Hospital used to provide respite care, taking in the mentally ill for a short period of time, giving the family a break, but with the withdrawal of this service, there isn't any other respite care offered in the area.

### **Living in Dignity**

As in every other community we heard how Ontario Disability Support Program (ODSP) payments have only increased by 3 per cent in 10 years while costs for housing, food and transportation have gone up by much more. People with mental illness live in poverty in Thunder Bay, in greater numbers than the average population. But it is not only the inadequacy of income supports that is a problem, the disability support system is structured to withdraw support if a person attempts to work.

- “Some consumer/survivors are so afraid of losing their (ODSP) cheque they won't even attempt a part time job,” said one participant, noting that those on ODSP have a yearly renewal.
- Lack of access to flexible and supported work in Thunder Bay creates a barrier to work for persons with mental illness. Some consumer/survivors can only work for two or three hours a day. But on the job you're expected to work seven hours a day.
- But discrimination and stigma are still the major barriers to employment and adequate income for persons with mental illness. “There isn't work in Thunder Bay. The mentally ill are competing for jobs with mill workers,” said Sylvia Storozuk of the Thunder Bay People Advocating for Change through Empowerment (PACE) Inc. “Work isn't the be all and end all. Many of the mentally ill volunteer,” she added.

### **Accessing Health Services and Community Supports**

When discussing access to supports and services needed to protect and ensure a decent quality of life for people with mental illness, round table participants described severe stresses on the current system and expressed deep concern about the future.

- PACE, an organization run by and for consumer/survivors offers a drop-in center, social activities, workshops and advocates on mental health care issues. They report that demand for its services has increased over time and, with the closing of beds at the hospital, the demand will increase further.
- Seemingly endless health restructuring is taking its toll on workers and consumer/survivors. The ongoing implementation of the Health Services Restructuring Commission that called for the divestment of psychiatric hospitals

and the introduction by the current government of LHINs, the whole mental health system is in turmoil, participants acknowledged.

- Participants were extremely worried about the future. “It’s bad now, but wait until LHINs (Local Health Integrated Network). It will take us back 50 years... no 150 years because 50 years ago we had (psychiatric) hospitals. We don’t have them anymore,” said Diane Muller a front line worker.(The provincial government has established 14 Local Health Integrated Networks to cover the province. Each LHINs, with a board appointed by the provincial government, will be given an envelope of money to be distributed amongst all health care institutions, programs and agencies across the region, including mental health care agencies and institutions. LHINs will replace the current District Health Councils.)
- The lack of funding and the restructuring have fragmented, rather than integrating the local support system. Participants noted that with provincial funding cutbacks experienced over the last number of years agencies are being pitted against one another for scarce dollars.

Participants expected that the LHINs, are expected to aggravate that situation. “It will be more cutthroat among stakeholders. One agency will be pitted against another,” said Ms. Muller.

There is fear the gaps in services will be increased as agencies lose their funding and only the less severe mentally ill will have services in the community.

### **Uniqueness of Northern Communities**

Thunder Bay is the hub for mental health care services for Northwestern Ontario. The largest geographic area in the province that comes with its own unique set of challenges – small communities with limited or no community services for the mentally ill.

And the difficulties are expected to mount for Thunder Bay. At least the round table participants believe that mental health care services will become more fragmented.

“I’m in awe of what mental illness can do. The mentally ill burn bridges with their families, they face legal issues. They have economic problems...with \$430 a month they live in terrible places and socially they may have a TV. If we had to walk in their shoes, it might be different,” said Sara Williamson.

## 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?