



An Integrated Approach to Mental Health and Addictions

AMO's Submission to the Ministry of Health

August 2, 2022

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Preamble

The Association of Municipalities of Ontario (AMO) is a non-partisan, non-profit association representing municipal governments across the province. Municipal governments work through AMO to achieve shared goals and meet common challenges. As the frontline order of government closest to people, municipal governments are deeply invested in Ontario's health system and understand the health needs of local communities.

Introduction

Issues of mental health and addictions consistently top the list of concerns expressed by AMO members – in particular, the lack of an integrated and comprehensive provincial-municipal response to mental health in terms of services, supports, prevention, and equitable access. Municipal councils deal with the effects of community mental health and addictions in the context of the services they provide and as employers. Addressing mental health and substance use issues is essential to the social and economic development of our communities, otherwise, it will continue to take a devastating toll.

Mental illnesses and substance use disorders are leading causes of disability in Canada. The disease burden of mental illness and substance use in Ontario is 1.5 times higher than all cancers put together. About 4,000 Canadians die by suicide each year. 67,000 deaths per year are attributed to substance use in Canada including tobacco and alcohol. Wait times for services in Ontario can be long, especially for children and youth.ⁱ

The COVID-19 pandemic has had significant impacts on mental health and addictions in the province and has led to calls for renewed efforts to implement an integrated response to mental health and addictions. Municipal governments and the District Social Service Administration Boards (DSSABs) are on the front lines and are often the first point of contact for people presenting with mental health conditions and addictions. This happens in social service settings, emergency services, contacts with public health, and when accessing other municipal services. Many municipal governments have stepped in to fill the gap where provincial services are lacking at the community level. Municipal governments, DSSABs, and local public health agencies are contributing to solutions on the ground; however, more provincial funding, engagement, and service connections can help facilitate a more integrated approach.

The need for action is urgent and local mental health and addictions responses must be complemented by provincial leadership and support. The following recommendations to the provincial government have been developed based on input from AMO's Health Task Force and approved by AMO's Board of Directors. The submission has been reviewed by and incorporates input from the Canadian Mental Health Association, Ontario (CMHA – Ontario) and the Ontario Federation of Indigenous Friendship Centres (OFIFC). Conversations with municipal service managers responsible for the administration of human service programs have also informed this document.

Recommendations

- 1. Plan services and develop policies with municipalities as key partners to inform the delivery of mental health and addiction services so that they improve connections and integration with municipal health and human services, including through work with Ontario Health Teams.**

Municipal governments have on the ground knowledge that can inform provincial policy direction and service planning to help achieve an integrated approach. Accelerating the inclusion of mental health and addiction service providers into Ontario Health Teams (OHTs) could help to further advance integration, only if it is accompanied by mandated municipal involvement in all OHTs.

Given the active, ongoing work of municipal governments on addressing both mental health and addictions in their communities, and the overall social determinants of health, the provincial government must act on implementing AMO's [recommendations](#) to improve municipal engagement with OHTs, and continue to better integrate other mental health and addictions services into them.

- 2. Develop and adequately fund a comprehensive public health approach across government to all forms of addiction that includes a mix of evidence-based harm reduction, treatment options, and upstream interventions that meet the social determinants of health to address the root causes of mental health and addictions, including housing related factors, poverty, unemployment, and trauma.**

As part of an integrated mental health and addictions response, a comprehensive approach to addictions must include a continuum of care that supports individualized responses and treatment, and facilitates the delivery of the right services, by the right people, at the right time to reduce the risks and impacts of the health conditions associated with addictions and mental illness.ⁱⁱ This includes:

Harm reduction, an evidence-based, client-centered approach that aims to reduce the health and social harms associated with substance use. The approach includes programs, services, and practices that allow for a health-oriented response to substance use. Evidence suggests that individuals who use harm reduction services are more likely to engage in ongoing treatment. Harm reduction can reach vulnerable individuals in the community who may not be connected to traditional health and social support settings.ⁱⁱⁱ Harm reduction interventions require ongoing funding to support continued access to the supplies needed. Harm reduction approaches for the government to explore further with the federal government should include:

- *Overdose prevention, safe consumption, and treatment sites:* health services that provide a hygienic environment for people to consume substances under the supervision of health care professionals with pathways to treatment provided.^{iv}
- *Safe supply:* prescribing of pharmaceutical grade versions of illicit drugs within a health care context to lower or sever a patient's reliance on the toxic, unregulated supply, thereby reducing the number of overdoses and other harm related events.^{v,vi}
- *Decriminalization:* reduces the risks and harms that are associated with the stigmatization and marginalization of people who use drugs^{vii}, while diverting the resources and funds associated with policing and penalizing people who use drugs, to instead invest in treating addictions and the social determinants of health that contribute to drug use.^{viii} The [Canadian Association of Chiefs of Police](#), [Ontario Association of Chiefs of Police](#), and [Ontario Big City Mayors](#) have all

called for decriminalization, along with several individual municipal governments. Decriminalization is not the same as legalization and does not decriminalize drug trafficking.

Treatment, including establishing the core services for mental health and addictions services in Ontario and ensuring these are covered by provincial health insurance. This was one of the early priorities of Ontario's Mental Health and Addictions Centre of Excellence. The concept of core services was initially proposed in 2010 and is meant to establish core institutional, residential, and community services that should be available in all communities across Ontario, complemented by other specialized services available regionally or provincially. These services must have dedicated funding support, capacity with low wait times, and be accessible in all regions of the province^{ix} and responsive to the needs of specific communities including Indigenous communities.

Specialized treatment services for individuals experiencing complex mental health and addictions conditions must also be made available and accessible. As well, paramedic services play a crucial role through both emergency 9-1-1 first response emergency calls to emergency departments and alternative transportation to detox and treatment facilities, where they exist, and paramedics are able to access.

Upstream Interventions to meet the Social Determinants of Health are the factors in life that contribute to an individual's physical and mental health. Almost all the services provided by Ontario municipalities impact or are impacted by the social determinants of health in some way. Addressing the social determinants of health through upstream interventions such as supportive housing are essential to addressing the factors that contribute to addiction. Health promotion activities by public health units are also critical interventions.

Adequate government funding to municipal service system managers for housing, social assistance, child care, and public health are needed to stabilize lives and support people. Provincial planning and coordination to ensure mental health and addictions supports (especially those that are culture-based and trauma-informed) are also needed to ensure supportive institutional transitions, particularly for youth leaving the child welfare system. A robust, vibrant not-for profit community and health services sector also plays a critical role and must be funded and supported.

In AMO's election strategy, the association has asked that there be a joint provincial-municipal review conducted of the adequacy of funding for health and human service cost-shared programs. In particular, funding for public health units is critical to meet the standards for health promotion activities that can address mental health and addictions especially in vulnerable populations. Adopting and adequately funding an integrated approach will also reduce pressures on the health and justice system by diverting individuals from emergency departments and correctional institutions.

All three elements are necessary to have a comprehensive approach to addiction across the province.

3. Appoint an Addictions Strategy Leader to coordinate provincially and help guide local responses to the opioid emergency, other drug epidemics, alcohol misuse, gambling, and other addictions.

Currently some municipal governments have developed municipal alcohol policies, local drug strategies, implemented plans, or set up drug councils often with guidance and support from local public health units. The effects of gambling addiction and other addictions are also being felt in communities province wide. The Ontario government should provide resources for the development and coordination of local and provincial strategies through an Addictions Strategy Leader.

With this leadership in place, the province must undertake an 'all of government' effort to develop a comprehensive provincial addictions strategy that includes a mix of evidence-informed harm reduction, treatment options, institutional transition supports, and upstream interventions.

This strategy should cascade down to guide local addiction strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded strategies in place led by dedicated local coordinators.

Further, progress toward implementation should be measured with performance indicators and be evaluated for meaningful outcomes achieved.

4. Provide mental health and addictions services in underserved communities and ensure a consistent and equitable basket of services is available in all parts of the province.

AMO members have called for increased resources for services in communities. There are parts of the province that are underserved when it comes to community mental health and addictions services. Youth and seniors may also struggle to access supports that are specific to their particular life stages and needs. While this can occur in some neighborhoods in urban centers, it is especially often that there is lack of services in rural, northern, and remote areas. A health equity approach to funding should guide provincial decisions to provide capital and operational funding to establish services where vulnerable and marginalized people need and can access them.

5. Implement AMO's [recommendations](#) to address the opioid overdose emergency in Ontario.

In 2019, AMO provided a broad range of recommendations to inform the provincial government's Mental Health and Addictions Strategy. These 22 recommendations included both initial foundational steps and further actions to take based on consultation with stakeholders. Many of these have yet to be implemented. With the opioid overdose emergency worsening during the COVID-19 pandemic, the need for an urgent response is greater than ever. The government should also reconvene the Opioids Emergency Working Group comprised of municipal representatives, health experts, and stakeholder groups. A new post-election provincial mandate for this Working Group to focus on policy development rather than operational guidance is required.

6. Create new supportive housing units based on an assessment of need in Ontario and provide ongoing operations funding for new and existing wraparound support services in community housing and homeless shelters across the province.

People experiencing mental health and addictions challenges often require intensive supports and can often experience challenges with securing and maintaining stable housing. They require in-house support for better health outcomes and to maintain successful tenancies. Without these supports, people are often either homeless or at-risk of homelessness as they cannot maintain successful tenancies in the limited housing options that are available. Sustainable operational funding is a key requirement to ensure the ongoing success of establishing and maintaining supportive housing.

7. Invest a portion of cannabis revenues with municipalities to fund the provision of local community development programs, such as recreation, to prevent youth alcohol and drug misuse through skills building.

The provincial government provided transitional funding to municipal governments through the Ontario Cannabis Legalization Implementation Fund (OCLIF). This was funded with a portion of Ontario's share of the federal excise tax on cannabis, which is expected to be \$215 million in 2022-23^x. While OCLIF has expired, [AMO continues to call](#) for a renewed cannabis excise tax funding arrangement that supports municipal government and community needs, such as youth and community development programs, giving a strong incentive for consumers to choose legal cannabis retailers. The province can learn from innovative practices in other jurisdictions such as Iceland.

8. Set a proportion of LCBO revenue to be used to support developing and implementing municipal alcohol strategies and new treatment programs.

Similarly, a direct proportion of LCBO revenues should be allocated to addressing issues related to high-risk alcohol consumption in Ontario communities through a comprehensive public health approach, including detox and treatment facilities. Many communities can put into place [municipal alcohol policies \(MAPs\)](#) or other municipal alcohol strategies; however, resources are required for these to be successfully implemented. Funds can also be used to support the mental health and addictions planks in Community Safety and Well-Being Plans. Additionally, access to treatment can be inconsistent in the province and is necessary to ensure those who are struggling with their alcohol use can get the local and accessible supports and help they need.

9. Implement alternatives to police responses to mental health calls with the Ministry of the Solicitor General and the Ministry of Health.

Many emergency calls involve responding to persons with mental health conditions. Police and fire services must not be the first line of contact for mental health interventions on their own. Policing work is not an effective means of treatment. Policing responses to people in mental health crisis can result in unnecessary negative interactions with the justice system and can result in unfortunate circumstances. These inefficiencies also place another pressure on rising police costs. It is inappropriate for this to continue. A review of best practices and consultation with communities affected must be conducted to help guide responses to these calls, and alternatives must be

explored and resourced to improve outcomes. These alternatives can include integrated responses such as mobile crisis response teams.

Municipal Community Safety and Well Being Plans (CSWBPs) offer a comprehensive approach to providing services to many populations and community members affected negatively by mental health issues. These plans have brought in community partners from all service providers and allow a proactive and coordinated response to needs.

However, funding for the coordination and implementation of these plans for municipal governments is necessary for them to reach their potential and reduce policing costs for these interventions. AMO and municipalities continue to call on the government to provide stable and long-term funding for CSWBPs including revenues mentioned previously in this paper from alcohol and cannabis sales.

10. Establish a Northern Mental Health and Addictions Centre of Excellence to address the unique challenges of service and program delivery in Northern Ontario, while ensuring funding for locally delivered services.

Northern Ontario faces unique challenges compared to the rest of the province that must be considered by the provincial government before the establishment of a new standardized and centralized system of care for Ontario. There has been a significant influx of people seeking mental health and addictions services in large Northern Ontario cities. The implementation and delivery of many addiction and mental health services must look different in the North for them to be effective.

In recognition of the challenges of service delivery due to sparse populations within a large geographical region, there is robust rationale for the establishment of a Northern Centre of Excellence for Addiction and Mental Health, while also ensuring allocation of resources for local service delivery in communities. Engagement with Indigenous partners from the inception of the Centre is necessary to ensure that the needs of Indigenous communities are considered, in keeping with the [Urban Indigenous Action Plan](#).

11. Implement and expand fully funded Community Paramedicine services to meet people's needs and reduce 911 emergency calls to police and paramedic services for mental health and addictions.

Community paramedicine programs are a cost-effective choice for the delivery of episodic and continuing community and home-based healthcare in Ontario. Community paramedicine fills an urgent need to provide clinical support to vulnerable populations in their own homes, keeping residents living well and improving their quality of life while reducing pressure on the health care system. It helps reduce emergency 9-1-1 calls to all first responders including the police. Community paramedicine can be accessible and effective; however, there must be a legislative or policy framework to support these programs and permanent and full provincial funding. AMO and the Ontario Association of Paramedic Chiefs (OAPC) submitted a joint [Community Paramedic Policy Framework](#) to the province in June 2021. The paper sets out the immediate and future requirements to successfully develop a community paramedicine system in Ontario.

12. Work with the federal government and Indigenous governments to provide culturally appropriate mental health and addiction services in First Nations communities and further work with urban Indigenous partners to provide culturally appropriate mental health and addiction services within municipal boundaries.

Mental health issues such as suicide, depression, and substance use disorder occur at higher rates in many Indigenous communities than in the overall population.^{xi} Culturally appropriate services are most effective in producing positive health outcomes for Indigenous people and must be led by and for Indigenous people.^{xii}

Federal, provincial, and municipal governments must learn from and work with Indigenous governments and communities to ensure that culturally appropriate mental health and addictions services are available to both urban Indigenous people living in municipalities as well as those living in First Nations communities. This work is in keeping with several of the [Truth and Reconciliation Commission Calls to Action](#) and the [Calls for Justice of the National Inquiry on Missing and Murdered Indigenous Women and Girls \(MMIWG\)](#) related to closing the gaps in health outcomes between Indigenous and non-Indigenous communities and ensuring healing services are available to support the physical, mental, emotional, and spiritual health of Indigenous people, including addressing the harms caused by residential schools.

13. Provide resources for training of municipal staff to appropriately work with people with mental health conditions and addictions.

Municipal governments and District Social Service Administration Boards are on the front lines and are often the first point of contact for people presenting with mental health conditions and addictions. This happens in social service settings, contacts with public health and when accessing other municipal services. Appropriate resources and capacity for training is essential to ensure that municipal staff are equipped to best support and work with residents experiencing mental health conditions and addictions.

14. Support municipalities in providing resources for workplace supports for municipal employees to address their mental health and well-being.

Workplaces play an important role in maintaining positive mental health and well-being, especially as most adults spend more of their waking hours at work than anywhere else.^{xiii} Many municipal employees have been engaging directly with the impacts of COVID-19 and/or at an increased risk of infection through their roles and through interactions with the public. Transitioning from working from home to returning to the workplace may also carry with it additional stressors and impacts on municipal employees. It is important that municipalities receive support to ensure that they can meet the needs of and provide supports to encourage care and wellbeing for their employees. Examples of workplaces in need of support include long-term care, social assistance and first responders (police and paramedics).

AMO's [partnership with BEACON](#) is one such avenue for municipal governments to offer supports to their employees and families; however others must be provided by municipalities and supported by the province as well to ensure municipal employees can access the care they need, when and how they need it.

15. Engage and work with people with lived or living experience at all stages of policy, program, and service delivery to ensure that interventions are responsive to the needs of people affected by mental health and addictions.

People with lived or living experience must be participants at all stages of planning, delivery, and evaluation of policies, programs, services and supports, in order to ensure that any efforts towards an integrated mental health and addictions system take a person-centred approach and best serve the needs of those experiencing mental health and addictions issues, as well as their support systems.^{xiv} All governments involved with supporting mental health and addictions services should work to include and prioritize the perspectives of people with lived or living experience to ensure the best possible system to support those affected by mental health and addictions.

Conclusion

Addressing mental health and addictions is essential to the health and economic development of our communities. A whole of government response to mental health, which includes a comprehensive and integrated provincial response, is needed in all communities, regardless of location. These recommendations offer a starting point for this work and AMO looks forward to continuing to work with the province to ensure all Ontarians can access the mental health and addictions services they need.

ⁱ Centre for Addictions and Mental Health. (n.d.). *Mental illness and addiction: Facts and statistics*. CAMH. Retrieved March 25, 2022, from <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>

ⁱⁱ Addictions Ontario, CMHA - Ontario, CAMH, Ontario Association of Patient Councils, Ontario Federation of Community Mental Health and Addiction Programs, & Ontario Peer Development Initiative. (2010). *Addressing Integration of Mental Health and Addictions: Discussion Paper Submitted to the Select Committee on Mental Health and Addictions*. Retrieved from: https://ontario.cmha.ca/wp-content/uploads/2010/05/mh_and_addiction_integration_discussion_paper_20100518.pdf

ⁱⁱⁱ Canadian Mental Health Association - Ontario. (n.d.). *Overdose Prevention Sites/Supervised Consumption Sites: Statement from CMHA's 30 Ontario Branches*. Canadian Mental Health Association - Ontario.

^{iv} Canadian Mental Health Association - Ontario. (n.d.). *Overdose Prevention Sites/Supervised Consumption Sites: Statement from CMHA's 30 Ontario Branches*. CMHA-Ontario.

^v Woo, A. (2021, July 12). B.C. to provide regulated substances under safe supply directive to mitigate drug overdoses. *The Globe and Mail*. Retrieved October 6, 2021, from <https://www.theglobeandmail.com/canada/british-columbia/article-british-columbia-to-provide-regulated-substances-under-safe-supply/>

^{vi} Municipal Drug Strategy Coordinators Network of Ontario. (2020, August 21). [Letter to Honourable Patty Hajdu]. Guelph, ON.

^{vii} City of Vancouver. (2021). *Request for an exemption from the Controlled Drugs and Substances Act (CDSA) pursuant to section 56(1) that would decriminalize personal possession of illicit substances within the City of Vancouver: Final Submission to Health Canada*. Vancouver, BC

^{viii} Ibrahim, N. (2021, January 13). Fact or Fiction: Will decriminalizing and regulating illegal drugs save lives in Ontario? *Global News*. Retrieved October 13, 2021, from <https://globalnews.ca/news/7574347/fact-or-fiction-decriminalizing-regulating-illegal-drugs-ontario/>

^{ix} Canadian Mental Health Association - Ontario. (n.d.). *Mental health*. CMHA Ontario. Retrieved March 25, 2022, from <https://ontario.cmha.ca/core-services/>

^x Bethenfalvy, P. (2022). *2022 Ontario Budget: Ontario's Plan to Build* (p. 190). Toronto, ON: Queen's Printer for Ontario.

^{xi} Ontario Human Rights Commission. (2012). *Minds that matter: Report on the consultation on human rights, mental health and addictions*. Ontario Human Rights Commission.

^{xii} Ontario Federation of Indigenous Friendship Centres. (2017). *Position Statement on Urban Indigenous Health*. OFIFC.

^{xiii} Mental Health Commission of Canada. (2022, March 30). *Workplace Mental Health*. Mental Health Commission of Canada. Retrieved May 31, 2022, from <https://mentalhealthcommission.ca/what-we-do/workplace/>

^{xiv} Canadian Centre on Substance Use and Addiction. (n.d.). *Lived and living*. Canadian Centre on Substance Use and Addiction. Retrieved May 31, 2022, from <https://www.ccsa.ca/lived-and-living>