



Canadian Mental  
Health Association  
Ontario  
*Mental health for all*

Association canadienne  
pour la santé mentale  
Ontario  
*La santé mentale pour tous*

## ***Accessibility for Ontarians with Disabilities Act (AODA) 2013/14 Legislative Review***

### **In Person Presentation to Dean Mayo Moran**

April 29, 2014

Thank you, Dean Moran, for this opportunity to share our comments on the AODA. My name is Sheela Subramanian, and I'm a policy analyst with the Canadian Mental Health Association, Ontario Division. CMHA Ontario for short. Before I share some thoughts on the AODA, I'd like to introduce my organization and our commitment to accessibility for people with mental health disabilities.

CMHA operates at the local, provincial and national levels across Canada with the mission of making mental health possible for all. CMHA Ontario is a not-for-profit, charitable organization, funded by the Ontario Ministry of Health and Long-Term Care. Through policy analysis and implementation, agenda setting, research, evaluation and knowledge exchange, we work to improve the lives of people with mental health conditions and addictions and their families. As a leader in community mental health and a trusted advisor to Government, we contribute to health systems development. We work closely with 31 local branches across Ontario to provide community-based mental health services and supports to approximately 50,000 individuals each year.

CMHA Ontario is a leader in advancing mental health accessibility in Ontario. Examples of our work include:

- Mental Health Works, a national award-winning workplace mental health program
- The Enabling Minds project to promote mental health accessibility in recreation
- Think Outside the Box, a mental health accessibility and human rights web-resource

We also receive requests from governmental and non-governmental organizations regarding compliance with the AODA and its standards. In general, organizations including the Ontario Human Rights Commission, Canadian Transportation Agency, Family Responsibility Office and Elections Ontario, are looking for information and resources about mental health-related accessibility.

I'd like to move now to our comments on the AODA.

CMHA Ontario supported and participated in the development of the AODA and its standards. Due to the legislation and its regulations, CMHA Ontario has noted an increased public, private and non-for profit organizational focus on and awareness of accessibility.

We believe that the AODA can strongly complement the *Ontario Human Rights Code* in advancing the rights and needs of people with disabilities. In fact, people with disabilities must turn to the human rights system if they believe an organization is not compliant with the AODA. And while the Code offers legal recourse and an avenue for systemic change, the AODA promotes increased awareness and proactive change on the part of organizations in Ontario. These are both critical dimensions of an inclusive and accessible society.

With this vision in mind, I'd like to focus my comments today on just one recommendation: Ensure there is complete alignment and consistency between the AODA and the *Ontario Human Rights Code* to reduce confusion for obligated organizations and people with disabilities. Stigma, discrimination and attitudinal barriers are significant dimensions of accessibility, particularly when it comes to mental health. The extent of stigma and discrimination faced by people with mental health disabilities was tracked by the Ontario Human Rights Commission in their *Minds that Matter* report, and will be addressed in their forthcoming policy on mental health and human rights. Three of the AODA's five standards - Built Environment, Information and Communications, and Transportation - largely focus on physical disabilities. Ensuring alignment with the Code will strengthen the AODA's capacity to challenge attitudinal barriers and discrimination overall, resulting in greater accessibility for people with mental health disabilities.

I'd like to share three concrete examples of why alignment with the Code is essential, starting with the training requirements under the Customer Service Standard.

As you know, the Customer Service Standard includes provisions that require obligated organizations to provide AODA and accessible customer service training. Throughout the development of the AODA and standards, CMHA Ontario has consistently recommended that obligated organizations also be required to provide training on the Code. Organizations have obligations under the Code as well as under the AODA, and the Customer Service Standard training provisions create the opportunity to strengthen compliance with both. People with mental health disabilities experience customer service-related discrimination in a range of settings. Reminding those who act on behalf of an organization of their duties under the Code would help address these attitudinal barriers.

The second example I'd like to raise relates to the proposed changes to the definition of service animal under the Customer Service Standard.

It is of concern if the AODA or its standards include requirements that are inconsistent with the Code and which could have an adverse impact on people with disabilities. For example, current proposed changes to the Customer Service Standard by the Accessibility Standards Advisory Council/Standard Development Committee include changes to the definition of "service animal" that may limit the rights of people with mental health disabilities. We're aware that Dean Moran is not part of the Customer Service Standard Review, but are raising this concern as an example of the ongoing potential for inconsistencies between the AODA and Code.

Specifically, CMHA Ontario is concerned about the proposed revision that animals must have been trained to provide disability-related assistance in order to be understood as service animals. This requirement could result in challenges for people with emotional support animals, which have no or varying degrees of training. A training requirement is inconsistent with existing human rights law. Animals with no or varying degrees of training have been recognized as important and protected disability-related supports. It is also our understanding that the Ontario Human Rights Commission's forthcoming policy on human rights and mental health will establish that emotional support animals are service animals.

Although the Code has primacy over all other legislation in Ontario, it would strengthen the AODA if such inconsistencies are identified and removed.

My final example relates to the omission of volunteers and non-paid individuals from coverage under the Employment Standard of the Integrated Accessibility Regulation or IAR. The Ontario Human Rights Commission has clearly stated that while the Code does not specifically refer to volunteers, it does apply to those in work-like contexts, including volunteers and non-paid individuals gaining work experience. By extending IAR provisions to volunteers and unpaid workers, there is an opportunity to not only promote consistency, but also to increase the positive impact of the regulation on the lives of people with mental health disabilities, many of whom engage in unpaid work, often as a pathway to paid employment and recovery.

Thank you once again for this opportunity to share feedback. Again, CMHA Ontario strongly supported the introduction and development of the AODA and continues to see the positive impacts of the legislation on accessibility for people with disabilities in the province. But to ensure that the needs of people with mental health disabilities are truly reflected in the legislation, we strongly recommend that the AODA be in complete alignment with the Code and that opportunities continue to be identified to leverage both pieces of legislation together.