



# Improving Ontario's Social Assistance System

Response to: "A Discussion Paper: Issues and Ideas"

A joint submission from  
Canadian Mental Health Association, Ontario and  
Schizophrenia Society of Ontario

August 31, 2011

## **Executive Summary**

Poverty is a reality for persons with mental health disabilities, many of whom rely on Ontario's social assistance programs, Ontario Works (OW) and Ontario Disability Support Program (ODSP). At the same time, many of these individuals are unable to successfully transition out of social assistance and attain a high quality of life due to numerous gaps in philosophy, administration and delivery of these programs.

The vision and delivery of social assistance programs should be informed by and aligned with broader policy frameworks such as poverty reduction, social inclusion and human rights. The programs under this system should ensure that people have predictable and stable benefits that they can count on and accessible and individualized supports to help them reintegrate into the larger society and when appropriate, the labour market. This would further require governments to enact corresponding policies to address failures in the labour market.

In order to achieve the best possible outcome for both the recipients and social assistance administrators and policy makers, we would like to propose the following recommendations:

### **1) Reconsider the concept of mandatory treatment as a provision of social assistance benefits**

### **2) Provide adequate income levels:**

- a. Ensure that OW and ODSP rates are set based on the real costs of living
- b. Recognize the importance of healthy food through continued delivery of the Special Diet Allowance
- c. Revamp asset rules by significantly increasing the allowable asset limit in both ODSP and OW and exempting RRSPs and TFSAs in income benefit calculations

### **3) Foster social inclusion through employment and other community involvement:**

- a. Avoid a "Work First" approach by eliminating coercive measures and mandatory participation for persons with mental health disabilities
- b. Implement an opportunities planning approach and expand supported education and employment programs
- c. Reduce disincentives to employment and promote transition out of social assistance by allowing recipients to keep all employment earnings for the duration of one year, while continuing to receive applicable benefits
- d. Support the employment of persons with mental health disabilities by developing an employment policy framework for persons with disabilities; by educating employers on the contributions of persons with disabilities; and by creating and expanding social hiring programs

- e. Refrain from making distinctions about whether a person with a disability “can” and “cannot” work

**4) Improve access to income supports and benefits:**

- a) Make the system easier to navigate and understand through simplified administrative procedures, peer navigators, and continually a updated annual benefit booklet
- b) Ensure equitable delivery of special benefits by refraining from administering different programs for the “severely disabled” and “less severely disabled;” and ensuring that if benefits are moved outside of social assistance, recipients will not be worse off
- c) Work with municipalities to create a transportation subsidy
- d) Explore a portable housing benefit for social assistance recipients

**5) Enhance system integration:**

- a. Streamline eligibility criteria and definitions of disability for all income support programs by using the current ODSP definition of disability
- b. Improve service integration between Province and Municipalities by aligning policies of the Ministry of Community and Social Services (MCSS) with those of Ministry of Municipal Affairs and Housing (MMAH)

Implementing the above proposed changes will inevitably improve outcomes for social assistance recipients with mental health disabilities and promote greater social inclusion and labour market participation.

## **Introduction**

The Canadian Mental Health Association, Ontario (CMHA Ontario) and the Schizophrenia Society of Ontario (SSO) are not-for-profit, charitable, provincial mental health organizations committed to improving quality of life for people living with mental health disabilities and their families.

The Canadian Mental Health Association, Ontario (CMHA Ontario) is a provincial association committed to improving services and support for individuals with mental illness and their families and to the promotion of mental health for all Ontarians. Policy research on employment for persons with mental illness is an active area of our work. CMHA Ontario addresses employment policy issues by preparing briefs, convening key stakeholders in dialogue, identifying policy options, and making recommendations for policy directions and system enhancements.

SSO has a mission to make a positive difference in the lives of individuals, families, and communities affected by schizophrenia and psychotic illnesses. For 30 years, SSO has been promoting changes to public policy which can improve the lives of people living with serious mental illness and their families. SSO recently conducted a public survey on the experience of persons with mental health disabilities with the current social assistance system, receiving 284 responses from people with direct experience of social assistance.

CMHA Ontario and Schizophrenia Society of Ontario are pleased with the creation of a Commission to Review Social Assistance in Ontario, and are particularly supportive of the Commission's vision for a social assistance system that reduces poverty. Poverty is a reality for those who rely on Ontario's social assistance programs, Ontario Works (OW) and Ontario Disability Support Program (ODSP), for the bulk of their income. People with mental health disabilities are disproportionately affected by poverty<sup>1</sup>, and are also increasingly becoming the largest group of social assistance recipients.

CMHA Ontario and SSO are both members of the ODSP Action Coalition; as such we support the recommendations they have made in relation to all persons with disabilities in the areas of social inclusion, providing an adequate benefit structure, earning exemptions, and aligning programs<sup>2</sup>. We have chosen to focus our submission on the experience of persons with mental health disabilities with the social assistance and make recommendations in those areas. Because there are a significant number of Ontario Works recipients who have a mental health disability, our recommendations to the social assistance system include both Ontario Works and Ontario Disability Support Program, unless otherwise noted.

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<sup>1</sup> Battle, K., Mendelson, M., & Torjman, S. (2006). *Towards a New Architecture for Canada's Adult Benefits*. Ottawa: Caledon Institute of Social Policy.

<sup>2</sup> ODSP Action Coalition. (2011). *Dignity, Adequacy, Inclusion: Rethinking the Ontario Disability Support Program Submission to the Commission for the Review of Social Assistance in Ontario*.

This submission addresses many of the issue areas identified by the Commission, but is structured according to themes that have the most relevance to persons with mental health disabilities and their experience with the social assistance system. Those themes are:

1. **An overview of mental health disability** – this section provides the Commission with information on the nature of mental health disability and why the experience of this heterogeneous group with social assistance is unique.
2. **A vision for poverty reduction** – this section introduces SSO and CMHA Ontario’s philosophy for a social assistance system which provides what people need and keeps them out of the cycle of poverty.
3. **Social inclusion and employment** – this section focuses on how to create a social assistance program that fosters the social inclusion of persons with mental health disabilities through employment and other community involvement.
4. **Access to income supports** – this section looks at improvements that can be made in how income supports and benefits are delivered.
5. **System integration** – this section examines the challenges faced by those with mental health disabilities as they straddle different programs, and how to simplify our approach to the provision of social assistance.

## 1) **An Overview of Mental Health Disability**

When discussing this area, SSO and CMHA Ontario use many terms interchangeably, such as mental health issue, mental health condition or mental illness. For the purposes of this submission, which required aligning our analysis with the disability framework used by the Commission to Review Social Assistance in Ontario, we have chosen to use the term “mental health disability.” It should be clarified that not all individuals living with a mental health issue would identify with this label.

Mental health disabilities are very prevalent and affect all people in Ontario, regardless of age, ethnic background, education or income level. Indeed, one in five Ontarians will experience a mental health disability in their lifetime, with about 2.5% being categorized as seriously mentally ill<sup>3</sup>.

Mental health disabilities are episodic in nature and affect the way people think, feel, or behave and can have a serious impact on their ability to function effectively. Symptoms occur on a continuum and can vary from mild to severe. Some examples of mental health disabilities are anxiety disorders,

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<sup>3</sup> Office of the Auditor General of Ontario. (2008). 2008 Annual Report. Chapter 3.06 Community Mental Health (ISBN Publication No. 978-1-4249-8156-4). Toronto: Queen’s Printer for Ontario.

depression and schizophrenia. Mental health disabilities affect all aspects of a person's life including education, employment, housing, social and family networks, recreation and day-to-day living.

Recovery is possible and many people with mental health disabilities are able to live full and productive lives. However, recovery is non-linear and no two people will experience it in the same manner, with some individuals recovering quickly while others continue to experience challenges.

Stigma is a significant attitudinal barrier that restricts opportunities for people with mental health disabilities to fully participate in society. Because of stigma, people with mental health disabilities are often excluded from the larger social sphere and denied adequate housing, education and employment opportunities.

### **Treatment and Access to Care:**

Treatment and support for mental health disabilities depends on the nature of the illness and the needs and preferences of the individual living with it. It can include medication and counselling as well as social supports such as housing, education, employment, income and recreation. It is important to note that people with mental health disabilities respond differently to different treatment modalities. What works for one person will not necessarily address symptoms in another. In addition, medication side effects, along with poor clinical relationship and/or a treatment-needs mismatch, can significantly impact adherence to treatment.

Unfortunately, mental health care has, and continues to be, chronically under-resourced in Ontario. As a result, only three out of ten people with mental health disability are able to access care. The current mental health system is wrought with lengthy wait times, regional disparities in access to services, gaps in service and overall limited capacity to adequately respond to the needs of people living with mental health disabilities.

In Canada, health care, including mental health services and supports, is offered on a voluntary basis. This approach is consistent with international standards and includes a number of protections to ensure that the rights of vulnerable and marginalized social groups are not violated. As such, under Ontario's health laws<sup>4</sup>, involuntary treatment is only allowed under extreme circumstances.

The Commissioner's Discussion Paper comments that there may be "reasonable expectations on people receiving social assistance to participate ... in the treatment or rehabilitation they may need." Tying benefits to treatment would be a regressive policy change and poses a number of practical, ethical and legal concerns. Participation in treatment is a personal choice, protected by legislative provisions, and should not be construed as a condition to receive income support. This expectation is also not grounded in the reality of limited service availability and is in stark contradiction to the client-centred system of care that has been developed over the last few decades. Introducing this

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<sup>4</sup> Please refer to *Health Care Consent Act, 1996* and *Mental Health Act, 1990*.

type of condition into the social assistance system will seriously jeopardize the human rights gains made in health care and social policy.

***CMHA Ontario and SSO therefore strongly urge the Commission to reconsider the concept of mandatory treatment as a provision of social assistance benefits.***

## **2) A Vision for Poverty Reduction**

CMHA Ontario and SSO believe strongly that Ontario's Social Assistance system should have a primary goal of poverty reduction, as described in the *Poverty Reduction Act*. When people are provided with adequate social and financial supports during their times of need, they have a better chance of reintegrating into society and fulfilling their personal goals of social participation.

*“Keeping us below the poverty line is only creating more disability...if you are emotionally sound when you get on the system it doesn't take long before you are depressed/suicidal! You can only get worse not better!” (Grace, SSO Survey respondent)*

Community advocacy groups have long called for a closing of the gap between current income benefits and what is needed to provide for a decent level of income. It is not only the right thing to do, but it has been shown to benefit the economy<sup>5</sup>.

In order to achieve the best possible outcome for both the recipients and social assistance administrators and policy makers, we would like to propose the following recommendations:

### **a) *Provide Adequate Income Levels***

*“I feel that the amount given those among us who are disabled to manage on is set at a rate that condemns recipients to poverty or dependency” (Carol, SSO Survey respondent)*

The current system of income and income-related benefits has improved since the mid 1990s when OW and ODSP were established. However, many more substantive changes are required before Ontario has a system that provides a strong safety net for those who are temporarily unable to work, and for those who may never enter or return to the workforce due to the severity of their disability and/or myriad of socio-structural barriers.

CMHA Ontario and SSO recommend that OW and ODSP rates be set based on the real costs of living. This would require a mechanism for establishing and adjusting rates based on objective and transparent criteria. CMHA Ontario and SSO endorse the details of recommendation 8 from the

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<sup>5</sup> Econometric Research Limited. (2011). *The Economic Impact of Social Assistance in Hamilton*.

ODSP Action Coalition’s submission, “A Proposal for ODSP Rule Changes: ‘Stupid Rules’ have Dire Consequences,” which provides a framework for setting social assistance rates based on minimum standard expenditures<sup>6</sup>.

***b) Continue to Recognize the Importance of Healthy Food***

The Special Diet Allowance (SDA) was implemented as part of ODSP and OW in order to provide extra funds to people whose health needs, as verified by a health-care provider, have particular nutritional requirements that cost more than a typical diet. The creation of this income supplement was recognition of the fact that ODSP and OW income levels were not sufficient to afford the nutrition food required to maintain good health.

All social assistance recipients need and deserve a healthy diet. Unfortunately, under the current benefit levels, that is still not the case. The SDA therefore remains an important factor in income adequacy, particularly for recipients with mental health disabilities who have specific dietary requirements resulting from co-occurring physical disabilities or medication side-effects. As such, SSO and CMHA Ontario support continued delivery of the Special Diet Allowance as a way of maintaining the good health of at least those social assistance recipients who medically require a nutritious diet.

***c) Allow Recipients to Maintain Assets***

Under the current social assistance directives, OW and ODSP applicants are basically required to deplete all their assets in order to qualify for assistance. As noted by one of the respondents of the SSO survey,

*“...A person has to be almost on the streets to get support” (Lina, SSO survey respondent)*

In addition, once on social assistance, individuals are unable to save for the future due to a number of restrictive rules and penalties entrenched in both OW and ODSP.

*“I do not think it is fair that someone who is unable to work should be denied the same rights as the average citizen to save for a house, buy a car, or just plain save for a rainy day” (Anonymous, SSO survey respondent).*

While income and assets from the Registered Disability Savings Program (RDSP) are exempt from income benefit calculations, it is important to recognize that not all those with mental health disabilities – even those who have serious and chronic mental illness – are eligible for the Disability Tax Credit, which is a precursor for qualifying for an RDSP. Because not all persons with mental health and other disabilities are able to utilize this vehicle for saving, CMHA Ontario and SSO

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<sup>6</sup> ODSP Action Coalition. (2011). Dignity, Adequacy, Inclusion: Rethinking the Ontario Disability Support Program. Submission to the Commission for the Review of Social Assistance in Ontario

recommend significantly increasing the allowable asset limit in both ODSP and OW. We further recommend an exemption of RRSPs and TFSA in income benefit calculations, similar to the exemptions for the RDSPs and RESPs.

### 3) **Social Inclusion and Employment**

*“ODSP needs to change their entire mandate...a success is not a person with a disability holding down a job for 13 weeks...it's so much more than that. A success is when a person who hasn't left their home in years, attends an appointment with a vocational counsellor. A success is when the person arrives on time for the appointment. A success is when the person learns new skills and can apply it to be productive. There are so many more successes than what ODSP has defined as their program mandate” (Kim, SSO Survey respondent)*

A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. Social inclusion is important to the well-being of all people, yet for many people with mental health disabilities, it remains elusive. SSO and CMHA Ontario believe that Ontario’s social assistance system has the potential to support the social inclusion of persons with mental health disabilities through a focus on facilitating meaningful participation in society through work or volunteer activities.

Work is an important life activity for everyone, as well as a key determinant of health. Unfortunately, many job seekers with mental health disabilities are often excluded from their employment of choice. Indeed, despite their desire and willingness to work, people with mental health disabilities have one of the highest rates of unemployment<sup>7</sup>.

There is a large body of research that identifies structural barriers within the system as the primary reason why recipients with mental health disabilities cannot access good jobs. The results of the survey conducted by SSO on social assistance programs in Ontario echoed this, with lack of accommodations from employers and insufficient supports from OW and ODSP cited as two of the main barriers to social and economic participation. In fact, only 14% of social assistance recipients with a primary diagnosis of mental illness access employment support programs. It is also important to note that for many individuals with mental health disabilities, volunteer work is often the entry point into the workforce and a pathway to recovery and social inclusion.

In order to foster social inclusion and employment through ODSP and OW, we recommend the following:

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<sup>7</sup> Harnois & Gabriel, op. cit.; Harvey, S. B., et al.. (2009). Mental Health and Employment: Much Work Still to Be Done. *British Journal of Psychiatry*, 194, 201–203; Latimer, E. et al. (2005). Generalizability of the IPS Model of Supported Employment for People with Severe Mental Illness: Results and Economic Implications of a Randomized Trial in Montreal, Canada.” *Journal of Mental Health Policy and Economics*, 8(S1), S29.

**a) *Avoid a “Work First” Approach***

CMHA Ontario and SSO are concerned about how employment has been promoted in the past; particularly through “workfare” which includes mandatory participation agreements and sanctions<sup>8</sup>. Numerous studies looking at mandatory participation associated with OW have shown that such measures do not allow people to improve their incomes and preclude their ability to contribute to society<sup>9</sup>. Instead, mandatory requirements to take the first available job result in less attachment to the labour market and greater reliance on social assistance<sup>10</sup>.

If we are to learn from past experience, our social assistance programs should be moving away from the “work first” approach and coercive employment measures and rather, move toward true activation policies which are based on ensuring active social inclusion, which goes beyond mere attachment to the labour market.

A “work first” approach can have a particularly detrimental effect on those with mental health disabilities, whose mental health problems could be exacerbated if pressured to work, thus cycling them back into social assistance. SSO and CMHA Ontario therefore recommend that OW recipients with mental health disabilities be exempted from mandatory participation in cases where their mental health issue prevents them from immediately gaining employment. Likewise, persons with mental health disabilities who are recipients of ODSP should not be pressured to accept work if it will negatively affect their health status. As the discussion paper indicates, the goal of the program should never be “getting people into temporary or low-paid jobs, even if they are likely to return to social assistance” (p.31, Discussion Paper). When the right supports are in place, both OW and ODSP recipients can and will work.

**b) *Implement an Opportunities Planning Approach***

The Social Assistance Review Advisory Council suggested that Ontario Works be re-engineered to become an opportunity planning program to support the achievement of full labour market potential through skills building, education, training, employment and related support such as transportation. CMHA Ontario and SSO support this recommendation and suggest that it be extended as an option within the Ontario Disability Support Program as well. An opportunities planning approach would include the following elements:

- ***A Full Continuum of Supports***

A re-engineered employment program will recognize that persons with mental health disabilities, who face multiple barriers to employment, often take a non-linear route to

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<sup>8</sup> See Deb Matthews’ report: Review of Employment Assistance Programs in Ontario Works and Ontario Disability Support Program (2004), for more details.

<sup>9</sup>For example, Lightman, E., Mitchell, A., & Herd, D. (2005). Welfare to What? After Ontario Works in Toronto. *International Social Security Review*, 58(4), 95-106.

<sup>10</sup> Lightman, E., Mitchell, A., & Herd, D. (2010). Cycling on and off welfare in Canada. *Journal of Social Policy*, 39(4), 523-542.

employment. This process requires more support across a graduated range of employment activities for a longer period of time than is currently available under the existing service delivery models.

- ***Improved Educational Supports***

In order for persons with mental health disabilities to be meaningfully included in today's economy, employment programs that provide a bridge to education and skills training opportunities are essential. Access to good education and training was rated in SSO's Social Assistance Survey as the second most important change needed to improve our social assistance system.

SSO and CMHA Ontario recommend the implementation and expansion of supported education and employment programs. These programs provide a full range of training and supports for persons with mental illness, such as job readiness and job coaching, and can help providing better access to preferred employment opportunities. Supported education and employment models have been shown to result in sustained employment at higher wages<sup>11</sup>. Additionally, persons with mental health disabilities who receive employment supports have a higher rate of job retention than those who do not receive these supports<sup>12</sup>.

- c) Reduce Disincentives to Employment***

The current social assistance system acts as a disincentive to employment. For individuals with mental health disabilities who may require a more gradual transition into the workforce, or who may at times feel able to work, and at others require income support, the current structure of ODSP and OW acts as a barrier. Those who do take on a job face so many clawbacks, making them worse off working. Because of this, many individuals with mental health disabilities may refrain from even attempting to re-enter the workforce.

In order to facilitate gradual re-entry into the workforce, CMHA Ontario and SSO recommend that social assistance recipients be allowed to keep all of the employment earnings and continue to receive applicable income benefits for the duration of one year after the commencement of employment. This will promote sustainable transition out of social assistance and provide safeguards to account for unforeseen job loss due to fluctuations in labour market and/or changes in one's mental and physical health or personal life circumstances.

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<sup>11</sup> Cook, J. et al. (2005). Results of a Multisite Randomized Trial of Supported Employment Interventions for Individuals with Severe Mental Illness. *Archives of General Psychiatry*, 62, 505-512; Rogers et al. (2006). The Choose-Get-Keep Model of Psychiatric Rehabilitation: A Synopsis of Recent Studies. *Rehabilitation Psychology*, 51(3), 247-256.

<sup>12</sup> Bond, G. R. (2004). Supported Employment: Evidence for an Evidence-Based Practice. *Psychiatric Rehabilitation Journal*, 27, 345-359; Bond G. R., et al. (2001). Implementing Supported Employment as an Evidence-Based Practice. *Psychiatric Services*, 52, 313-322.

***d) Support the Employment of Persons with Mental Health Disabilities***

Any recommendations regarding employment of people on social assistance must take into account the realities of the labour market and the structural barriers that exist in the employment of persons with mental health disabilities. CMHA Ontario and SSO recommend the following measures to facilitate the employment of persons with mental health disabilities in the labour market:

- ***Develop an Employment Policy Framework for Persons with Disabilities***

Policies for employment support in Ontario should have a common vision, shared language, and a consistent menu of services, while still allowing for local innovation and flexibility. We recommend that the Commission consider the “Making it Work<sup>13</sup>” framework, which sets out directions for a system of employment supports that offer accessible, individualized, and collaborative services. This framework would require a partnership between the Ministry of Community and Social Services, Ministry of Health and Long Term Care and the Ministry of Training Colleges and Universities, to bridge training and employment opportunities for the most marginalized job seekers. This collaboration should also include the business community and the training and education sectors<sup>14</sup>.

- ***Educate Employers on the Contributions of Persons with Disabilities***

When seeking employment, people with mental health disabilities often experience difficulty getting and/or maintaining employment due to stigma in the workplace. As noted by one of SSO’s Social Assistance Survey respondents:

*“If one has a disability that requires them to seek regular medical treatment, leads to too many barriers (both attitudinal and structural), is exhausting, can lead to undue stress to accommodate ones disability (because the onus is on the person to identify, (and in many cases) research or instruct how to remove it. Other factors that will hamper one’s ability to work is the cyclic nature of the disability. If one periodically has to be hospitalized for several months at a time, the employers will avoid hiring them. If they don’t avoid it, there will often be attitudinal barriers that will cause problems” (Louise, SSO Survey respondent)*

Employers’ misperceptions of a worker’s potential competency or misunderstanding of the costs of hiring persons with mental health disabilities can be addressed through education and training. CMHA Ontario and SSO recommend employer education programs as a way of supporting the employment of persons with mental health and other disabilities in the workforce. This could potentially be done through programs related to the *Accessibility for*

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<sup>13</sup> Ministry of Health and Long-Term Care. “Making it Work”. Available from [http://www.health.gov.on.ca/english/public/pub/mental/pdf/pfes\\_e.pdf](http://www.health.gov.on.ca/english/public/pub/mental/pdf/pfes_e.pdf)

<sup>14</sup> Canadian Policy Research Networks, College Ontario, Ontario Chamber of Commerce & One Step. (n.d.) Developing Skills through Partnerships: Symposium Report: [http://www.cprn.org/documents/48200\\_fr.pdf](http://www.cprn.org/documents/48200_fr.pdf).

*Ontarians with Disabilities Act*, which enforces the positive duty of employers to accommodate employees with disabilities.

- ***Create and Expand Social Hiring Programs***

There is a need for programs which proactively recruit and support the employment of members of marginalized communities through partnerships between employers and community-based employment services<sup>15</sup>. The Ministry of Community and Social Services is already doing this through their website [www.ableworks.ca](http://www.ableworks.ca). However, we encourage the Ministry to adopt other hiring approaches such as the purposeful purchasing concept adopted by the province of Manitoba<sup>16</sup>.

***e) Refrain from Defining “Ability to Work”***

People with mental health disabilities often have intermittent periods of good health interrupted by episodes of illness and may flow in and out of work situations as their health permits. This creates an inconsistent work pattern that often is misunderstood as lacking the motivation to work.

*“People with disabilities all have some ability to participate in the community and it is offensive to suggest that if they are not necessarily competitively employable, they become people who “cannot work” (Janette, SSO Survey respondent)*

Therefore, CMHA Ontario and SSO do not support the creation of a two-tiered system for people with disabilities based on the distinction of whether one “can” and “cannot” work as this would have detrimental effect on people with episodic disabilities.

#### **4) Access to Income Supports and Benefits**

The Commission’s Discussion Paper acknowledges the complexity of rules and the difficulty of navigating the social assistance program, not only for the recipients but for the workers as well. These concerns have been echoed through numerous reports and through testimonials from individuals with lived experience, service providers, OW and ODSP staff, and policy makers. Not only do the current rules create barriers for recipients, their intrusive reporting and monitoring measures also add to the administrative costs of delivering the social assistance programs<sup>17</sup>. Therefore, the following recommendations are intended to make the system easier to access and to navigate.

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<sup>15</sup> Social Capital Partners, op. cit.; JOIN (Job Opportunity Information Network), “Opportunities 2009: Informing, Inspiring, Connecting,” presentation at Opportunities Conference, April 2009.

<sup>16</sup> See, <http://msen.mb.ca> for more details.

<sup>17</sup> Lightman, E. (2003). *Social Policy in Canada*. Don Mills, Ontario: Oxford University Press.

**a) *Make the System Easier to Navigate and Understand***

*“Manoeuvrability through a complex system which lacks understanding and respect of people's health and situation is a major issue. For many it is hard to figure out how to get out of bed in the morning and then they have to add to their already complex issues and losses the feeling that they are a burden to society. With a positive approach, a willingness to support rather than be tight fisted, I believe people who need to go on the system would get through it and move back into the mainstream much more quickly. When we lose our self esteem and our health all in one blow it is much harder to get up and move on.” (Peggy, SSO respondent)*

People with mental health disabilities often experience poor memory, lack of concentration, cognitive difficulties and lack of energy. This makes it challenging to wade through the myriad of complex and often conflicting rules to access the information they need. This inability to access required information compromises their ability to comply with requests and access available supports.

In their report, “A Proposal for ODSP Rule Changes: ‘Stupid Rules’ have Dire Consequences,” the ODSP Action Coalition outlines a number of rule changes which would make the social assistance system easier to navigate. CMHA Ontario and SSO also echo the proposals made in the Coalition’s submission, “Dignity, Adequacy, Inclusion: Rethinking the Ontario Disability Support Program,” particularly recommendation 5, which calls on government improve service delivery and administrative procedures, and recommendation 22, which recommends hiring and training recipients to act as peer support workers.

Other measures that would help ensure recipients understand their benefits include benefit booklets which are updated and re-distributed on a yearly basis and on-line tutorials and videos in multiple languages explaining how to fill out forms. These tools will ensure that recipients with cognitive challenges and low levels of literacy can assess the needed information in a timely fashion.

**b) *Ensure Equitable Delivery of Special Benefits***

There are a number of “special benefits”<sup>18</sup> which assist with additional costs related to individual circumstances or health needs. These benefits are complex to administer and many recipients with mental health disabilities are not adequately informed about their availability and the eligibility criteria. This creates potential inequity in access to benefits.

It has been suggested that certain benefits could be delivered better and more equitably if separated from social assistance. We are aware that the Commission is interested in the solution proposed by

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<sup>18</sup> For example, health-related benefits (Assistive Devices, Drug Costs and Dental/Vision Benefits, Mandatory Special Necessities, Medical Transportation Costs), Community Start Up and Maintenance Benefit and Employment Start Up

the Caledon institute in which people with disabilities will be separated into those with “severe disabilities” and those with less severe disabilities<sup>19</sup>. As part of this proposal, individuals who have severe disabilities and cannot work ever again would be provided a separate disability benefit through the tax system, while social assistance programs such as ODSP would provide benefits to the rest of the people with disabilities who do not meet the “severity” criteria. As noted in other sections of this paper, SSO and CMHA Ontario do not support this distinction due to the episodic and non-linear nature of mental health recovery. An approach which separates people into categories of severity of disability also does not account for systemic, structural and attitudinal barriers which often preclude individuals with mental health disabilities from reaching their full potential. We therefore do not see the feasibility of separating the delivery of benefits in this manner.

We further recommend that if any benefits are indeed removed from the social assistance system, social assistance recipients be provided with the full value of any new benefit without clawbacks or restructuring of existing benefits.

***c) Work with Municipalities to Create a Transportation Subsidy***

Transportation is essential to access employment opportunities. The vast majority of SSO survey participants (83%) identified transportation as the most important work-related benefit to securing and maintaining employment. Considering the extremely low rates of current income supports provided through OW and ODSP, an additional monthly transit pass or equivalent mileage coverage are required to ensure continuous access to employment and employment opportunities. This approach has been effectively implemented in Ottawa, where CMHA Ottawa worked with their municipality to secure a transit subsidy for social assistance recipients. SSO and CMHA Ontario see the potential in implementing a similar initiative across the province.

This transportation subsidy would also facilitate social inclusion in other ways, by allowing recipients to more easily volunteer in their communities, attend support groups and connect with friends and family. This is particularly important for social assistance recipients living in rural or Northern communities, or municipalities without adequate, accessible public transportation systems.

***d) Explore a Portable Housing Benefit for Social Assistance Recipients***

Persons with mental health disabilities often experience unstable housing as a result of periods of hospitalization, followed by loss of benefits, employment, and other essential resources. Provision of a housing benefit in addition to the shelter allowance already provided can lead to more stable

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<sup>19</sup> Caledon institute of Social Policy. (2010). A Basic Income Plan for Canadians with Severe Disabilities. Ottawa: Caledon Institute of Social Policy.

housing. CMHA Ontario and SSO encourage the Commission to consider the housing benefit as identified by a coalition of housing providers<sup>20</sup>.

## 5) **System Integration**

In Ontario, people with mental health disabilities can potentially access income supports through one or more of the following programs:

- Social Assistance (OW and ODSP)
- Canada Pension Plan Disability (CPP-D)
- Employment Insurance (EI) Sickness
- Workers' Safety and Insurance
- Veterans' programs
- Private disability insurance

While these programs are all created to provide income supports to people with disabilities who have financial need, they do not work together in a coordinated manner<sup>21</sup>. The various definitions of disability, eligibility criteria and myriad of individual program rules are not only difficult to understand and navigate but also, when taken together, contribute to further social exclusion of people with mental health disabilities.

### *a) Eligibility Criteria and Definitions of Disability*

Evidence shows that uptake in social assistance has increased steadily over the course of the last several years, particularly when compared to other disability income support programs<sup>22</sup>. It has been proposed that this is due to other programs' stringent eligibility criteria which make them virtually impossible to access. In fact, all programs except OW and ODSP are only available to people who have engaged in full-time salaried or wage-paid work. As such, these programs are not accessible to the many people with mental health disabilities who have either never worked or who have only had part-time or irregular employment.

In addition, each of these income support programs uses different definitions of disabilities and philosophies about whether people with disabilities can work. In fact, most of these programs were designed in the 1960s or before, when people with disabilities were not expected to work<sup>23</sup> and prior to human rights challenges which showed that a major barrier to employment is not the disability itself but rather lack of accommodation in employment and other social policies. Not surprisingly

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<sup>20</sup><http://www.onpha.on.ca/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=4202>

<sup>21</sup> Caledon institute of Social Policy. (2010). A Basic Income Plan for Canadians with Severe Disabilities.

<sup>22</sup> Stapleton, J. (2011). Social Assistance Disability Income Expenditures. (unpublished).

<sup>23</sup> Stapleton, J., Procyk, S., & Kochen, L. (2011). What stops us from working?

then, many of the current definitions of disability under the various income support programs still conceptualize disability as a severe, permanent and non-changing condition. On the contrary, mental health disabilities are often temporary and episodic – because of this, individuals with mental health disabilities are often screened out of these income support programs.

When conceptualized through this lens, ODSP is a rather progressive disability support program as it does not distinguish between recipients based on presumed “severity” of their disability but rather recognizes that every individual has something to contribute, irrespective of their medical conditions. ODSP is perhaps the only program which incorporates a social definition of disability. Rather than trying to dismantle the way disability is conceptualized, CMHA Ontario and SSO feel that ODSP should be used as a model for other programs in its definition of disability and recognition of the significance of social barriers.

### ***b) Better Service Integration between Province and Municipalities***

We have heard from people across Ontario about how the policies and regulations of social assistance programs are often in conflict with those of the municipal programs. A particular area of concern is the interaction between OW and ODSP and municipally run rent-geared-to-income (RGI) housing.

For people with mental health disabilities, stable and secure housing has been shown to be extremely important to recovery. Yet many of these individuals live in poverty and cannot afford market rates and hence rely on RGI housing. Unfortunately RGI rules do not coordinate with those of ODSP and OW. This situation becomes especially complicated if the individual secures employment or has additional sources of income through other income support programs. For instance, as noted in the “What Stops Us from Working?” report: “earnings reduce ODSP cash benefits at a rate of 50%, while housing subsidies are calculated based on 100% of ODSP and employment earnings. Working ODSP recipients end up paying rent based on money they don’t have”.<sup>24</sup> SSO and CMHA Ontario support the recommendation in this report, which proposes the aligning policies of the Ministry of Community and Social Services (MCSS) with those of the Ministry of Municipal Affairs and Housing (MMAH)<sup>25</sup>.

## **Conclusion**

We hope this submission provides useful information to the Social Assistance Review in Ontario, as it relates to designing a program with the varying needs of all people with disabilities in mind. As the province moves forward in making improvements to Ontario’s social assistance system, it is

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<sup>24</sup> Stapleton, J. (2010). “Zero Dollar Linda”. A Meditation on Malcolm Gladwell’s “Million Dollar Murray,” the Linda Chamberlain Rule, and the Auditor General of Ontario. Metcalf Foundation.

<sup>25</sup> Stapleton, J., Procyk, S., & Kochen, L. (2011). What stops us from working?

vital that we continue to meaningfully consult with recipients themselves, who have the most knowledge about what works and what doesn't. This will require anonymous, easily accessible reporting measures for service users to evaluate how well the programs are meeting their needs and provide input on how these programs can be improved.

We appreciate and share the concerns raised by the Government and policy makers about sustainability of social assistance programs and their long-term viability. However, program sustainability can only be achieved when people have predictable and stable benefits that they can count on and accessible, as well as individualized supports to help them reintegrate into the larger society and, when appropriate, the labour market.

In order to realize this vision, SSO and CMHA Ontario strongly believe that social assistance must be re-conceptualized as a holistic safety net rather than a program of last resort. The vision and delivery of social assistance programs should be informed by and aligned with broader policy frameworks such as poverty reduction, social inclusion and human rights. In addition to restructuring income support programs and other related interventions, viability of social assistance over the long-term would further require governments to enact corresponding policies to address failures in the labour market.

*“If dignity and respect are part of the service delivery and the program in general all the other things will follow” (Peggy, SSO survey respondent).*

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