



Canadian Mental
Health Association
Ontario

CMHA Ontario Pre-budget submission

Prepared for the Ministry of Finance
Feb 10, 2023

Executive summary

Canadian Mental Health Association (CMHA), Ontario is pleased to provide our pre-budget submission to Ontario's Ministry of Finance.

CMHA operates at the local, provincial and national levels across Canada. We work to improve the lives of all Ontarians through leadership, collaboration and the continual pursuit of excellence in community-based mental health and addictions services. We believe in a society that embraces and invests in the mental health of all people. We are thankful for our collaborative relationship with the government and are pleased to be a trusted advisor that actively contributes to health systems development through policy formulation and programs that promote mental health for all Ontarians. Our 27 branches are part of the community mental health and addictions sector which serves more than 500,000 people each year.

This pre-budget submission is focused on the needs of the mental health and addictions sector and stems from consultations with our branches across the province, who continue to experience an increased demand for services in the aftermath of the pandemic. Services such as supportive housing, crisis response, case management, early psychosis intervention and assertive community treatment teams are experiencing high service volumes and need greater support. This increased need for mental health and addictions care comes at a critical time as our branches require emergency structural funding. Years of flatlined investment coupled with inflationary pressures has devastated their ability to deliver services.

It is from these perspectives that we recommend the 2023 provincial budget provide stabilization investments for CMHA branches across Ontario, with an immediate base budget increase of eight per cent and a commitment to sustainable and ongoing annualized funding. An eight per cent increase is equivalent to \$24 million for CMHAs and \$125 million for the entire community mental health and addictions sector. These measures can help offset historical underfunding of the sector and address the health human resources crisis. This critical infrastructure investment will bolster providers who are facing greater demands for service and ensure accessible, quality care for Ontarians.

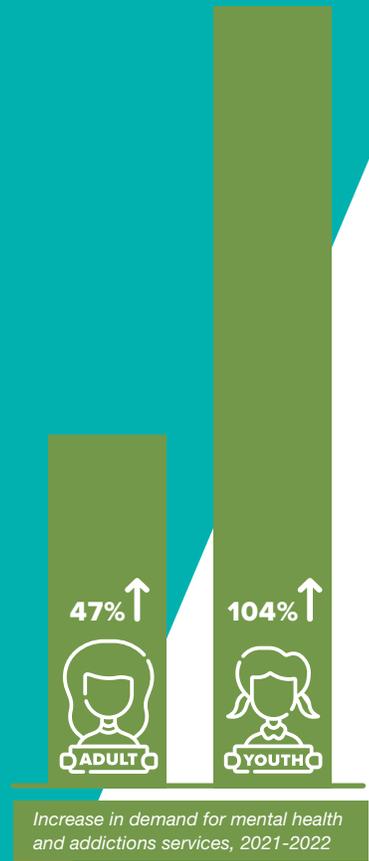
The case for **investing** in mental health and addictions care

The demand for mental health and addictions services has sharply increased in recent years. A two-year evaluation by the Ontario Psychological Association indicates that requests for mental health support for adults in the province increased by 47 per cent between 2021 and 2022.ⁱ The demand for children and youth services in the same time period grew by 104 per cent.ⁱⁱ

The opioid crisis continues to affect every part of the province. More than 2,800 Ontarians died from opioid-related causes in 2021ⁱⁱⁱ. Northern Ontario remains the hardest hit, with more than 80 people dying per 100,000 in Thunder Bay, and around 50 per 100,000 people in Sudbury and Algoma. The provincial average is 19.7 deaths per 100,000 people.



Individuals living with mental health and addictions issues are also experiencing challenges accessing social determinants of health, including housing, income and wraparound health supports. Homelessness and mental health are closely intertwined. Individuals with poor mental health are more susceptible to homelessness, and without housing with wraparound supports, a person living with a mental illness can experience a deterioration in their health conditions. In contrast, there is ample evidence that supportive housing is the most significant key to recovery for people who are living with severe mental illness. Stabilized housing also benefits communities in cost savings for other, more expensive parts of the health and corrections systems. But the latest data indicates the average wait time for supportive housing across the province is 300 days, and far longer in some communities.



SPOTLIGHT: CMHA KENORA

Since November 2022, demand for our court diversion service has shot up more than 80 per cent.



A manageable caseload for court diversion and court support workers should be about 40 to 60 cases. Last year, the program helped nearly 320 individuals, with only two workers.

Our branch has received just a single two per cent budget increase over the past 22 years. That was in 2018, though inflation since 2014 has been about 24 per cent.

We reorganize resources and redeploy staff, but we struggle to meet this increased demand in service with our current budget allocations.

Catching up after years of underfunding

We are recommending a substantial, immediate and ongoing base funding increase for the community mental health and addictions sector.

Each CMHA branch needs at least an eight per cent increase in base funding as an immediate emergency stabilization investment to support the Ontarians we serve provincewide.

Ontarians continue to express concern about their ability to access mental health care. A recent poll found that 41 per cent of Ontarians think it would be difficult to access mental health services in their local community.^{iv} While CMHA branches across the province continue to find creative solutions to provide the highest quality of care for the individuals we serve, without enhanced financial support, the sector will be hard pressed to provide the care that Ontarians deserve.

For CMHAs across the province, an eight per cent increase is **\$24 million**.
For the entire community mental health and addictions sector, this comes to **\$125 million**.

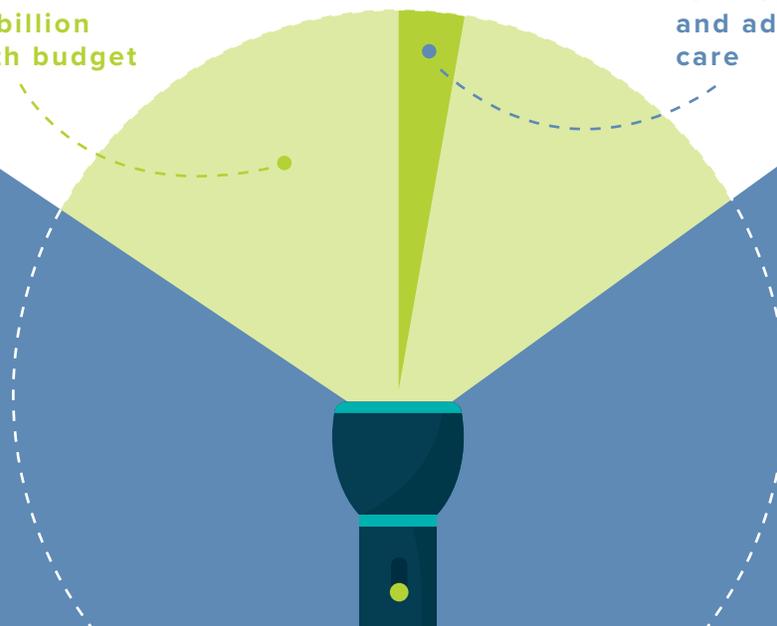
Our branches are struggling after decades of flatlined funding coupled with rising inflation. After years of trying to balance service provision, pay staff competitive wages and keep the lights on, CMHAs and other community providers have hit the breaking point. Our latest calculations indicate current service volumes are at 97 per cent, with case loads especially high in early intervention, crisis response and case management. A recent survey of our branches indicates without an immediate base funding increase, CMHAs don't have the staff or resources to continue to serve the same number of clients.

Ontario's 2021-22 health budget was \$66 billion. Of that, \$1.96 billion – or less than three per cent – was allocated to community-based mental health and addictions care. This falls far below leading jurisdictions that allocate 10 to 11 per cent of health spending on mental health.

At a time when the government says it's making mental health a priority, we feel investment in community needs to be significantly increased.

\$66 billion
health budget

\$1.96 billion
for mental health
and addictions
care



Flatlined funding hurts our dedicated workforce

Our greatest challenge right now in providing accessible, quality care to our clients is related to health human resources and the lack of capacity in our workforce.

Thousands of workers delivering mental health and addictions care in Ontario are burned out and struggling. Exit interviews and discussions at our branches indicate the main reason staff are leaving is compensation. More than 65 per cent of resignations over the last two years have been salary-based. The lack of historical funding for the sector and Bill 124 have severely limited our branches' ability to provide competitive wages. For example:

There is a **33 per cent** pay gap for experienced CMHA registered nurses vs. other health providers.

CMHA branches have received the same ministry funding envelope for certain positions for more than **20 years**.

Branch compensation packages are offered at a **25 per cent salary gap** with other health care employers for the same job.

Most CMHA branches are managing a staff vacancy rate of around five to six per cent, with some as high as 17 per cent. Extrapolated across all CMHAs, a five per cent vacancy rate amounts to nearly 250 positions going unfilled.

SPOTLIGHT: CMHA HALTON

With the growing complexity of clients accessing services, and no budget to hire more staff to address this, we are currently experiencing higher wait times for services in our crisis, treatment and case management programs.



It has been challenging to maintain our existing staffing levels at the most critical time in the mental health pandemic. We are frequently finding we are getting a low number of applicants for open positions and the time to hire is substantially longer than it was pre-pandemic. Recruitment challenges are due in large part to us not being able to offer market competitive wage due to our budget limitations. Our compensation package is at least 25 per cent lower than our biggest competitors in the region (hospitals, education, private sector). We would like to do more to retain staff through compensation and related financial factors, but our budget cannot support this.

SPOTLIGHT: CMHA SUDBURY/MANITOULIN

Our low-barrier shelter in Sudbury operates year-round and offers 35 beds, providing a safe, warm place to sleep with outreach and wraparound referral services to adults who are homeless and unable to access other shelter services. The shelter needs a minimum of two staff members and one security guard to remain open.



Due to current staffing shortages, if a staff member calls in sick unexpectedly, we may have no choice but to close the shelter. This occurred six times in 2022. That's six times that 35 individuals did not have a safe place to sleep.

It's often only due to the flexibility of our teams and support from the city that we are able to keep the shelter open when those situations arise.

Higher staff attrition rates have a negative impact on **client care,**

as clients may encounter multiple staff members in the same role during their service period. Constant shuffling can mean clients are retelling their stories multiple times, which can hinder recovery and decrease overall quality of care.

In an effort to keep their doors open and services available, agencies may rely on temporary workers who often do not have the level of training or skill that permanent staff possess. Temporary workers are less likely to be familiar with clients' care plans, so the continuity and quality of services is impacted. CMHA staff also take on a heavier workload in these situations, which can contribute to burnout and staff departures.

Immediate increases to base budgets for CMHA branches can create greater salary parity with other health care sectors, facilitate recruitment and retention, and help to address operating costs that go up annually.

LAUREN'S STORY

I left another agency to come work for CMHA in September 2021, after having worked for six years to build the qualifications to join the team. I am so happy in this role – some of us are just made for this job, and I think I'm one of them. I took a risk, leaving my previous agency where I had worked for many years and had high seniority, to take a one-year maternity leave contract here. Less than a year later, I was invited to stay as a permanent member of the team, which was my goal from the start. I wanted to build my career here, and I was thrilled to be an official part of the CMHA team.



Unfortunately, shortly after I accepted the offer the branch was faced with some unavoidable but significant changes to our insurance premiums, which had to be absorbed by staff. Suddenly I found myself in a very precarious position. I realized that with these changes I would now be making slightly less than at my previous agency. I would not have taken this role if I knew this was a possibility, simply because I could not afford to.

I am in a single-earner household by choice and am now finding I'm unable to support myself working in a full-time specialist position for the lead provincial mental health agency. While my salary is close to what it was a year ago, I now have to use my savings for every unexpected bill because of inflation. I am juggling with these concerns while engaging in emotionally-difficult work, such as advocating for my clients in the emergency room during the pandemic and holding the hands of parents whose children have just died by suicide. I have had some long, dark nights considering whether it was hubris to think I could have a career that not only helped others, but also allowed me to be a single woman with dignity living a frugal but stable life.

What I am finding instead is that our society doesn't seem to value my 'essential' work and my dignity isn't even part of the conversation. The fact that lots of people are struggling doesn't negate the fact that it is not possible to sustain the level of trauma and carry the risk we do without fair compensation. Please consider what will happen when we burn out due to the stress of living under this fear or find ourselves forced to leave a career we love for something soulless but financially realistic.

When the people who help the people who have fallen through the cracks start to fall through the cracks themselves, I fear the fabric of our social contract has worn dangerously thin.

- Lauren Hord, CMHA Waterloo Wellington

The cost-effective solution to health care

Beyond ensuring adequate support for staff and care for clients, the evidence points to increasing investments in community mental health and addictions care as a cost-saving measure over the long-term. Investment analysis reveals that every dollar spent in mental health returns up to 10 dollars to the economy.^{vi} In fact, a U.S. study found investments in community-based health care workers saved \$2.47 for every \$1 invested, due to reduced hospitalizations and other health care related costs.^{vii} Other calculations have found improving access to treatments for depression could boost the Canadian economy by \$32.3 billion a year, and better access to anxiety treatments could add another \$17.3 billion a year.^{viii} And every \$10 invested in supportive housing results in an average savings of \$21.72 across the health care, social services and justice systems.^{ix}

Investing in mental health and addictions care is a cost-effective and evidence-based solution to the overburdened emergency departments, hospital overcrowding and the mounting alternative level of care needs in Ontario.

SPOTLIGHT: CMHA COCHRANE-TIMISKAMING

Our branch provides a mobile crisis service in the Timiskaming District in partnership with the Timiskaming DSSAB and the local Ontario Provincial Police units. Following the implementation of the mobile crisis service, we saw a 13.65% reduction in the number of mental health clients returning to the emergency department for unscheduled visits within 30 days post discharge.



In 2022, crisis response mental health services supported 217 individuals in the community who may have otherwise called 911 and/or gone to the emergency department, resulting in a potential saving of nearly \$90,000.

Conclusion

Community-based mental health and addictions care providers like CMHA branches are essential to support the increased need for mental health and addictions care in Ontario. In addition to providing holistic approaches to mental health care, where clients receive appropriate clinical services and vital wraparound supports, our branches support the needs of individuals living with substance use and addictions conditions, offering harm reduction programming, rapid access to addictions medicine, withdrawal management and other treatments, services and supports. We're also integral partners in Ontario Health Teams across the province.

Our recommendations are a direct result of our branches facing tough decisions on how to retain staff and keep the lights on while providing quality care to their clients. Unlike program-specific investment, increased base funding will allow community service providers the flexibility to provide adequate salaries and cover rising operational costs due to inflation and other overhead.

The community mental health and addictions sector needs an infusion of funding to address historical inequities so mental health is given appropriate parity with other sectors of health care. The need to create a long-term vision to fund the sector is more important than ever.

ⁱ Strata Health. (2023 January 23). Demand for Psychological Services Grew Over 50% in 2022 as Ontarians Increasingly Turn to Privately Delivered Care for Help [Press release]. <https://stratahealth.com/ca/news/demand-for-psychological-services-grew-over-50-in-2022-as-ontarians-increasingly-turn-to-privately-delivered-care-for-help/>

ⁱⁱ Strata Health. (2023 January 23). Demand for Psychological Services Grew Over 50% in 2022 as Ontarians Increasingly Turn to Privately Delivered Care for Help [Press release]. <https://stratahealth.com/ca/news/demand-for-psychological-services-grew-over-50-in-2022-as-ontarians-increasingly-turn-to-privately-delivered-care-for-help/>

ⁱⁱⁱ Public Health Ontario. [Interactive Opioid Tool](#). Accessed February 7, 2023.

^{iv} Ontario Shores Centre for Mental Health Sciences. (2022 October 3). Feeling Anxious? You're Not Alone. As Many as Three in Ten (31%) Ontarians Report Having a Diagnosed Mental Health Condition - Most (75%) of Which Are Dealing with Anxiety [Press release]. <https://www.newswire.ca/news-releases/feeling-anxious-you-re-not-alone-as-many-as-three-in-ten-31-ontarians-report-having-a-diagnosed-mental-health-condition-most-75-of-which-are-dealing-with-anxiety-818522525.html>

^v Chisholm, D., Sweeny, K., Sheehan, P., Rasmussen, B., Smit, F., Cuijpers, P. & Shehkar, S. (2016). Scaling-up treatment of depression and anxiety: a global return on investment analysis. *Lancet Psychiatry*, 3(5), 415-424. [https://doi.org/10.1016/S2215-0366\(16\)30024-4](https://doi.org/10.1016/S2215-0366(16)30024-4)

^{vi} Canadian Institute for Health Information. Return on Investment: Mental Health Promotion and Mental Illness Prevention. https://cpa.ca/docs/File/Practice/roi_mental_health_report_en.pdf

^{vii} Kangovi, S., Mitra, N., Grande, D., Long, J.A., and Asch, D.A. (2020) Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment. *Health Affairs*, 39(2), 207-213. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00981>

^{viii} Conference Board of Canada. (2016 September 1). Unmet mental health care needs costing Canadian economy billions [Press Release]. <https://www.newswire.ca/news-releases/unmet-mental-health-care-needs-costing-canadian-economy-billions-591988711.html>

^{ix} Canadian Housing First Toolkit. [What is Housing First?](#) Accessed February 7, 2023.