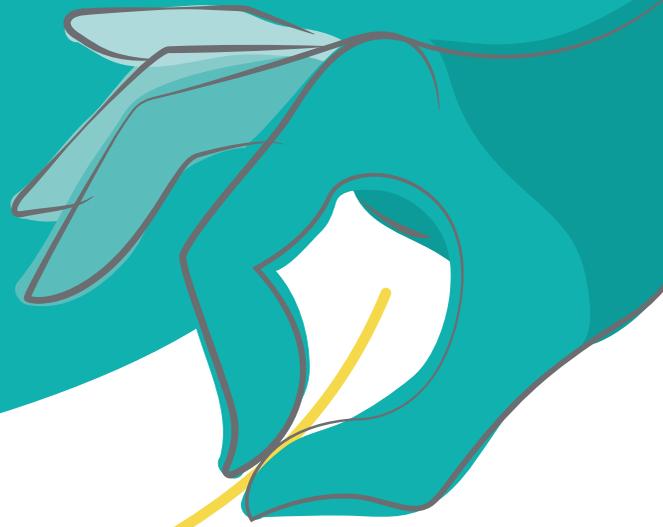




# CMHA Ontario

## pre-budget consultation Standing Committee on Finance and Economic Affairs



**Now more than ever, Ontarians need greater investment in the community mental health and addictions system**

CMHA Ontario recommends:

- 1. BASE BUDGET INCREASES**
- 2. ADEQUATE ONGOING FUNDING**
- 3. REPEALING BILL 124**

The underlying issue **TYING THESE CONCERNS TOGETHER** is the **HISTORICAL UNDERSPENDING** on mental health and addictions.

**1.**

An immediate **BASE BUDGET INCREASE OF 8%** (\$24 million) for CMHA branches to help support the communities we serve provincewide<sup>1</sup>

**Additional \$24 million = 0.017% of total health spending (2020-2021)<sup>2</sup>**

**2.**

On an ongoing basis, maintain community mental and health and addiction funding levels at **9% OF THE OF TOTAL HEALTH BUDGET<sup>2</sup>**

**2020-2021 Ontario health budget = \$59.8 BILLION<sup>2</sup>**

**\$1.56 BILLION<sup>1</sup>**

Current spending on all of community mental health and addictions

**2.61%<sup>2</sup>**

Percentage of health budget currently allocated to community mental health and addictions

### The pandemic has reinforced the urgent need to address mental health and addictions:

- Ontarians are deeply concerned about the **strain the pandemic has created** for mental health and addictions services<sup>3</sup>
- **Lack of historical funding** has contributed to barriers to mental health and addictions care
- **Opioid-related deaths** hit all-time highs during the pandemic<sup>4</sup>
- Demand for **mental health crisis services** has skyrocketed
- Massive shortfall of **supportive housing** remain

<sup>1</sup>Ontario Ministry of Health. Health Indicator Tool (HIT) Information Management Unit Health Data Branch. 2001-2021.

<sup>2</sup>Ontario Ministry of Finance. 2021 Ontario Economic Outlook and Fiscal Review: Build Ontario | Chapter 3. Fall Economic Statement, released on November 4, 2021.

# Now more than ever, Ontarians need greater investment in the community mental health and addictions system

**3.** Frontline mental health and addictions workers are among the heroes of the pandemic. **SUPPORT THEM BY REPEALING BILL 124, *Protecting a Sustainable Public Sector for Future Generations Act (2019)***, which limits collective bargaining for public-sector employees to 1%.

## Supporting CMHA's frontline champions

Aside from providing quality care, health human resources is the most significant operational concern right now for CMHAs across Ontario. COVID-19 has magnified these issues.

Immediate increases to base budgets for CMHA branches can:

- Create greater salary parity with other health care sectors
- Facilitate recruitment and retention
- Help to address operating costs that go up annually

## CMHA branches reveal real life examples of health human resource challenges

**66%** of resignations over the last two years have been salary-based.

Most resignations are related to stress, burnout and lack of competitive wages.

**33%** pay gap for experienced CMHA registered nurses vs. other health providers.

**25%** salary gap with other health care employers for the same job so we're losing staff to providers who can pay more and are better resourced.

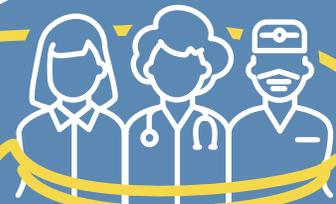
## Critical health human resources issues include:

- Large numbers of workers leaving mental health/addictions care
- Burnout, stress and fatigue
- Inadequate compensation levels
- Inability to recruit workers
- Services are negatively impacted

Health human resources will be a long-term concern.

<sup>3</sup>CMHA Ontario (2020). Results of CMHA Ontario public opinion poll released August 31, 2020.

<sup>4</sup>Ontario Drug Policy Research Network; Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Centre on Drug Policy Evaluation. Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2020



"We received **TWO RESIGNATIONS** from registered nurses in one month alone. They are burned out, managing higher level of risk and complexity than they are comfortable with due to clients not getting admitted (to treatment). Both left for part-time hours with higher wages at hospital / public health."

"Exit interviews show that staff love the organization and they love the clients and the work, but the perks CMHA can provide are no longer enough."

