

**Provincial Human Services and Justice Coordinating Committee**

**Response to the Report  
“Every Door is the Right Door:  
Toward a 10-Year Mental Health and Addiction Strategy”**

Submitted by  
Provincial Human Services and Justice Coordinating Committee  
August 28, 2009

## **Introduction:**

The Provincial Human Services and Justice Coordinating Committee (HSJCC) is in support of Health Minister David Caplan's initiative to develop a 10-year mental health and addictions strategy for Ontario. We value this opportunity to provide feedback on the discussion paper "Every Door is the Right Door: Toward a 10-Year Mental Health and Addiction Strategy," and we welcome the opportunity to participate in any upcoming roundtable discussions regarding justice, mental health and addictions.

Based on the *Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario* [1997], the HSJCCs were established in response to a recognized need in the province to coordinate resources and services, and plan more effectively for people who are in conflict with the law. Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol syndrome. The HSJCCs are a joint collaboration between the Ministries of the Attorney General, Community and Social Services, Children and Youth Services, Health and Long-Term Care, and Community Safety and Correctional Services, as well as various community mental health and addictions organizations across Ontario. All Ministry representatives are ex-officio members of the HSJCCs.

The Regional HSJCCs coordinate communication and service integration planning between health, criminal justice, and developmental service organizations within specific regions, and the Local HSJCCs provide input to these regional groups. The Provincial HSJCC, consisting of regional chairs and ex-officio Ministry representatives, functions as a provincial planning body.

In our efforts to support the work of the Minister's Advisory Group, the Provincial HSJCC is submitting the following key messages in response to the discussion paper. The ex-officio members did not participate in the development of this response. The purpose of this submission is to share our knowledge and expertise of justice, mental health and addictions issues across the province, and provide our advice and recommendations for the development of the new strategy.

## **Key Messages:**

The Provincial HSJCC recognizes the importance of the proposed seven directions as a starting point to addressing the current fragmented system of mental health and addictions services in Ontario. Acting early, meeting people on their terms, transforming the system, strengthening the mental health and addictions workforce, stopping stigma, creating healthy communities and building community resilience are all essential elements of providing comprehensive and seamless services for individuals in need. However, it is imperative that the following key issues be considered when addressing the unique needs of individuals living with mental illness and addictions who come into contact with the justice system:

1. The Provincial HSJCC commends the Minister's commitment to developing a whole of government approach to providing services for individuals living with mental illness and addictions who come into contact with the justice system. In terms of coordinating services,

the HSJCCs have benefitted from our inter-sectoral and whole of government approach. A similar inter-sectoral collaboration, which includes the participation of community mental health and addictions agencies, is highly recommended to lead and implement Ontario's new mental health and addictions strategy.

**Act Early:**

2. The Provincial HSJCC supports the development of early identification and early intervention initiatives. Often, many individuals living with undiagnosed or unidentified mental health and addictions problems come into contact with the criminal justice system first, before their needs are identified. Often, the justice system is the first point of access into the mental health and addictions system; thus, it is imperative that alternative pathways are identified through the healthcare system rather than through the justice system. More appropriate points of access must be developed in the community mental health and addictions sector for individuals to easily access services. Currently only 3 in 10 Ontarians are able to access mental health and addiction services, and delays and difficulties accessing appropriate treatment and support are common.

**Meet People on their Terms:**

3. The Provincial HSJCC is pleased that the impact of the social determinants of health is addressed in the discussion paper. People living with mental illness and addictions face multiple challenges including lack of education, unemployment and poverty. There is limited access and availability of social services and supports, and access to affordable housing. These social inequities are some of the reasons why individuals come into contact with the criminal justice system. The funding investments made to provide supportive housing in 2005 were sufficient to fill the gaps at the time; however, the need for affordable, supportive and supported housing has greatly increased since. For example, people are now being discharged from safe beds in Toronto into homeless shelters rather than the supportive housing that they require. Further investments are needed to address the existing housing shortage.

**Transform the System:**

4. Funding investments made in 2005 at the program level have had a positive impact and improved community mental health services at the program level by increasing the number of individuals being served. However, client needs have since exceeded the system capacity available in the community. New investments are needed to support individuals still seeking to gain access to community mental health and addictions programs and services.
5. The Systems Enhancement and Evaluation Initiative (SEEI) [2009] indicates that rates of hospitalization for individuals with mental illness and addictions have decreased.<sup>1</sup> However, emergency room (ER) visits are continuing to increase across the province because the ERs are the chief points of access to the mental health system. Alternative pathways and more appropriate points of access must be developed outside of the hospitals.

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<sup>1</sup> Systems Enhancement Evaluation Initiative (SEEI). (2009). "Moving in the right direction: SEEI final report."

6. New investments have increased the access and availability of crisis intervention team (CIT) services and mobile crisis intervention teams (MCITs). Collaborative police/mental health initiatives are successful; however, pressures on police, CITs and MCITs are increasing. A high population density is needed to sustain full-time, around the clock, MCIT services; therefore, MCIT programs only operate out of large urban centres such as London, Ottawa and Toronto. More community resources must be put in place in urban and rural areas so that the police are not the default responders to mental health crises. In rural areas, creative police/mental health initiatives must be supported to offset the absence of MCITs. Further investments are needed to expand and support existing community based crisis intervention services in both urban and rural areas.
7. Although collaborative police/mental health initiatives have been successful, individuals living with mental illness and addictions are at risk of repeatedly encountering the criminal justice system. Pre-charge and diversion programs must therefore be expanded. New investments are needed to support follow-up care services to prevent individuals from re-entering the criminal justice system.
8. Enhancement of court support programs in the criminal justice system has had a positive impact. However, the existing court support programs do not have the capacity to manage complex cases involving individuals with concurrent disorders and/or dual diagnosis. It is estimated that up to 80% of people referred to mental health services from the justice system have an addiction problem or concurrent disorder. Further investments are needed to increase the capacity of the existing court support programs and expand the range of programs available to individuals with concurrent disorders and/or dual diagnosis.
9. Individuals living with mental illness and addictions who come into contact with the federal justice system have distinct needs. This group is a high risk population, often requiring intensive support for their complex mental health needs. Currently, there is limited capacity to provide services for federal offenders in the community. Increased collaboration between the federal justice system and the provincial justice system is necessary to provide seamless services and ensure continuity of care. New investments for people with complex conditions and women are needed to build community capacity to provide adequate services for federal offenders.
10. Research initiatives, such as SEEI, have been effective in identifying the unmet needs of individuals living with mental illness and addictions who come into contact with the justice system. However, new investments are required to fund new research and evaluation initiatives. Building an ongoing infrastructure for research and development is necessary to discover more effective solutions and evidenced-based practices. Developing a mechanism to provide technical assistance to the field and promote research and evaluation is essential for monitoring progress and accountability. The SEEI cost less than 1% of total service enhancement/accord spending and provided extremely useful information, as well as fostering partnerships between researchers and the field. Accordingly, the HJCCs need capacity to analyse the effects of current programming and conduct needs assessments.

**Strengthen the Mental Health and Addictions Workforce:**

11. Developing an integrated mental health and addictions strategy requires increased training for the mental health and addictions workforce. Mental health workers must be trained on addictions issues, and addictions workers must be educated about mental health issues. Police and correctional officers must also receive comprehensive mental health and addictions training. The education provided to the workforce must be evidenced-based, supported by current research and data.
12. To promote equity and respect for diversity, it is recommended that the justice, mental health and addictions workforce receive cultural competency training. This workforce must have the capacity to meet the culturally diverse needs of Aboriginal communities and ethno-racial communities who are over-represented in the criminal justice system.

**Stop Stigma:**

13. The negative impact of stigma often increases when individuals living with mental illness and addictions come into contact with the criminal justice system. These particular individuals, as well as individuals labelled “forensic patients,” are often perceived as violent offenders. As a result, they experience increased levels of overt and covert discrimination, and face multiple barriers when attempting to access mental health and addictions services. Anti-stigma campaigns and anti-discrimination initiatives must also focus on reducing stigma and discrimination in the justice system, as well as the mental health and addictions system, for offenders living with mental illness and addictions.

**Create Healthy Communities and Build Community Resilience:**

14. Individuals from Aboriginal and ethno-racial communities are over-represented in the criminal justice system. It is important to foster supportive communities and develop strengths-based approaches to protecting these individuals from mental illness, addictions as well as preventing them from coming into contact with the justice system. New investments must be made to help build community capacity for Aboriginal and ethno-racial communities, and support these communities as partners in promoting health and wellness, social inclusion and equity.

The Provincial HSJCC appreciates this opportunity to provide feedback to Minister Caplan and his Advisory Group. We recommend that the unique needs of individuals living with mental illness and addictions who come into contact with the justice system be addressed and the preceding key issues be considered when developing the new integrated mental health and addictions strategy. The Provincial HSJCC welcomes the opportunity to participate in any upcoming roundtable discussions regarding justice, mental health and addictions.

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