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Ministry of Health
and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2G4
Tel 416-327-4300
Fax 416-326-1571
www.health.gov.on.ca

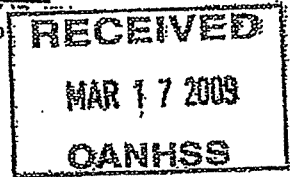
Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

10^e étage, édifice Hepburn
80, rue Grosvenor
Toronto ON M7A 2G4
Tél 416-327-4300
Téléfax 416-326-1571
www.health.gov.on.ca



Ontario



MAR 11 2009

HETC2966MC-2009-97

Donna A. Rubin
Chief Executive Officer
Ontario Association Of Non-Profit Homes
And Services For Seniors
7050 Weston Road, Suite 700
Woodbridge ON L4L 8G7

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Dear Ms. Rubin:

Thank you for your letter about the development of a mental health strategy. I appreciate your support and interest in the Strategy for Mental Health and Addictions.

The Ministry of Health and Long-Term Care is cognizant of the need to enhance public awareness and management of mental health and addictions issues, as well as the need to improve access to treatment and services for Ontarians with serious mental illnesses and addictions.

Since my appointment as Minister of Health and Long-Term Care I have focused the ministry's resources on priorities and initiatives that will have long-term impacts and that will benefit the greatest number of people like chronic disease management, e-Health and mental health and addiction. These three key areas will help address the most pressing challenge we face in hospital emergency rooms (ER) by diverting patients from the ER to alternative settings for care and treatment that better suit the patient's needs.

Our government is committed to strengthening mental health and addiction services in the province. With that in mind, we are developing a 10-year Strategy for Mental Health and Addictions that will deal with the full continuum of mental illness and addictions across the lifespan, including its affect on families, communities and the workplace.

The Strategy will concentrate on reducing emergency department wait times, improving family health care, integrating mental health and addiction services, outcome measures, and include specific populations such as children and youth; Aboriginals, new Canadians and seniors. Mental health promotion, addictions prevention and early intervention will have a key role in its development.

We have convened a working group comprised of consumers, family members, service providers and researchers from across the province including perspectives such as children and youth, seniors, Aboriginal, and workplace. This group will identify the key strategic areas that will help move the mental health and addictions system forward.

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Donna A. Rubin

A Select Committee of the Legislature for mental health and addictions has also been formed. The Select Committee will examine relevant information and literature and conduct hearings to hear from Ontarians whose lives are affected by mental illness and addictions.

I am pleased to be working in collaboration with our colleagues in government in developing a plan for Ontario that is comprehensive, collaborative and focused on improving health outcomes for people living with serious mental illness and addictions.

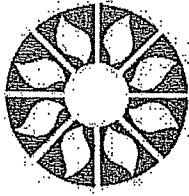
Thank you again for writing. I have forwarded your letter to senior ministry staff that has responsibility for the Strategy for Mental Health and Addictions so that they are aware of your comments and suggestions.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David Caplan', with a long horizontal flourish extending to the right.

David Caplan
Minister

HE-D1-3



OANHSS

ONTARIO ASSOCIATION OF NON-PROFIT HOMES AND SERVICES FOR SENIORS
7050 WESTON ROAD, SUITE 700, WOODBRIDGE, ONTARIO L4L 8G7 • TELEPHONE: (905) 851-8821 • FAX: (905) 851-0744

December 16, 2008

Hon. David Caplan, MPP
Minister of Health and Long-Term Care
80 Grosvenor Street
10th Floor, Hepburn Block
Toronto, Ontario
M7A 2C4

Dear Minister Caplan:

Re: Provincial Mental Health Strategy

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Human Services	
Peel Living	

On behalf of the members of the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), I want to commend you for your support for the development of a mental health strategy for Ontario.

We are pleased that the needs of those with mental illness is a priority for you and that you have allocated additional funding to support services and access for those who need them. What is not clear is whether your strategies will include the needs of seniors. We urge you to ensure that it does.

As a reminder, the mental health needs of residents in long term care (LTC) homes was one of the five priority long term care objectives we identified in a mandate letter we delivered to your predecessor and discussed with you in our meeting in August.

Both the literature review and the experience of LTC homes verify that there is a very high prevalence of mental illness among LTC home residents. Some recent studies report prevalence rates as high as 80%. In one recent study, more than two-thirds of residents had some type of dementia, 10% suffered from affective disorders and 2.4% were diagnosed as having a psychiatric illness. Forty percent of the residents with dementia also suffered from psychiatric complications¹. The Ontario Level of Care Classification results for long term care homes also support this data.

In addition, recent WSIB statistics are showing an increasing number of injuries due to workplace violence in LTC, often caused by residents' aggressive behaviours.

This changing profile of LTC residents and seniors in general is putting a greater strain on the ability of homes and community programs to address these needs.

¹ National Guidelines for Seniors Mental Health, Canadian Coalition for Seniors Mental Health, May 2006

We acknowledge that MOHLTC has supported and funded action on some of the recommendations in a number of reports, including some from the Casa Verdes inquest: funding for dementia training, the establishment of external psychogeriatric resource positions to support homes and including the requirement for more frequent updates of CCAC LTC home applicants' assessments in the LTC Homes Act.

These actions, while having some benefit, fail to address the major system requirements that will facilitate the significant changes needed. Though all stakeholders and the public agree on the importance of mental health issues in the long term care sector, we have yet to see a systemic approach being developed that will significantly address the challenges in a coordinated fashion.

OANHSS has convened a number of forums with multiple stakeholders including geriatric mental health experts, CCACs, LHINs, officials from your Ministry and our own members to identify what needs to be done not only in individual sectors, but also for the system as a whole. We also participated on an expert panel convened in 2007 to examine the critical areas of concern. The ideas that flowed from these discussions reiterate a wide scope of strategies which, on their own might have some benefit, but taken together could change the face of care as we know it today.

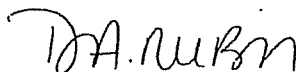
We propose four key areas for action:

- LHIN-led demonstration projects that include the creation of special behaviour units in some LTC homes and a behaviour support role in all LTC homes.
- Continued funding for staff training in dementia and related care focused on responding to residents' aggressive behaviours.
- Enhancement of the external psychogeriatric specialist teams.
- Creation of supportive regulations in to the LTC Homes Act (e.g., ability to discharge/transfer, CCAC assessment requirements).

We are optimistic that your commitment to mental health strategies will lead to concrete action in support of individuals in all settings, but we ask that you pay particular attention to people in long term care homes. Simply put, we must address the problems now. Failure to act will not only continue to put residents and staff of homes at risk of serious harm, but it will also limit the capacity of the overall health system to align its resources to meet the government's wait time, emergency room and alternative levels of care priorities.

We look forward to working with you to implement these important strategies that will benefit Ontario's seniors.

Sincerely,



Donna A. Rubin
Chief Executive Officer