

dialogue

November 15, 2007

A bi-weekly update on issues
affecting health care in Ontario

Response to mental health must address poverty and housing – Symposium

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Building on five priorities for change, OPSEU's 2nd mental health symposium Nov. 12-13 aimed to provide wind under the wings of a diverse group of organizations and individuals committed to changing the way mental health services are delivered in Ontario.

Patty Rout, OPSEU 1st Vice-President, presented the priorities to the gathering of activists, health care professionals, policy makers, consumer-survivors and academics. "As long as services are fragmented, not grounded in the social determinants of health, and do not retain a highly-skilled and experienced workforce, then reform initiatives will not succeed," she said.

Rout was critical of the government's direction to hospitals to freely cut any mental health programs that were funded outside a protected ministry envelope of services.

"No other health services are openly put on the chopping block in the same way as mental health," she said.

OPSEU's five priorities include

- putting a stop to front-of-the-line cuts to mental health;
- addressing wage inequities between hospital and community mental health workers;
- accessing more forensic beds and court diversion programs;
- making housing a right; and
- establishing income security for people who are mentally ill.



Dr. Cheryl Forchuk speaks to the Mental Health Symposium Nov 12.

On the threshold of a movement

"We are on the threshold of the kind of movement we've seen in cancer or HIV/AIDS," said Glenn Thompson, Interim President of the Canadian Mental Health Commission.

Internationally, there is already a growing movement to address what is often called the "orphan of the health care sector."

In Canada, Thompson's commission emerged from the recommendations of Senator Michael Kirby's 2004 report, *Out of the Shadows At Last*. Thompson sees the role of the commission as building a cross-Canada movement and directly fighting the stigma – or discrimination – that is associated with mental illness.

Given a 10 year mandate, the commission intends to solicit input, debate solutions, and propose a plan

of action. Canada is the last of the G8 nations to craft a national mental health strategy.

Consumer-survivors played a central role in the symposium, serving as moderators on the panels, asking questions and facilitating comments from the floor. Moderators Dan Carter, Craig Hurst and Robin Harvey are all recipients of "The Courage to Come Back Award" from the Centre for Addiction and Mental Health.

Approaching government

Ann Bowlby, manager of the Ministry's mental health and addictions unit, said labour could "do things we can't do." That includes bringing together the various ministries to try and solve the problem together.

Bowlby said the government was to play a different role now that the local
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Mental Health Symposium

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health integration networks are here. "Our role is different that before April 1st. Government can encourage, facilitate, but we are not here to fund directly."

Hy Eliasoph, CEO of the Central LHIN, said strategically, advocates should seek to build capacity within mental health and then lobby for resources.

At the Central LHIN, all 28 mental health providers – employers and labour – sit at the same table to speak as one mental health and addictions network, he says.

Deborah Pegahmagabow, Director of Bisanibemasdwin Mental Health Services, and Nancy Stevens, Regional Aboriginal Mental Health Programs Coordinator for Northeast Mental Health Centre, focused on the unique requirements for improving aboriginal mental health.

Stevens said the response has to start with a multi-faceted approach. "There is no such thing as just a mental health issue. It is all inter-related, it's about the equalization of power."

"How do you have good mental health if you live in a mouldy house, or live in poverty?" asked Stevens.

Pegahmogabow said there was a duty to consult aboriginal governing body when planning for mental health services.

"You have to recognize that the First Nations experience is grounded in colonization."

Housing is a right

OPSEU Board member Nancy Pridham spoke about the need for housing and poverty reduction. "Access to housing is a right," she said. "Without this basic need, people do not succeed in achieving stability in other areas."

Pridham said government has not kept its promises and obligations under international declarations, covenants and conventions.

Pridham called on the province to raise the rates for the Ontario Disability Support Program (ODSP) and Ontario Works, as well as increase the minimum wage to \$10 an hour immediately.

Michael Shapcott of the Wellesley Institute said politicians give three reasons for their inaction on mental health: its too complex, there are not enough dollars, and it is not a priority for Canadians.

"All three are lies," he says. With the 9th largest economy in the world, the federal government has chosen to implement tax cuts rather than invest in the priorities of Canadians. Polls show Canadians overwhelming favour investment in supportive housing.

For more coverage, go to www.opseu.org

Unions rally at Humber River Regional Hospital

OPSEU participated in a Nov. 15 noon-hour rally at the Church Street site of the Humber River Regional Hospital.

Frustrated with the poor state of labour relations at the hospital, OPSEU, ONA, SEIU and representatives of other labour organizations presented a united front.

OPSEU Local 590 has been without a contract since March 2006. While frustration mounts, the hospital has shown little to no interest in returning to the bargaining table to resolve its differences. Instead, the contract awaits arbitration.

Despite orders from the Ministry of Labour, the hospital continues to ignore its poor record on health and safety.



OPSEU members demonstrate at Humber River Regional Hospital Nov 15.

Kingston General Hospital fights for funding

Kingston General Hospital is spearheading a very public campaign for funding. Painting a bleak picture, the hospital has posted a 29-page document on its web site arguing for close to \$40 million more in annual funding.

KGH says it is unable to look after 65 per cent of the most critically ill

or injured patients from the region – meaning if you are seriously injured in a vehicle accident in Kingston, you are more likely to end up in a Toronto hospital.

KGH cancels up to 20 per cent of its surgeries because it doesn't have the resources it needs to care for patients post-operatively.

The hospital says that it is a "high performer" in the joint Ministry-Ontario Hospital Association report card that rates hospital efficiency.

Indications are that government is not pleased with the KGH campaign. Kingston MPP John Gerretsen said Kingston General must be accountable for its financial situation, and the government wouldn't rule out seizing the hospital's operations.