

Gavin Anderson

Local 460

Good morning from Kingston. My name is Gavin Anderson and I am the vice president of OPSEU Local 460. Local 460 represents 85 frontline clinicians and clerical staff who work for Pathways for Children and Youth. Pathways is a children's mental health agency that serves children and families in Kingston, Frontenac and Lennox & Addington counties.

I will speak about the relevance of the Local Health Integration Networks to children's mental health in a moment, but first I want to thank the Standing Committee on Social Policy for hearing my submission. I had hoped that the Committee would convene for at least one day in Kingston, but I appreciate the opportunity to participate by speakerphone. I trust that the transmission is clear.

I realize that most of the submissions you hear will be delivered by individuals and organizations that are directly

involved in the delivery of healthcare services, or groups that advocate for patients and the Canadian Medicare system. I know that my own union president, Leah Casselman, as well as many other elected union leaders, have met with the Committee and spoken with passion and with conviction about the problems associated with Bill 36 and the LHINs initiative. The Ontario Health Coalition and local community health coalitions have also weighed in.

It is not my intention to repackage their submissions, other than to reiterate that the unions and the health coalitions make a convincing argument against the LHINs. I agree with those who maintain that the LHINs have been poorly planned without adequate consultation. I share the concern that, inexplicably, physicians have been left out of the equation. I believe that the LHINs are neither democratic nor accountable, and stretch the boundaries of the term “local” beyond reason. These are serious challenges and I certainly hope that the Committee takes them to heart. It

would be a grave error to proceed with the LHINs as presently contemplated.

I began by identifying myself as the vice president of OPSEU Local 460. That is the credential that I used to request standing, but you should know that I am a registered social worker at Pathways with a full caseload. I have arranged my schedule today so that I could call on my break. I have worked in children's mental health for over 25 years – the last 18 in southeast Ontario with Pathways and its predecessor agency. When my colleagues and I speak about children's mental health, we do so with the credibility and the authority that is earned through years of dedicated direct service.

Many of you may be wondering about the connection between children's mental health and the LHINs, since children's mental health agencies, including Pathways, receive their funding from the Ministry of Children and

Youth Services and not the Ministry of Health and Long Term Care.

George Smitherman confirmed the connection on November 29, 2005 when speaking about Bill 36. He said, as reported in Hansard:

*“We also believe that there are opportunities to move forward and create a broader role for community care access centres. Other government ministries have wondered -- and we will work on this as a government; we will seek input on this -- whether it might not be possible to use community care access centres not just as a place that's branded, if you will, related to the Ministry of Health, but with a broader service role. Taking a look at other community programs that are delivered by sister ministries, like the Ministry of Children and Youth Services, the Ministry of Community and Social Services and even the Ministry of Education, we believe that very often one*

*patient or client asks or seeks services or gains services from more than one government ministry.”*

Clearly, the Government of Ontario is contemplating moving children’s mental health and other community services into the CCAC model, which to my thinking will place these non-medical agencies squarely under the authority of the LHIN’s.

Let me explain why that is threatening to my members, and to the families that depend on our services.

Mental health remains poorly understood and chronically under funded. Our colleagues who work in the adult mental health sector, including OPSEU members who work in psychiatric hospitals and psychiatric wards, have testified in this and many other venues about the bleeding of resources away from mental health services towards more easily measured, and more easily understood medical

procedures. In the LHINs model of allocating resources, adult mental health workers, patients, and advocates will be competing for recognition and for funding in 14 jurisdictions. Historically, the needs of children with mental health issues are even less supported.

Children's Mental Health – Ontario has estimated that as many as 558,000 children under the age of 19 have a diagnosable mental health disorder. That's 18%, or nearly one child in five. More than 300,000 are living with multiple disorders. Our experience is that it is difficult to get and keep the attention of even our own ministry. Our capacity to meet the needs of children with emotional and behavioural problems is shrinking when measured against the expanding demand for services.

We are also aware of the problems in home care, which under the CCAC model has degenerated into a fragmented sector of competing service providers that have disrupted

continuity, eroded service standards and depressed wages. We do not want to see children's mental services going to the lowest bidder. We do not want to have to follow our work from employer to employer as contracts are terminated and reissued to the cheapest alternative.

The children and families of Ontario need to have confidence that their government will provide access to adequately funded children's mental health services. This is a commitment that only a central government can guarantee. We do not believe that 14 LHINs will independently accept the same obligation – especially in the face of competition from services that historically have enjoyed far more political and community sympathy and support than the types of misbehaving children and dysfunctional families that rely on our services.

The LHINs initiative is bad policy that has failed in other jurisdictions. The LHINs represent poor planning and

incomplete consultation and deserve to be derailed on their own merit. Minister Smitherman's musings that the LHINs of the future will potentially swallow more agencies, including the one I work for, is just piling on.

Please put the breaks on this potential train wreck before our healthcare system is thrown into further disarray.

If there is any time available, I would be pleased to clarify any part of my presentation or try to answer questions. Thank you for your attention and your consideration.