

## HEALTHCARE | IMPROVING CORE HEALTH

**Much has been done to improve the quality of health in Ontario. We must ensure, however, that essential health benefits are readily available to everyone and that low-income families and individuals have access to the services they need, especially those persons living in deepest poverty.**

There needs to be an expansion of access to mandatory core health benefits to all adults receiving Ontario Works and adult children in families receiving ODSP, and there needs to be added coverage for dentures (including initial and follow-up fittings) for all social assistance recipients.

New core health benefits for all low-income adults should be introduced over the next 10 years, starting with the expansion of prescription drug coverage to adults 25 to 65, followed by the expansion of the 'Healthy Smiles Ontario' program to include adults age 18 to 65 plus adding dentures as part of the benefit; designing and implementing a new vision and hearing benefit for low-income individuals and families; and, expanding access to medical transportation benefits.<sup>48</sup>

## LIVING WITH DISABILITIES

**We need to improve support for people living with disabilities through maintaining and strengthening ODSP as a distinct program for people with disabilities.** Government must ensure that both ODSP and OW are equipped to support people with disabilities and meeting individual goals for social and economic inclusion. Both programs should accommodate the needs of persons with disabilities as part of the person-centred, collaborative approach to support individual goals and aspirations.

ODSP as a distinct program for people with disabilities needs to be strengthened to meet individual goals for social and economic inclusion of people in its care. We must recognize that there is a continued need for a distinct income support program for people with disabilities, an "assured income" approach for delivering financial support to people who meet the ODSP definition of disability.

## LIVING WITH DISABILITIES

**One in three people will face mental health challenges in Ontario this year. Yet mental health and addictions services provided by social service agencies in communities throughout Ontario have been chronically underfunded compared to other parts of the health system.**

Frontline social service agencies including some Catholic Charities member agencies must face the daily challenges posed by people with mental health needs. More often than not, it's families who face challenges in filling the gaps left by traditional health care. It's clear that more needs to be done with regard to mental health and especially in helping frontline social services as opposed to hospitals.

Many people find themselves being treated for the first time in a hospital emergency room. Yet,

once they leave a hospital, the majority will not likely be seen again by a health care provider for more than six months. This is no way to treat society's most vulnerable.

Mental health is essential to good overall health from childhood to retirement. In the past 10 years, we have seen a 67% increase in hospitalizations for children with mental health disorders. The traditional health care structure has struggled to keep pace.

For decades, mental health and addictions services in communities throughout Ontario have been chronically underfunded compared to other parts of the health system. It has weakened the flexibility of the mental health and addictions system to meet growing needs in the province as waiting time has increased, programs have been cut and people in need of help often fail to get it.

There is general acceptance about the urgent need for quality mental health and addictions services. Rather than funding hospitals or large mental health institutions to provide services, funding should be channelled to community-level social service agencies who can meet these needs and at a fraction of the cost. Through this type of outreach more people will be helped, while keeping provincial costs down.

## LIMITED ACCESS TO COMMUNITY AGENCIES

**We know that agencies providing mental health services often have limited access to the mental health supports that they need to do effective mental health outreach such as that done by many Catholic Charities member agencies.** Access to addiction-specialized medicine is getting better, but access to addiction-specialized psychiatry is still challenging. Agencies still need better access to psychiatry and mental health supports, if they are to be as effective as they can be.

Moving more psychotherapy resources and specialized mental health outreach services into the community would be advantageous. The fact is that most community agencies, including many Catholic Charities member agencies, are seriously underfunded. It has unfortunately become worse over the past few years. Most agencies have had 'flatlined' funding, that is no increase in funding from Local Health Integration Networks (LHINs) for the past eight straight years. The situation is clearly not sustainable.

In addition, many community programs offered by not-for-profit agencies who work with people with mental health and addiction problems suffer from historical funding inequities. Funded on a per bed basis, if they offer transitional housing, their treatment programs might receive just \$29,000 per bed, while another government-supported treatment program will receive \$42,000 to 60,000 per bed.

Front-line agencies like many Catholic Charities member agencies have received no increases in funding for the past ten years; their base budgets have been 'flat-lined'. A newly-elected government must change this situation. A newly elected government must ensure that the Ontario Ministry of Health and Long-Term Care will address these inequities through the proposed four-year plan of Addictions and Mental Health Ontario.