



Psychiatric Patient Advocate Office

Bureau de l'intervention en faveur des patients des établissements psychiatriques

HAND DELIVERED

September 8, 2009

Mr. Kevin Flynn
Chair, Select Committee on Mental Health and Addictions

Dear Mr. Flynn:

We are pleased to accept your invitation to appear before the Select Committee on Mental Health and Addictions.

For over 25 years, the Psychiatric Patient Advocate Office has offered independent advocacy and rights advice services to uphold the legal and civil rights of individuals with mental illness. The documents attached overview our vision for the modernization of advocacy and rights advice services in the context of a comprehensive mental health strategy. We believe that advocacy services are essential to realizing a modern mental health system that is truly capable of supporting individual recovery and patient safety with dignity, respect and equality.

We have walked along-side our clients and have shared their experiences in the mental health system. The reality of that system is one of fragmentation. There is often little coordination between disciplines like health care, law, and social supports. It is too easy for consumers of mental health services to fall through the gaps and face barriers related to stigma and discrimination.

In our vision, Ontario needs to extend strong and effective independent advocacy and rights protection services to all individuals with mental illness, regardless of where they receive their care and treatment, which hospital they attend, or which community service they depend on. A comprehensively coordinated and formally established mental health advocate would be able to address individual and systemic issues across Ontario. The advocate would have province-wide oversight and would be able to regularly report on the state of mental health in Ontario. The advocate would be able to identify gaps in the system and work collaboratively with stakeholders and professionals across services and disciplines to break down the silos of the mental health system.

Our vision is of an advocate who works as a partisan supporter of his or her client. The advocate empowers the client to take control of decisions affecting their care and treatment. The advocate ensures that the client has timely access to services and access to justice. The advocate facilitates continuity of care as their client transitions between community and facility. In so doing, the advocate supports their client in defining and grasping their own recovery at all stages of their journey.

In our 25 years of service, we have experienced the ways in which advocacy improves healthcare outcomes, restores relationships and communication between clients and providers, facilitates lasting recovery, improves transparency and the responsiveness of policy making, and equalizes power imbalances between clients and professionals. These are the same goals we must pursue in transforming the mental health and addictions system.

Sincerely,

Vahe Kehyayan, Director
Psychiatric Patient Advocate Office



Psychiatric Patient Advocate Office

Bureau de l'intervention en faveur des patients des établissements psychiatriques

September 8, 2009

Psychiatric Patient Advocate Office

Submission to the Select Committee on Mental Health and Addictions

Public Hearings

Good afternoon Mr. Chairman and Committee members. I am Vahe Kehyayan, Director of the Psychiatric Patient Advocate Office (PPAO), and with me is our legal counsel Ryan Fritsch. We are very pleased to appear before the Committee and thank you for your invitation.

The PPAO began more than 25 years ago to protect and uphold the legal and civil rights of inpatients of the Provincial Psychiatric Hospitals in Ontario. We are here today in support of mental health advocacy as an essential component of a comprehensive mental health system.

Last year our 12 Patient Advocates responded to over 3,700 individual issues. One-third of these issues were related to quality of care and quality of life. Over half the issues were related to legal matters, especially access to justice. The remaining 15% of our advocacy services related to social entitlements and programs. We also provided mandatory rights advice in over 22,000 cases occurring within the community and provincial psychiatric facilities. More information about our office is detailed in our 2008 / 2009 annual report, which we sent to the members of the Committee last month.

Our activities represent just a fraction of the need for mental health advocacy across Ontario. While we currently provide advocacy in 10 specialty psychiatric facilities, there are more than 55 psychiatric units in general hospitals across Ontario where consumers have no access to advocacy services. In addition, many treatment, rehabilitation and support services have migrated from hospital to community and the vast majority of individuals who live with mental illness reside in the community and receive services there. For these individuals, access to advocacy services is limited or non-existent.

In our view, advocacy services should be available to all Ontarians with mental illness, regardless of where they live or where they receive their care, treatment, rehabilitation and support.

Our focus, since the inception of our program in 1983, has been to strengthen the voices of those we serve and to support their ability to make decisions about their own care, treatment and lives. The ability to make decisions about the things which most affect us is fundamental to our rights as human beings and our membership in a democratic society. This is something which most of us take for granted. However, for those living with mental illness, this fundamental right to self-determination may never be fully realized. Many are so stigmatized by mental illness and their

rights as citizens so eroded that they live on the margins of society, and may never fully enjoy the benefits and opportunities to which most citizens are entitled.

We have developed a much deeper understanding of what it means to be socially marginalized, stigmatized and economically disadvantaged as the result of mental illness. We now know how living in poverty, joblessness, homelessness and substandard housing and the absence of equitable access to resources and opportunities can directly and negatively impact physical and mental health. These are not only the potential social consequences of mental illness but often determine its course and outcome.

Advocacy has the power to mitigate the negative social impacts of mental illness through its work with individual consumers and the service delivery and support systems at large. In this way, advocacy is both a front-line resource and a fulcrum for social change at the systems-level.

Advocacy strives to assist those living with mental illness to assume greater control over their lives and to mitigate, if not entirely eliminate, the negative consequences of mental illness and the stigma arising from it. For this reason, empowerment lies at the heart of advocacy.

Our ambition as advocates is to put people in control of their own mental health care and lives. We may be striving to create a client-centred system of care, but our greatest challenge is how to harness the expertise of the client as the source of change. Advocates help foster a collaborative approach to care that respects rights while facilitating self-defined recovery. This creates a more responsive, effective and comprehensive mental health system. Advocacy provides a means to translate the narrative of peoples' lives into a means of promoting individual and systems-level change.

These considerations respecting the role and importance of advocacy lead us to believe that formal, independent advocacy services must be strengthened. As the mental health system continues to undergo modernization and refinement, so too must the delivery of mental health advocacy services.

In order to achieve effective advocacy in Ontario, we believe that we must take the following steps:

1. We must ensure that advocacy has both the mandate and resources to be fully independent. Effective advocacy takes instruction only from the client. It is based almost entirely on trust and integrity. It must be provided free of any interference from institutions or service providers and from any perception of bias or conflict of interest. Effective advocacy also requires the ability to work across systems like health, law and social services. Advocates cannot provide such services if they are tied to a particular institution or program or clinical service that may be mandated to work from the standpoint of best interests.
2. We must ensure that advocates have a formally established and fully recognized role throughout the mental health system. When we were established in 1983 the PPAO was the first patient advocacy program in Canada. Today Ontario is falling behind other

jurisdictions like the United Kingdom, where legislation mandates the availability of advocacy services at any point in the mental health system. These jurisdictions have recognized the importance and value of a professionalized advocacy services provided by formally trained advocates. A legislative mandate would give advocates the authority to do their job more effectively and would allow for the creation of a coordinated province-wide advocacy services. Such oversight is a particularly important role in a fractured mental health system delivered through a variety of health and social support providers. Psychiatric services are also delivered across a broad continuum of disciplines including health care, law, and social services. Advocates are uniquely positioned to travel across these siloed services and to help their clients navigate through them.

3. We must ensure that provincial advocacy services have a modern governance model that supports stronger accountability, transparency and more responsive service delivery. We believe that formal advocacy services are just one in a plurality of consumer advocacy opportunities that includes peer support, family members, and public interest groups. Governance of a provincial advocacy service should represent that diversity. It should be a way to enhance and improve coordination to identify common issues, incorporate consumer and stakeholder feedback and evaluate remedies and strategies. It should also help foster the development of local community resources where none exist or resources are limited.
4. We must develop advocacy resources which keep pace with the migration of services into the community and which are fully accessible across facility-based and community settings throughout Ontario.

In summary, our vision of a comprehensive mental health system hinges on the inclusion of advocacy as an integral component to assist consumers in taking greater charge of their own mental health care and lives. It builds on the growing consensus that the development of effective mental health services is most likely to be achieved where service users are actively engaged and involved in service planning and implementation. Advocacy services that are provided seamlessly throughout the mental health system are of benefit to individuals, to service providers, and to policy makers. For individuals, advocacy provides a means to realize a truly client-centred mental health system that maximizes the consumer voice in matters that affect their care, treatment and quality of life. For service providers, advocates provide early identification and resolution of consumer concerns and are a professional resource on mental health law and rights. For policy makers, advocates provide a province-wide perspective on systemic barriers and service delivery from the consumer perspective, improving risk management and balancing operational needs against the rights of the vulnerable. The further development of a fully accessible, province-wide, independent advocacy service will pay substantial dividends in consumer recovery and wellness and the overall effectiveness of our mental health system.

In closing, I wish to thank you for the opportunity to appear before the Committee. I hope you will give serious consideration to the realization of our vision.

**PSYCHIATRIC PATIENT ADVOCATE OFFICE
RESPONSE TO THE
“EVERY DOOR IS THE RIGHT DOOR” MENTAL HEALTH STRATEGY FOR ONTARIO**

Preamble: Our vision of a comprehensive mental health strategy includes formally established patient advocacy services. We believe such services are essential to actualizing the spirit and principle behind each of the seven directions of “Every Door is the Right Door” strategy. While this submission outlines a professional advocacy model, it is consistent with a pluralistic approach to advocacy and supports other approaches, including peer and family support.

EVERY DOOR IS THE RIGHT DOOR	PPAO RESPONSE	
DIRECTION & IDENTIFIED GOALS	ADVOCACY INTERVENTION TO ACHIEVE DIRECTION & GOALS	ENVISIONED OUTCOME
<p>Direction: Act Early</p> <ul style="list-style-type: none"> • Ensure that at-risk populations are not only connected to services but meaningfully served by them. • Community-based professionals are essential in identifying and facilitating access to supports and services for individuals at risk of or experiencing mental illnesses or addiction. • Avoid the criminalization of mental illness, poverty and drug addiction through earlier intervention and more successful diversion and harm reduction programs. 	<ul style="list-style-type: none"> • Advocates assist clients in successfully obtaining services by providing them with partisan, independent support and empowering them with knowledge to make their own choices. Advocates do not work for “the system” and are not tied to a particular program; they work for the consumer on the basis of client instruction. • Advocacy services are provided confidentially and independently, facilitating trust with the consumer and improving the opportunities for outreach. • The presence of an Advocate removes barriers to service related to stigma and discrimination, such as in obtaining housing. • Advocates transform a potentially adversarial process into a multi-provider, patient-centered collaborative process by focusing on problem-solving the underlying issues while allowing both parties to recognize and respect rights and entitlements. 	<ul style="list-style-type: none"> • Consumers are empowered to “open doors” to their self-defined recovery and early intervention when they are not alone in their journey. • The criminal justice system is relieved as a mechanism for treating mental illness, reducing pressure, expenses, and recidivism. • Collaborative “problem solving” and “harm reduction”.

EVERY DOOR IS THE RIGHT DOOR	PPAO RESPONSE	
DIRECTION & IDENTIFIED GOALS	ADVOCACY INTERVENTION TO ACHIEVE DIRECTION & GOALS	ENVISIONED OUTCOME
<p>Direction: How can we meet people on their own terms?</p> <ul style="list-style-type: none"> • Across all levels and systems, there must be means to concretely operationalize principles like “patient centered”, “recovery” and “empowerment”. • The journey of recovery is individual. The best way of supporting individual recovery will vary from person to person. 	<ul style="list-style-type: none"> • Since there is no ideal or “right” service, it is not possible to provide step-by-step instructions for how individual recovery can be supported by mental health staff. Advocates shift the perspective of programs from a provider-centered perspective to a client-driven one, transforming potential success into lasting recovery. Recovery is something worked towards and experienced by the person with mental illness. It is not something services can do to the person. • Advocates facilitate communication between a client and facility, program or service provider. With their knowledge of fundamental rights, laws, and the workings of the social support and health care systems, Advocates support the client in developing a collaborative relationship as equal partners, rather than an adversarial or paternalist one. • Advocates create the space for conversation between a client and service, thereby facilitating independently defined “recovery” and “empowerment” at each step. • Advocates build a relationship of trust with consumers. This relationship is distinct from but complementary to the therapeutic relationship. Advocates can assist clients in addressing communication barriers with care providers in support of a therapeutic relationship. • Advocates balance systemic pressures against individual needs and preferences to propose solutions through a problem-solving approach. 	<ul style="list-style-type: none"> • Advocacy strives to return decision-making authority to mental health consumers in support of their personal choices and self-identified goals for recovery. This “activates” them as participants in their care and recovery, thereby shortening hospital stays, improving the success of community treatment programs, fostering collaborative care, and reducing complaints and lawsuits. • Consumers are placed at the centre of the mental health services delivery system and encouraged to participate fully and effectively in the planning and decision-making impacting their care, treatment, rehabilitation, support and lives.

EVERY DOOR IS THE RIGHT DOOR	PPAO RESPONSE	
DIRECTION & IDENTIFIED GOALS	ADVOCACY INTERVENTION TO ACHIEVE DIRECTION & GOALS	ENVISIONED OUTCOME
<p>Direction: Transform the System</p> <ul style="list-style-type: none"> Break down barriers between “silo services” to ensure a continuity of care and holistic approach to support. 	<ul style="list-style-type: none"> Advocates are by definition agents of change working exclusively from the client perspective. By empowering consumer choice and voice, Advocates exert constant pressure on the system to be more client-centered. Advocates broaden mental health and addictions services by including pluralistic perspectives as part of the system design, alongside other advocates including peer support workers and family members. Advocates are uniquely positioned to ensure the delivery of care is cooperative and coordinated between individuals (doctors, nurses, administrators, family members) disciplines (health, law, social assistance) and organizations (primary and secondary care institutions, community support organizations, government). Health promotion efforts are significantly strengthened by intervening at multiple levels simultaneously. Advocates shift the blame away from individuals to focus instead on improving system design. Advocates engage facilities and services in a frank discussion of the client’s needs and perspective across the continuum of care. Advocates collect data from the client perspective, not a programmatic perspective, offering an external way to measure evidence-based success. Advocates improve risk management by bringing issues and problems to a program or facility as they emerge. 	<ul style="list-style-type: none"> Constant feedback and improvement across multiple sectors. Engagement with stakeholders leads to stronger policies and practices and client enfranchisement. Pluralistic perspectives from advocates, peer support workers and family members included at all levels of the system. Shifting focus from individual blame to improving systemic design. More responsive and proactive risk management. Improved health promotion efforts. Less litigation.

EVERY DOOR IS THE RIGHT DOOR	PPAO RESPONSE	
DIRECTION & IDENTIFIED GOALS	ADVOCACY INTERVENTION TO ACHIEVE DIRECTION & GOALS	ENVISIONED OUTCOME
<p>Direction: Strengthen the Mental Health and Addictions Workforce</p> <ul style="list-style-type: none"> • Sharing knowledge and promoting respectful, evidence-based services for people with mental illnesses and addictions is about taking a competency approach to care. • Convert a medicalized culture of “clinical recovery” into an individualized therapeutic culture of “personal recovery”. 	<ul style="list-style-type: none"> • Advocates flag issues related to cultural competence, disability accommodation, legal rights, consumer preference and quality of care as they arise, thereby reducing errors, improving efficiency and responsiveness, and preventing problems before they become serious. • Advocates strengthen the mental health and addictions workforce because they are professionals themselves with diverse backgrounds in law, nursing, peer support and the social sciences, and have a wealth of personal experience. • Advocates as teachers build insight, understanding and empathy into medical education. Medical education is accelerating its acknowledgement that appropriate and effective treatment is directly tied to effective interpersonal communication skills, cultural competency, and the expression of compassion. • Advocates see the system from the perspective of the client and are capable of bringing multiple systems into conversation to ensure continuity of care. • Advocates relieve the pressure on service providers to appear “perfect” between themselves and with consumers. This makes the job environment less adversarial and more collaborative, improving worker retention and satisfaction. • Advocates make programs more effective because they turn the most challenging cases into opportunities for learning and practice reflection. 	<ul style="list-style-type: none"> • Advocacy reduces misunderstanding and antagonism through continuous dialogue with service providers on behalf of consumers, thereby supporting and augmenting program and service effectiveness. • Advocacy amplifies the consumer voice and mitigates risk through early problem identification and collaborative and proactive problem solving. • Operationalization of professional goals such as self-reflective practice, best practices, and a culture of systemic improvement.

EVERY DOOR IS THE RIGHT DOOR	PPAO RESPONSE	
DIRECTION & IDENTIFIED GOALS	ADVOCACY INTERVENTION TO ACHIEVE DIRECTION & GOALS	ENVISIONED OUTCOME
<p>Direction: Stop Stigma</p> <ul style="list-style-type: none"> • Bring mental illness and addiction out from behind closed doors. Ontario strives to eradicate stigma in the health system, in public services, and in society. • Anti-stigmatization training must be entrenched as an ongoing feature of the system at all levels. • Human rights must be privileged and an “ethic of accommodation” made a feature of the system. • Discrimination is often linked to fear, uncertainty and unfamiliarity. 	<ul style="list-style-type: none"> • Stigma and discrimination are barriers to service, equality and empowerment. Advocates are well positioned to identify and remove invisible issues and systemic barriers. Advocates facilitate face-to-face communication and respect. • Advocates are familiar with fundamental civil and human rights, empowering the consumer to enforce those rights and reducing self-stigma. • Advocates serve persons with mental illness on a daily basis. They are ideal candidates to provide anti-stigma and anti-discrimination education. • Advocates share the experience of the consumer. They are well positioned to raise issues raise invisible or systemic barriers. • Advocates can give voice to the voiceless, ensuring that their concerns become part of mainstream discourse. 	<ul style="list-style-type: none"> • Mental health issues are brought “out of the shadows”. • A proactive approach to eradicating stigma and discrimination before it can happen. • Reduction in the need to litigate human rights complaints. • Greater awareness and compliance with the <i>Access for Ontarians with a Disability Act</i>.
<p>Direction: Create Healthy Communities</p> <ul style="list-style-type: none"> • Ensure that at-risk populations have access to stable incomes, housing and communities. • Fostering supportive communities is a shared responsibility that requires the commitment of all segments of society and cooperation of all government ministries. 	<ul style="list-style-type: none"> • Advocacy cuts across individual programs and sectors, ensuring that the consumer is treated fairly and placed at the center of his support network whether it be related to employment or housing. • Advocates improve responsiveness to stakeholder concerns by translating individual issues into broader systemic reforms. • The presence of an Advocate removes barriers to service related to stigma and discrimination, for example, in obtaining rental housing or enrolling for a government entitlement. 	<ul style="list-style-type: none"> • Continuity of services • A conduit for stakeholder engagement • Reduced barriers to equal participation in communities

EVERY DOOR IS THE RIGHT DOOR	PPAO RESPONSE	
DIRECTION & IDENTIFIED GOALS	ADVOCACY INTERVENTION TO ACHIEVE DIRECTION & GOALS	ENVISIONED OUTCOME
<p>Direction: Build Community Resilience</p> <ul style="list-style-type: none"> • Strengths such as family and friends, problem-solving skills, coping style, social skills and being connected to the community can help build resilience and protect people from mental illnesses and addictions. 	<ul style="list-style-type: none"> • Advocates ensure that consumers always have an effective form of redress. • Advocates show consumers how they can advocate for themselves. • Advocates encourage others to become active in mental health care, supporting a plurality of perspectives including peer support workers and family members. • Advocates remain a constant source of feedback and improvement from the consumer perspective, ensuring their issues and concerns remain at the forefront. 	<ul style="list-style-type: none"> • Long-term engagement in communities resulting in systemic change and improvement. • Advocacy supports and promotes full social inclusion for consumers in their living, learning and working environments.