



Psychiatric Patient Advocate Office

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

VIA EMAIL

August 25, 2009

The Honourable David Caplan
Minister of Health and Long-Term Care
Chair, Minister's Advisory Group on Mental Health and Addictions
info@moh.gov.on.ca

Dear Minister Caplan:

We are pleased to accept your invitation with our response to the *Every Door is the Right Door* discussion paper.

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 attached document is our vision for the modernization of such advocacy and rights advice services in the context of a comprehensive mental health strategy. We believe that advocacy services are essential to realizing each of the Seven Directions of the *Every Door is the Right Door* initiative.

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 mental health rights advocate would be able to address individual advocacy issues as well as 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. Such oversight is particularly important given the multiplicity of overlapping agencies and facilities. They would benefit directly with input from the clients perspective.

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. Clients do not "fall through the cracks" with an advocate by their side. 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. It is no coincidence that these are exactly the transformational goals envisioned by the Seven Directions of the *Every Door is the Right Door* strategy. Advocacy is transformation. It is only when a system is pushed beyond its comfort level that it gains the new perspective it needs to become truly patient-centered and holistic.

Sincerely,

Vahe Kehayyan, Director
Psychiatric Patient Advocate Office

**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”.

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<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.

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<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.

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<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.

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<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

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<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.