

October 2, 2013

The Honourable Teresa Piruzza, MPP
Minister of Children and Youth Services
Co-Chair, Cabinet Committee on Poverty Reduction
M-1B114, Macdonald Block
900 Bay Street
Toronto ON M7A 1N3

The Honourable Ted McMeekin, MPP
Minister of Community and Social Services
Co-Chair, Cabinet Committee on Poverty Reduction
Ministry of Community and Social Services
7th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 1E9

Dear Ministers,

Thank you for connecting with a wide variety of stakeholders in your recent poverty reduction consultations. The Centre for Addiction and Mental Health (CAMH) has participated in several discussions and we appreciate the opportunity to share our thoughts on the best ways to reduce poverty in Ontario.

Breaking the Cycle: Ontario's Poverty Reduction Strategy took some important first steps to address poverty in children and youth. A key component of the strategy is the link between poverty and mental illness. Many Ontarians continue to struggle to meet their basic needs and it is particularly concerning to us that people with mental illness are over-represented in this group. As reported in *Brighter Prospects: Transforming Social Assistance in Ontario*, 60% of new ODSP recipients have a 'mental disorder.' As we move into the next phase of the poverty reduction strategy, CAMH recommends including policies and programs that will help alleviate the poverty faced by people with mental illness. Specifically, CAMH recommends that the government:

- invest in affordable housing and related supports and;
- remove barriers and create incentives, to get people working.

Invest in affordable housing and related supports

Housing is a key component of recovery for people with mental illness, yet many individuals are homeless or living in substandard housing. These individuals would benefit greatly from **housing subsidies** that cover the difference between the shelter portion of their ODSP cheque and the actual cost of rent for an apartment. Other individuals would benefit from **housing subsidies and mental health supports** similar to the province's recent investment in continuation of the At Home/Chez Soi project. With the support of the

Toronto Central LHIN, CAMH has had success in housing individuals with complex needs through **innovative partnerships** with private landlords, municipally funded housing providers, and existing mental health supportive housing and service providers. These partnerships have successfully moved patients from the hospital setting while contributing to the overall 'flow' within the supportive housing system.

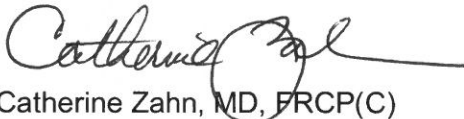
Remove barriers, and create incentives, to get people working

Many people with mental illness can and want to work. They face barriers when they try to find employment. **Evidence based employment supports** that provide an array of vocational strategies and job options based on individuals' interests and abilities are essential in helping people with mental illness find and keep work. Social purpose enterprises and augmented education approaches such as those established in partnership between CAMH and George Brown College are options that should be made widely available. The **treatment of earnings under ODSP** also needs to be adjusted to provide people with better incentives to work. The government's recent introduction of a \$200 earnings exemption is great start and we would suggest consulting

with the 2011 report, *What stops us from working?* developed by the Dream Team, Houselink and CAMH for further recommendations. It is important to recognize that people with mental illness are disproportionately affected by the current job market and unemployment rate. It will be important to engage with business leaders to develop a **labour market strategy** that creates and sustains jobs for people with mental illness.

Reducing poverty in Ontario is a strong imperative for a healthy economy and society. For those living with mental illness, it is an important part of recovery.

Sincerely,



Catherine Zahn, MD, FRCP(C)
President and CEO