

**REPORT TO THE HONOURABLE SANDRA PUPATELLO  
Minister of Community and Social Services**

***Proposals to Enhance Service & Accessibility for ODSP  
Applicants with Mental Health Disabilities***

From the

ONTARIO DISABILITY SUPPORT PROGRAM  
TORONTO ROUNDTABLE

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## INTRODUCTION

The Toronto legal clinics along with many other social service providers have been aware for some time that ODSP applicants with mental health disabilities experience unique barriers to applying for benefits. Some of those difficulties relate to the nature of the illnesses people experience, while others are due to the structural barriers erected by the application process. Many people with mental health problems, including those who are leaving institutions or who are homeless, are falling through the cracks and unable to navigate the current application process alone.

Recently the Social Assistance Action Committee (the Toronto inter-clinic network of community legal clinics) organized a Roundtable to discuss the barriers faced by persons with mental health disabilities. The Roundtable participants (over twenty-five) included front line workers from the mental health sector, and representatives from social service agencies, survivor groups, community centres, the hostel services, and the Toronto legal clinics.

Many of the barriers to the ODSP application process have been identified in *Denial by Design*. A copy is attached for your easy reference. However, with respect to issues confronting persons with mental health disabilities in particular, we wish to raise the following considerations.

Given the stigma attached to persons with mental health disabilities, it is not surprising that many people do not disclose their disability or seek help for it. People with mental health disabilities may not trust the medical profession, or may fear being “pathologized” and subjected to medications or other treatments that they worry may be worse than the symptoms they experience. Others may lack insight into their disability, and not seek help for that reason. Still others may assert that they do not have a disability at all. Whatever their reason, many of these people will not apply or will be denied ODPS benefits because they do not have someone from a recognized profession to complete the forms on their behalf. However, they may see social workers, welfare workers, or others who are intimately familiar with the person and their history.

The application process and the forms themselves are lengthy and difficult to understand. A significant amount of additional material in support of the application is required. Many doctors do not spend the time necessary to ensure that the application forms are as complete as they need to be in order for the application to be successful. Individuals require additional supports and services in order to undertake the application process.

These examples are not comprehensive, but will give a sense of the kinds of issues faced by persons with mental health disabilities. Our recommendations are designed to address, at least in part, the issues raised.

The Toronto Roundtable participants were not striving for a consensus of opinion so much as to bring forward recommendations that create options for people and enhance access to the Ontario Disability Support Program. We believe that stronger partnerships are needed at all levels -- community, municipal and provincial -- if the current barriers are to be overcome. While many recommendations are raised for the Ministry's consideration, it is also our intent to pursue changes at the municipal level as well as in our inter-agency practices.

At the outset, we want to raise the issue of the Ministry's duty under the *Ontario Human Rights Code* to accommodate all persons with disabilities up to the point of undue hardship. We believe that Ministry practices fall short of this obligation. Individuals experience disability in a variety of different ways. Therefore, in order to be meaningful, accommodation practices must be more responsive to the individual circumstances of persons with disabilities. Failure to accommodate can lead to systemic discrimination.

We therefore urge the Ministry to consider options that will help to remove the barriers to accessibility faced by persons with mental health disabilities. The recommendations below will assist in the process, but they are not exhaustive. The Ministry, in collaboration with municipalities and communities, is best placed to examine its program and develop options to remove barriers to access and participation faced by persons with mental health disabilities.

## RECOMMENDATIONS

### **(i) Application Process**

- Based on our collective observations, it is exceedingly difficult for applicants with mental health disabilities to navigate the present application process on their own. If the application process cannot be simplified, then there must be support workers or resources allocated to support those who are applying for ODSP benefits. This could be done in different ways: attaching new staff at local welfare offices, and/or community health centres, public health centres, drop-in centres, etc. But there must be an outreach dimension if this option is to be successful, since many applicants will not go to 'official' offices.
- Lay reports from other professionals (welfare workers, community support workers) who are familiar with the individual should be accepted as supportive evidence and rated highly. This information would inevitably be rich in details that are not captured by the formal application and are often outside the purview of the physician. The bio-medical model must be broadened to include more of the social dimensions of people's disabilities.
- In the same vein, the applicant's *Self-Report* should be given more weight in the disability determination process.

### **(ii) Determination of Eligibility**

- As indicated above, the current ODSP application process (including the forms) reflect a bio-medical model of health care. To respond to such a system, applicants with mental health disabilities must have better access to essential psychiatric services. Additional services (resources) need to be available through community health centres, public health offices, hospital outreach programs, and drop-in programs for the homeless.

- The disability determination rating system should be publicly available. The current system is not transparent. As the ODSP application process is lacking in human contact, it is particularly important for applicants to understand what their 'score' is based on. Physicians are frequently baffled by the outcome, and their patients even more so.
- The financial re-testing by ODSP of those persons on Ontario Works currently causes significant delays for successful applicants, and the standards of financial proof people have to meet should be compatible and comparable between the two programs. Currently those standards do not mirror one another.

***(iii) Once on ODSP***

- The reassessment of a recipient's ongoing eligibility through a full re-application process is inefficient and possibly discriminatory. If ODSP reassessments are continued, then a letter from a physician detailing whether there has been a change in the person's condition or circumstances should be sufficient. The doctor can simply indicate whether there has been a significant improvement to warrant leaving ODSP or whether the situation remains the same. The time and cost involved (on the part of doctors, legal workers, the DAU, and others) to implement a re-application reassessment is staggering and a waste of public resources.
- Improved communication and enhanced accessibility at the local offices are crucial for all ODSP applicants and recipients, particularly those with mental health disabilities. Letters need to be clearer with more precise information and requests from workers. All correspondence should be signed and must include a telephone number so that people know who to contact. This will ensure accountability and foster a more "human" relationship between OSDP workers and their clients.

## **CONCLUSION**

The above recommendations emerged from the collective discussions of a number of community health and social service providers in Toronto who seek to enhance ODSP accessibility for a most vulnerable sector of our community.

We wish to extend our appreciation for the opportunity to meet with the Ministry and share our views on this important subject. We want to underline however that we do not purport to speak with a province-wide perspective and indeed urge the Ministry to undertake a broader consultation of consumers and advocates for additional recommendations that reflect the regional diversity of Ontario.