ONPsych

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NewsBrief

President's Inaugural Speech

Dr. Sylvain Roy - President for 2016-2018

On October 21, 2016, Dr. Sylvain Roy was invested as the OPA's President. After accepting the Presidential pin from Dr. Jonathan Douglas, our outgoing President, Dr. Roy gave a moving inaugural speech that provide an overview of the key issues that he has been addressing in his professional life and in his advocacy work with the OPA as our President-Elect. His impassionate speech made it clear that he will continue as a strong advocate for vulnerable Ontarians.

Recently, a man knocked at my door at Inner City Family Health Team and greeted me with the biggest smile in the world. This man had been homeless and we had assessed him as part of the "Bridges to Housing" Project that is currently being funded by the Ministry of Community and Social Services' (MCSS) Developmental Disability Housing Task Force. We discovered that he had an undiagnosed Intellectual Disability and we connected him with Developmental Services Ontario. The patient had come to express his gratitude for helping him get housed and getting ODSP.

It has been spectacular to see a system change unfolding right before my eyes. Because of a host of reasons, the normal wait time to connect a patient with Developmental Service Ontario had been several months to 2 years, in one case. Thanks to the collaborative partnership built as a result of the "Bridges to Housing" project, we had him connected to DSO-TR **within 3 weeks**. A week later, our colleagues at DSO-TR had completed all of their assessments. Our "Streets to Homes" partner had searched various communities and found him adequate housing. As a bonus, because of recent changes to ODSP, his diagnosis of Intellectual Disability meant that he could quickly obtain ODSP. Moreover, he was given a rent supplement from the city of Toronto. It was a very powerful moment and re-affirmed the reason why many of us have chosen to work with this vulnerable population.

Homelessness, however, tends to be devastating for those living it. For our chronically homeless cohort, it involves multiple interacting biopsychosocial factors that all too often lead to permanent disability. A death review conducted in 2015 by a colleague in our managed alcohol program was shocking. The average age of death of the program's clients was 53. Alcoholism, severe trauma, traumatic brain injury, dementia, severe mental illness and intellectual disability are highly prevalent amongst those I work with. Evidenced-based interventions to address cognitive-functional and behavioural issues are not accessible to our patients. In addition to their neuropsychological disorders, they are more likely to have multiple chronic medical conditions.

This past year during our triage exercise, shelter based case managers indicated suspecting that 18% of clients on their caseloads had an Intellectual Disability. As we begin to ramp up our neuropsychological assessments in shelters, we suspect that this number might go up. Of grave concern is the fact that the percentage appears to be much higher for youth in transition. These are young people who should have been diagnosed and assisted at a much

earlier age when the impact of interventions might have translated into changes to their life trajectory. We also found that 68% of those suspected of having an intellectual disability required some sort of supported housing with 24h care.

The psychological diagnosis of intellectual disability is a necessary first step for admission into Developmental Service Ontario and psychologists are the only ones who can render the necessary diagnosis. The role of psychologists within primary care has never been so clear. If we are to meet the needs of people of all ages who have a developmental or behavioural problem, or a mental disorder including an addiction, we need to add psychologists, as well as occupational therapists and behavioural therapists, to existing inter-professional teams of social workers, nurses and physicians. This is particularly true when we realize that of those that were formally diagnosed with an intellectual disability at Inner City Family Health team:

- 92% had a co-occurring mental health disorder;
- 50% had a co-morbid acquired brain injury with loss of consciousness; and,
- 62% suffered childhood abuse or neglect.

I stand here today because, like many of you, I wish to affect change to a system that is unjust and inequitable for so many Ontarians. Where many despair, I see hope, growth and transformation. I believe people have a capacity to grow, change and heal. I also recognize that many vulnerable individuals cannot do it alone. We need to be there for them.

Considering the work I do, I feel privileged to be surrounded by so many like-minded people. As President-Elect, I got to do a lot of very cool things. I have had the opportunity to advocate for vulnerable persons and promote the role that psychologists should play within interdisciplinary teams: from assessment and diagnosis, to care planning and treatment, quality improvement, teaching, mentoring and research.

Jan and I got to work with very interesting people this year. These included provincial leaders at Queen's Park, who like us, are interested in long lasting solutions to ending homelessness and addressing Ontario's mental health crisis in urban, rural and northern regions.

As some of you may know, I was born in Northern Ontario and raised in a small village approximately 500 km North East of Thunder Bay. As a child in the 80s, I would often accompany my mother to Aroland, a native reserve, to play bingo. As the only white woman willing to go to Aroland in those days, she helped me to understand the severe prejudice and racism faced by Indigenous peoples who lived in severe poverty every day. Until the mid-90s, Aroland did not have access to running water or toilets. The reserve had one payphone and one shared well. Homes were poorly insulated and lacked proper heating, despite temperatures often falling below 40 degrees in the winter. Let us not forget that the first snow often came in early September and often stayed until May. Today, my friends and aging parents in Nakina remind me that not much has changed. Despite the severe problems relating to mental health and addictions, access to psychologists and other mental health professionals is still non-existent.

A key role of the OPA is advocacy. It is therefore imperative that we demonstrate to decision-makers the important roles psychologists play in our healthcare system. Our emphasis is on helping government officials to address the disparities in the health status of Ontarians of all ages. It is why we are working with companies like Cisco and Best Doctors Canada, who will help transform mental health care in those regions. In addition, we have developed an ongoing relationship with Minister Zimmer and Minister Gravelle to address issues in Indigenous Communities.

We have also had the opportunity to meet with Ministers Matthews, Hoskins, Jaczek, Ballard and many others about poverty reduction, homelessness and disability on a number of occasions. In my opinion, the most important cabinet positions are those that have the power to reduce suffering amongst the most vulnerable Ontarians. I see nothing more noble and admirable then to fight for those who have next to nothing, have disabilities and live below the poverty line.

I will never forget an interview in which a journalist asked Minister Matthews why she chose to say "end homelessness" as opposed to reducing it, or tackling it, knowing that it would be a very difficult task to accomplish. In a nutshell, she responded that it was simply wrong for a government to stand by and do nothing when so many people were living on the streets. I admire her greatly and she is one of the reasons that I will one day run for office.

I first met Minister Ballard two years ago when he came to visit Seaton House. No one really knew him then. He was full of energy; engaged and eager to learn all he could about homelessness from our team. Today, he is the Minister of Housing and Minister Responsible for the Poverty Reduction Strategy. I have had the privilege to get to know him well over the past two and half years. Did you know that on a cold winter night, Minister Ballard elected to experience homelessness to know what our clients experience every day? He understands the factors that lead to homelessness and the impact that homelessness has on people. He has worked tirelessly as an MPP and Parliamentary assistant and now likely fails to sleep since becoming Minister. I am proud to consider him a trusted colleague and friend.

Dr. Jaczek is yet another remarkable human being. Our CEO, Jan, has known and admired her for many years, but I have only known her in her capacity as Minister of Community and Social Services. I am privileged to have had an opportunity to see the remarkable work she was doing on behalf of those with disabilities. As part of the committee overseeing changes to the ODSP program, I can attest to the deep respect her staff members have for her. She has worked hard over the past few years to ensure those with disabilities get the help they need to be successful in life. It is important to me that the Minister knows that everyone on the "Bridges to Housing" team has worked hard to ensure that patients with disabilities get the care they need. Minister, it is because of leaders like you and our FHT Executive Director, Olivia Nuamah, that clinicians like me are able to do our work.

In closing, the mental health system is changing and we will make sure that the voice of psychologists is heard. In keeping with the directions set by Minister Dr. Eric Hoskins, we will make sure that the system places patients at its centre. I would like to thank the Board, the Membership, the OPA staff and all those who make a difference every day in the lives of our patients.

Sincerely,

Dr. Sylvain Roy, President