

## **Pre-Budget Submission, January 2015**

Understanding the current budgetary context for the Government of Ontario is to maximize value for taxpayer dollars while focusing on creating jobs and improving services for people, the Canadian Hearing Society (CHS) has prioritized our pre-Budget requests focusing on where the need of our consumers is greatest and a strategic investment can deliver a cost savings to the government.

A Hearing Healthcare Initiative for Ontario, Mental Health Diversion Services, and Employment Services are the three areas where additional resources are most urgently needed.

Investments in mental health would facilitate community-based treatment and resolve problems before they become crises requiring expensive emergency interventions. More effective (and less expensive) interventions in community-based programs will lead to fewer cases ending up in already overwhelmed hospital emergency rooms or inappropriately and ineffectively involving the justice system.

Investments in Employment Services will mean Ontarians are back to work and contributing to the economy while reducing their dependency on Ontario Government programs.

***“We must understand the interlocking nature of our challenges and not speak of issues in isolation from each other...How our health and security and confidence enable us all to contribute and flourish. How the different parts of this province relate to one another. And what we can learn if we listen to various perspectives -- be they urban or suburban, rural or northern, be they the perspectives of a tenth or a first generation Canadian, a person with a disability, an 18-year-old or an 85-year-old -- and allow them to inform our every action.”***

- Hon. Kathleen Wynne, Premier of Ontario

## **Toward a Hearing Healthcare Initiative for Ontario**

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As the baby boomer generation ages and the number of older adults in Ontario increases evidence shows that the incidence of hearing loss is growing and becoming more widespread. Hearing loss among youth is also growing – mostly caused by exposure to loud noise such as through headphones or from live music concerts.

Hearing loss can have a major impact on safety, mental health, quality of life, social isolation, finances, family relationships, the ability to communicate with healthcare providers, and can contribute to the onset of falls and the progression of dementia and Alzheimer's disease.

In spite of this, hearing loss continues to be a low priority in Ontario's healthcare system.

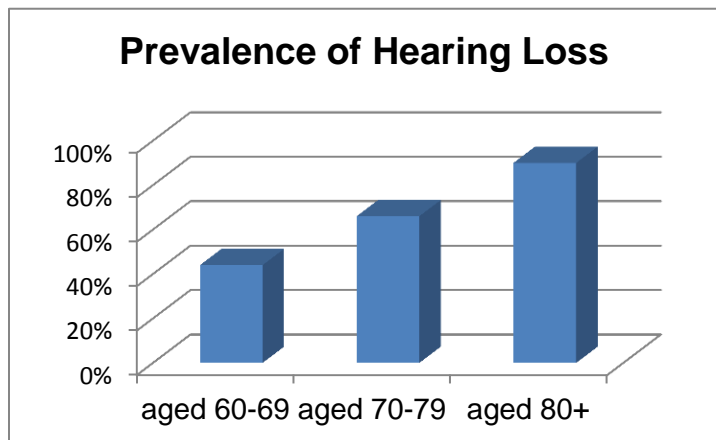
Aging is the number one cause of hearing loss, with the severity of that hearing loss usually increasing over time.

The number of older adults aged 65 and over in Ontario is projected to more than double from 1.8 million, or 13.9% of population, in 2010 to 4.1 million, or 23.4%, by 2036.

As our population ages, the number of older adults – including those with hearing loss – is growing. Estimates vary, but the recent U.S.-based *Epidemiology of Hearing Loss Study* found that 46% of people aged 48-87 had hearing loss.

Despite the increasing prevalence of hearing loss, its impacts are not well understood by healthcare practitioners, policy makers and individuals. Hearing loss often leads to isolation, which is one of the top four reasons for admission to homes for the aged and long-term care facilities. Isolation can increase a person's risk of poverty and can increase a person's need for social support services and hospital care.

Furthermore, hearing loss is the third most prevalent chronic condition in older adults and has important effects on their physical and mental health. Despite these effects, older patients are not assessed or treated for hearing loss. Hearing loss among older adults can worsen the effects of dementia and depression, reduce activities of daily living, prevent aging adults from maintaining relationships with people in their social and care networks, and diminish their health status in a number of areas.



Hearing loss is also linked to the risk of falling. One in three older Canadians will fall at least once every year causing 65% of injuries in that age group with serious injuries like hip fracture contributing to an increased risk of death by 25% within the year after the accident. Research has revealed that there is a greater risk of falling with hearing loss and that this relationship is present when the impact of age, gender, race,

cardiovascular disease and vestibular function is removed. The risk of falling increases with the severity of the hearing loss (1.4 times risk for each 10dB of hearing loss).

Early detection is important as individuals typically wait 6 to 10 years before they seek help, during which time the impact of hearing loss increases. Of people with hearing loss, 90% can improve communications with properly fitted hearing aids and rehabilitative counselling.

## **The Ontario Government and the Hearing Healthcare Initiative in Partnership**

There is an urgent need to detect and manage hearing loss for all adults:

- Hearing loss needs to be integrated into the existing Ontario strategic health programs; LHIN Health Links, seniors' health, chronic disease management, and prevention programs (including diabetes and dementia & Alzheimer's disease)
- Hearing healthcare programs need to be improved in long-term care facilities and homes for the aged
- Public awareness needs to be increased and primary healthcare professionals who are managing the care of older adults need to routinely refer them for hearing assessment

There is an urgent need to prevent noise-induced hearing loss for youth:

- To build awareness of the importance of preventing hearing loss, outreach programs in schools should be used routinely to educate youth on methods to conserve hearing and the importance of hearing healthcare
- Screening is recommended in order to diagnose hearing loss at an earlier age with regular re-testing

The CHS has long waiting lists for our General Support Services (GSS Counselling) and Hearing Care Counselling (HCC Senior Services), serving culturally Deaf, oral deaf, deafened and hard of hearing people. It is important to note that at the current time there is no LHIN funding for GSS services in Toronto, York and Barrie.

### **Recommendation:**

- **A partnership between CHS and key health stakeholders including: Ministry of Health and Long-Term Care and Ministry of Community and Social Services. This partnership would facilitate the identification of aging and youth citizens with hearing loss who come through the health system.**
- **\$700,000 increase for CHS GSS and HHC Services, specifically for additional staff resources in three key regions in Toronto, York and Barrie areas.**

## Mental Health

We commend the government for implementing their *Mental Health and Addictions Strategy*, focusing on children, in June 2011. However further action is required, specifically for those with significant hearing loss.

In 2010, the Select Committee on Mental Health and Addictions highlighted the need to address the alarming correlation between mental illness and those in the justice system, specifically stating that, “far too many Ontarians experience their first contact with the mental health system through the justice system. Furthermore, according to the Ministry of Community Safety and Correctional Services, 36% of individuals in custody in Ontario suffer from some form of mental illness, and 50% of Canadian offenders report substance abuse as a cause of their offence.”

### Did you know that...

... 10% of Canadians have significant hearing loss – enough to impact their daily lives and access to information and services? (Stats Can)

... 20% of Canadians have significant mental health and addiction issues? (CAMH)

It should then come as no surprise that many culturally Deaf, oral deaf, deafened and hard of hearing consumers who come into conflict with the legal system have mental health and addiction issues.

Because mainstream services are essentially unable to serve CHS consumers, there are no addiction services or court diversion services in Ontario for culturally Deaf, oral deaf, deafened and hard of hearing consumers. This is a denial of their Charter rights.

The Select Committee recommended that diversion services be more widely available to divert these consumers away from the legal system and into the mental health and addiction service system. Without such a diversion program, many culturally Deaf, oral deaf, deafened and hard of hearing consumers with mental health or addiction issues who come into conflict with the legal system languish in prison or psychiatric facilities, end up locked up in prisons or secure mental health facilities, occupying expensive beds but receiving no treatment.

Generally speaking, the legal/justice system in Ontario is poorly equipped to deal with culturally Deaf, oral deaf, deafened and hard of hearing citizens. Culturally Deaf, deaf oral, deafened, hard of hearing citizens are arrested, held in jail, and incarcerated, without the benefit of access to communication, a lawyer and a counsellor. They do not know their rights, the charges, cannot access a lawyer or a counsellor who can assist them to negotiate the system. They are denied interpreters and/or captionists, other than for formal criminal court proceedings.

“Access” in criminal court is usually limited to a sign language interpreter with uncertain skills to interpret the formal legal proceedings only. Courts other than criminal come with no right to access.

Meanwhile, equitable services are denied within both the justice system and the health care system. Culturally Deaf, oral deaf, deafened and hard of hearing citizens are wrongly incarcerated in expensive secure forensic psychiatric facilities, or in prison, when what they really need are more appropriate (and less expensive) community-based mental health and addiction services.

Probation conditions often require that a parolee attend addiction services and/or mental health counselling. There are no specialized addiction services in Ontario for culturally Deaf, oral deaf, deafened and hard of hearing citizens. There is a lack of access and for that matter no coordinated transition or continuum of care services of culturally appropriate mental health and substance abuse; including no specialized residential or day treatment programs for Deaf in Ontario. The parolee is set up for guaranteed failure and blamed for not getting service.

## **How the government can support mental health services at CHS**

For individuals who are culturally Deaf, deafened, oral deaf and hard of hearing:

- Dedicate funding for coordinating specialized services/support to meet the needs of Deaf consumers living with a diagnosed, undiagnosed or misdiagnosed mental illness who are before the courts, on parole or probation, or incarcerated
- Dedicating funding for a responsive court diversion program as to recognize that there is a lack of continuum of culturally appropriate mental health and substance abuse services; no specialized residential or day treatment programs for Deaf in Ontario. The specialized team would be available to advocate, support and provide resources to the legal team for Deaf individuals while in the justice system determining court diversion planning
- Increasing funding to provide mental health awareness and direct counselling services to address the increase in wait times

### **Recommendation:**

- **A partnership between CONNECT Mental Health and key justice stakeholders including: the Ministry of the Attorney General, the Crown, the Ministry of Correctional Services, and the Ministry of Health (forensic mental health facilities). This partnership would facilitate the identification of culturally Deaf, oral deaf, deafened and hard of hearing citizens who come through the justice system, so that citizens who need mental health and addiction services are not wrongfully confined but instead receive services from a Specialized Court Diversion Team for assessments and treatment to which they are entitled under the Charter of Rights and Freedoms, the Ontario Human Rights Code and Accessibility for Ontarians with Disabilities Act.**

- **\$1 million for addition of staff with knowledge and expertise in Deaf culture, hearing loss, mental health, addictions and forensic psychiatry and for access costs (interpreting, captioning)**

When all parties unanimously supported the passage of the *Accessibility for Ontarians with Disabilities Act* and made the commitment for accessibility for **all** Ontarians, we were hopeful. **The time is here for all parties to act on that commitment and provide this underfunded constituency with expansion dollars for CONNECT Mental Health Services** (first requested in 2006). This will allow CONNECT at CHS to develop a team of specialist to provide and develop an addiction services and court diversion service for culturally Deaf, oral deaf, deafened and hard of hearing Ontarians.

## The Economy and Employment

In the 2013 Speech from the Throne, the government called on the private sector to increase the number of people with disabilities in the Ontario workforce and announced that the Accessibility Directorate will move to the Ministry of Economic Development, Trade and Employment in an attempt to help reach this goal.

CHS Employment Services, currently funded by MCSS and MTCU, provides personalized employment counselling and works with employers to ensure workplace accessibility for culturally Deaf, oral deaf, deafened and hard of hearing employees. This program includes job-related counselling, job leads and referrals, interview set-up, interpreters for interviews, and job accommodations and supports (TTYs and other communication devices) to maintain employment.

### Did you know that...

... Over 55% of working-age adults with disabilities are currently unemployed? For women with disabilities the rate is almost 75%.

... The unemployment rate for persons with disabilities is five times that of people without disabilities?

... Only 20.6% of Deaf Canadians are fully employed (compared with 61% of all Canadians)?

... 42% of Deaf Canadians are under-employed?

... 37.5% of Deaf Canadians are unemployed (compared to 8% of all Canadians)? (Roots & Kerr, 1998)

### In Ontario...

...the number of Deaf and hard of hearing on ODSP income support has increased 71%

... In 2002 there were only 2,882 ODSP recipients who were Deaf and Hard of Hearing

... In 2013 there are now 5,408 ODSP recipients, who are Deaf and Hard of Hearing at a cost of **\$91,124,800.**

Last year **145 jobs** were found for Deaf and hard of hearing people through CHS Employment Services. This saved the Ontario government  $145 \times \$16,850 = \$2,443,250$  per year and generated about \$3 million a year in tax revenue.

CHS Employment Services (ES) provides an invaluable service to consumers and where it is available, this service has waiting lists.



Unlike other consumers with disabilities, most culturally Deaf, oral deaf, deafened and hard of hearing individuals cannot access mainstream services because mainstream providers cannot communicate effectively with them. As a result, assessments, interventions, service plans and outcomes are poor and inappropriate.

### **Challenges currently facing CHS Employment Services**

- **Competition for clients:** There is considerable competition for clients to ensure contractual targets are met by individual employment service providers. For example, some service providers are selecting only the clients most likely to succeed in obtaining employment. As a result, many of the clients who come to CHS have complex needs and require a significant amount of support to assist them in securing employment.
- **Funding for access:** An increased number of agencies are asking CHS for "free" access support for their consumers given they don't have the access funding. For example, students who are about to complete their studies would like to register with CHS ES before their graduation to ensure they have a smooth transition from school to work but Employment Ontario eligibility prevents them from accessing CHS ES.
- **Service inconsistency:** Service deliveries vary among the regions and are determined based on local planning approved by local MTCU. For example, CHS Durham provides a full menu of employment services whereas CHS Ottawa only does job development and CHS Peterborough must work with Northern Lights for some of the employment service suites.
- **Boundary issue:** A number of clients try to access CHS ES but are unable to due to boundary issues. For example, York residents who live right next to Toronto cannot use Toronto ES for job searches.
- **Consumers with complex needs:** Increased numbers of consumers with complex needs that require more program support to ensure appropriate employment supports are given. For example, a consumer with complex needs would be a Deaf-blind person or a deaf person with autism.
- **Gap of services:** We are currently unable to provide employment services in York Region, Peel and Halton Hills region, Hamilton and Burlington Region, Windsor and district and regions outside of the City of Ottawa.

### **Recommendation:**

- **CHS Employment Services requires additional resources to continue to work with our consumers to find them secure, stable employment. We would like to work closely with the Ministry of Economic Development, Trade and Employment under their new mandate to continue to provide this essential, specialized service and support to our consumers.**
- **\$2 million increase for CHS Employment Services, specifically for additional staff resources in Job Development areas in 10-12 key regions across the province.**

## In Conclusion: Strengthening Our Partnership

The nature of hearing loss itself and the reality of living with a hearing loss in a hearing world are fundamental to understanding these consumers' psychological, health and daily living needs. The culturally Deaf, oral deaf, deafened and hard of hearing communities use CHS services because: **we understand our communities and culture; we have in-house accessibility; and we have expertise in accommodation and devices to overcome barriers.** The Canadian Hearing Society is the **only open door for our consumers.**

The Canadian Hearing Society is proud of its partnership with the Government of Ontario to uniquely serve the culturally Deaf, deaf oral, deafened and hard of hearing communities and move towards our mutual goal of more equitable social and economic participation for all Ontarians.

***“Because men and women with disabilities deserve a level playing field”***

- Hon. David C. Onley, Lieutenant Governor, 2013

We stand ready to expand that partnership in delivering on government priorities.



## APPENDIX A

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### Who We Are

Founded in 1940, The Canadian Hearing Society (CHS) is the leading provider of services, products, and information that remove barriers to communication, advance hearing health, and promote equity for people who are culturally Deaf, oral deaf, deafened, and hard of hearing.

CHS is governed by a board of directors, the majority of whom are deaf, deafened, or hard of hearing. The organization's community and health services are funded by government (both the Province of Ontario and the Government of Canada), internal revenue generation including fundraising, and the United Way.

Unique in North America, CHS offers an integrated roster of essential services through 28 offices in Ontario, including:

- Audiology;
- Hearing aid fitting and dispensing;
- Sign language interpreting;
- Hearing care counselling (seniors outreach);
- Mental health and addiction counselling;
- One-on-one language development for deaf and hard of hearing children using play as the medium of learning;
- Employment services;
- General Support Services (counselling);
- Literacy and basic skills development;
- Sign language instruction;
- Speech-language pathology;
- Speech reading training; and,
- The most complete range of communication devices that assist and augment communication including TTYs (text telephones), amplifiers, visual smoke detectors, baby monitors and alarm clocks.

We also regularly engage on accessibility and human rights issues by supporting individuals in ensuring necessary accommodations are provided; working with governments to advance shared goals; and advocating for broad-based access in all parts of society, including the right to American Sign Language (ASL) and Langue des signes québécoise (LSQ).

With our 75 years of experience and expertise, our connection to the communities we serve, and the accessibility that is part of everything we do, we are proud to see our clients meet their goals. For example:

- Hard of hearing seniors are able to remain longer in their homes when visual devices (alerting them to the phone, doorbell, and fire alarm) enable them to be safe and independent.
- Deaf and hard of hearing job seekers – who experience incredible systemic barriers in employment – find work and receive the workplace accommodations that ensure they retain that work.
- Newcomers with hearing loss navigate the immigration, healthcare, educational, and housing systems to settle their families successfully and productively.
- Deaf people can access medical and legal systems with the provision of interpreting services.
- And those with mental health issues find an environment where – finally – they are among their peers; people who understand the challenges they have faced and can use their own language to get the right diagnosis and move to successful management of their illness.

Lives are changed – and sometimes saved – through the work we do.

For more information, please contact:

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# APPENDIX B

## Map of CHS Regions

