



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Hon. Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

March 7, 2017

RE: Amending the Ontario Assistive Devices Program to include mental as well as physical disabilities

Dear Minister Hoskins,

Advancing the mental health agenda in Ontario is a priority for RNAO. One of the goals of your government's mental health strategy¹ is to "provide timely, high quality, integrated, person-directed health and other human services."²

One way to achieve that is to expand eligibility for the Ontario Assistive Devices Program (OADP) to those with mental as well as physical disabilities. It is important enough to RNAO members that a resolution to that effect was passed at the association's 2016 Annual General Meeting. Following that meeting, the board of directors made that resolution a priority.

At present, "[d]evices covered by the [OADP] program are intended to enable people with physical disabilities to increase their independence through access to assistive devices responsive to their individual needs."³ Technology has now developed that offers similar benefits to people with mental disabilities, meaning that the same OADP principles could be extended to the latter group. Examples include devices to support cognitive function such as prompts and reminders as well as technology based self-assessments such as mood and thought monitors. For instance, in 2012, a client-centred intervention, the Mental Health Engagement Network (MHEN), was tested on 400 community participants with psychotic and/or mood disorders. It provided clients with cellphones, data plans and a web-based application enabling access to health professionals, health self-management, and prompts and reminders. A 2014 study found that participants using that technology were able to increase their community integration⁴ and independence.⁵ Gains were such that reliance on the health system declined:⁶

- the average number of out-patient visits fell by 44 per cent;
- psychiatric admissions fell from 24.9 per cent to 5.1 per cent (about 79);
- ER visits for psychiatric reasons dropped from 9.9 per cent to 5.3 per cent (though marginally not statistically significant due to sample size); and
- judicial system encounters dropped from 6.8 per cent to 1.1 per cent.

On the strength of these benefits alone, we recommend investing in this technology. A full economic evaluation of the trial is not yet available, but there is a strong prima facie economic

case. The costs of the program were low. For the 400 participants in the 18-month trial, the unit costs in terms of hardware, software, licenses and data plans were roughly \$1,275, for a total cost of an estimated \$510,000. The savings to the health and justice systems would be large relative to the costs of implementing this technology. For example, the average cost per stay for mental and behavioural disorders in Canada in 2004-05 was estimated to be \$8,878.⁷ If just those costs were avoided in the case of this trial, the savings to the system (over \$700,000) would cover the technology costs of the trial.

Far too many people end up in the criminal justice system or hospitals whose mental health problems are better managed with the right kind of support. This simple technology is one way to deliver that support in a cost-effective manner.

We urge you to consider expanding access to the OADP for people with mental disabilities as a way for them to access technology that will help them better manage those health challenges and stay in the community, where they prefer to stay.

Warm regards,



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Chief Executive Officer, Registered Nurses' Association of Ontario

Cc: Hon. Kathleen Wynne, Premier of Ontario

Dr. Bob Bell, Deputy Minister

Patricia Li, ADM Direct Services

Nancy Dickson, Director Assistive Devices Program

¹ Ontario. (2011). *Open Minds, Health Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*. http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf.

² Ibid. p. 8.

³ Ontario Ministry of Health and Long-Term Care. (2016). *Assistive Devices Program*. <http://www.health.gov.on.ca/en/public/programs/adp/default.aspx>.

⁴ Forchuk, C., Reiss, J. P., O'Regan, T., Etheridge, P., Donelle, L., and Rudnick, A. (2015). Client perceptions of the mental health engagement network: a qualitative analysis of an electronic personal health record. *BioMedCentral Psychiatry*. 15:250. P.

⁵ Forchuk, C. Rudnick, A. Hoch, J., Donelle, L., Campbell, R. Osaka, W. Edwards, B., Osuch, E., Norman, R. Vingilis, E., Mitchell, B., Reiss, J., Corring, D., Peterenko, M., Godin, M., Reed, J. and McKillop, M. (2015). Mental Health Engagement Network: Innovating Community-Based Mental Healthcare. *Journal of General Practice*. 2:143.

⁶ Forchuk, C., Rudnick, A., Reiss, J., Hoch, J., Donelle, L., Corring, D., Godin, M., Osaka, W., Campbell, R., Capretz, M., Reed, J., and McKillop, M. (2015). Mental Health Engagement Network: An Analysis of Outcomes following a Mobile and Web-based Intervention. *Journal of Technologies in Society*. Vol. X.

⁷ Canadian Institute for Health Information. (2008). *The Cost of Acute Care Hospital Stays by Medical Condition in Canada, 2004-2005*. https://secure.cihi.ca/free_products/nhex_acutecare07_e.pdf.