

# Navigating the Mental Health System

an Information Guide



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## an Information Guide

### ABOUT THIS GUIDE

The purpose of this guide is to help people encountering a first episode of psychosis to navigate the Ontario mental health system. The information may also be useful to people who have been living with mental health problems for a longer time or who have other mental health issues.

This guide is written for people with mental illness, but it is also useful for their family members, friends and allies.

To use the Flowchart: Navigating the Mental Health System,

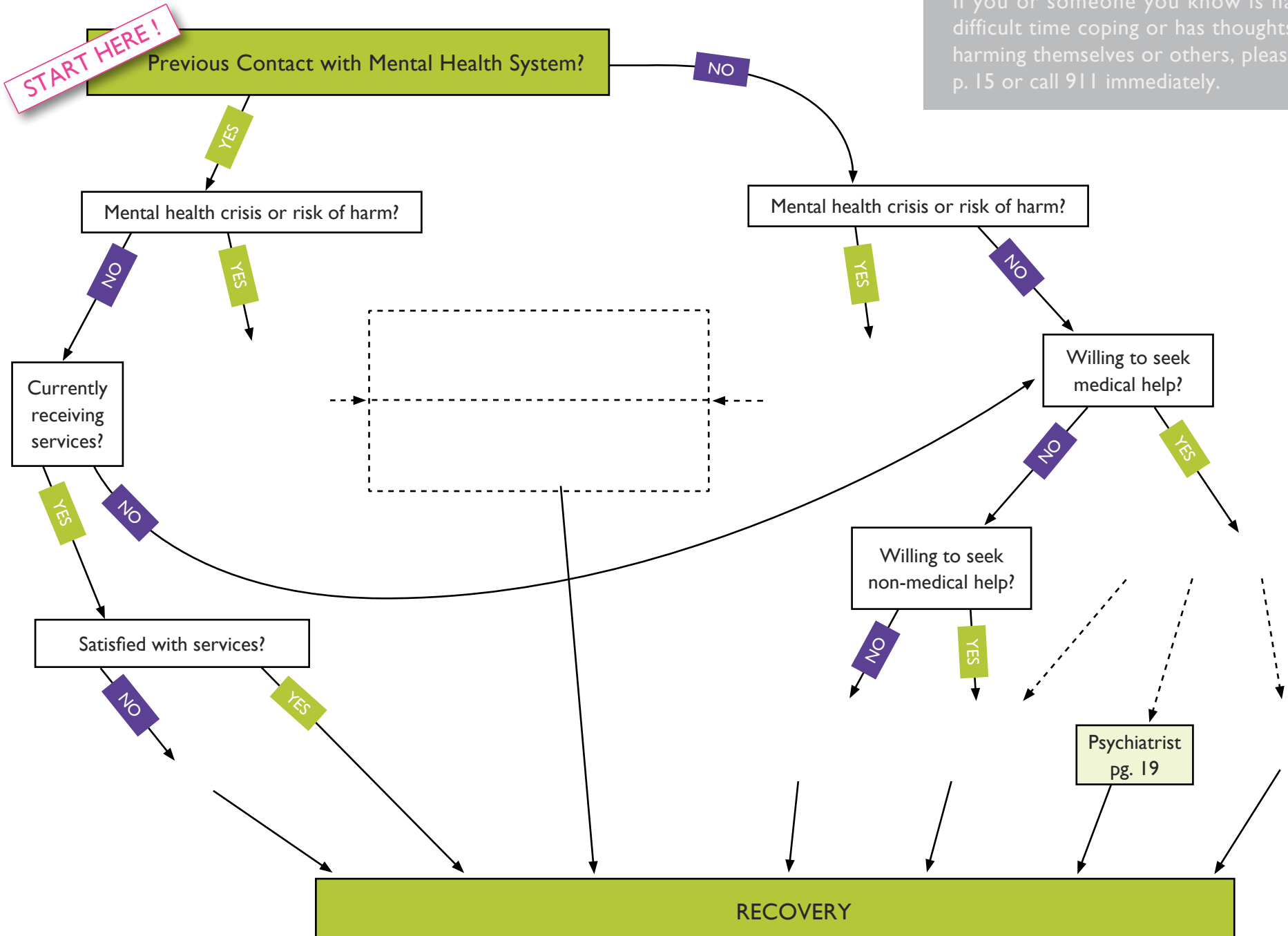
1. Start at the top of the flowchart with the box that says 'Previous Contact with Mental Health System'. Locate where you are on the flowchart by answering Yes (Y) or No (N) to the questions and then following the arrows.
2. Go to the appropriate page for more information. This guide describes different entry points to the mental health system and how to access them. It also provides information about advocacy and recovery.

# FLOWCHART: NAVIGATING THE MENTAL HEALTH SYSTEM

## CRISIS

A mental health crisis can occur anytime on your journey to recovery.

If you or someone you know is having a difficult time coping or has thoughts about harming themselves or others, please go to p. 15 or call 911 immediately.



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Points of Access

# INTRODUCTION

Experiencing mental health challenges for the first time can be scary. The information in this guide will help you understand what it means to experience psychosis. It will also explain different ways to access the care you need.

Mental illness is not a life sentence. It can be challenging to deal with symptoms and get the care you need, but recovery is possible. You can still lead a meaningful, productive life. Getting the right supports will help you get there.

The term “psychosis” describes a group of symptoms that affect how you perceive reality and that affect your ability to tell the difference between what is real and what is not real. Psychosis usually appears as three sets of symptoms: positive symptoms, negative symptoms and thought disorder.

Positive symptoms, such as hallucinations or delusions, can include these signs:

- Talking out loud to yourself;
- Seeing or hearing things that others don’t hear or see;
- Feeling suspicious of others; and
- Fearing that someone is trying to harm you.

Negative symptoms, such as depression and withdrawal, can include these signs:

- Having no motivation to do anything;
- Avoiding contact with others; and
- Lacking energy or interest in life.

Thought disorder, such as disorganized or racing thoughts, can include these signs:

- Speaking in a way that is hard to understand;
- Losing your train of thought; and
- Jumping from one topic to another.

## Psychotic Illnesses

“Psychosis” is a word that describes a set of symptoms. “Psychotic disorders” or “psychotic illnesses” are conditions in which a person experiences psychosis. The most common psychotic illness is schizophrenia. People diagnosed with schizophrenia have symptoms of psychosis for at least six months.

People who have bipolar disorder, major depression or postpartum depression can also experience psychosis. Sometimes people with other medical conditions, such as seizure disorders, thyroid dysfunction or brain injury, can experience psychosis. “Substance-induced psychosis” refers to psychosis that a person experiences from using alcohol or drugs.


## Who Can Get Psychosis?

Psychosis is more common than people think. About 3% of the population will experience a psychotic episode some time in their life, and 1% will be diagnosed with schizophrenia.

About 80% of people with psychosis experience their first episode between age 16 and 30. Among people with schizophrenia, males generally have their first psychotic episode in their late teens and early 20s. Females tend to have their first psychotic episode in their late 20s and early 30s.

## Psychosis and Substance Use

About 30% of people with psychosis also abuse drugs or alcohol. This combination of mental illness and substance use problems is called a concurrent disorder. Often, a person with psychosis turns to drugs or alcohol to relieve symptoms or cope with their problems.



*The most commonly abused drug is marijuana. For a person who is genetically predisposed to schizophrenia – which means that someone in your family has the illness – marijuana use can increase the risk of having a psychotic episode.*

Having a concurrent disorder can result in serious medical, social and emotional problems. Treatment may take longer and be more challenging, but chances of recovery improve when the mental illness and the substance use are addressed at the same time in a coordinated way.

## Stages of Care

When you seek formal mental health services and supports, you usually go through four stages of care.

**Assessment:** A mental health professional gathers information to help evaluate your symptoms. This helps to identify the difficulties you have and the services that would best address your needs.

**Diagnosis:** A diagnosis is made after the assessment. You do not always need a diagnosis to receive treatment, but a diagnosis will help to determine what treatment you need and what the outcome of treatment might be.

**Treatment:** The type of treatment the mental health professional recommends varies from person to person. It may include medication, counselling or therapy, self-help or support groups.

**Aftercare:** When you finish treatment, you may need follow-up care to assist you in your recovery. Aftercare may include services like case management, rehabilitation services and follow-up counselling.

*Education about psychosis is very important. It helps individuals, families and communities deal with the illness in an informed, respectful way and promotes recovery.*



## What Is Early Intervention?

Research shows that the earlier someone with psychosis gets treatment, the better their outcomes. Early intervention involves assessing and treating psychosis when the first signs and symptoms appear. It also provides supports to minimize disruption in all areas of the person's life. This guide refers to specific early intervention programs that help people get back on track.



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## Common Myths

Individuals and families going through the mental health system may not know how the laws work. Here are some common myths:

*Myth* Information about your mental health diagnosis and treatment will be shared with your family members if they request it.

*Fact*

Family members cannot access someone else's health information without the individual's consent. This is true regardless of whether the family member is the primary caregiver or how young the individual is.

*Myth* If a person has a mental illness, they do not make their own treatment decisions.

*Fact*

Individuals make their own treatment decisions, regardless of their condition, as long as they meet the criteria for capacity to make these decisions. A person with psychosis may not pass this test. However, having symptoms of psychosis does not automatically make someone incapable of making their own treatment decisions.

*Myth* Parents make the decisions about their children's mental health care if their child is under 18.

*Fact*

There is no age of consent in Ontario. Individuals make their own treatment decisions, unless they do not have the capacity to do so. A physician may decide that a very young person does not have the capacity to make their own treatment decisions.

*Myth* Calling the police in a crisis or taking someone to the emergency room automatically means they will be admitted to the hospital.

*Fact*

Typically, a person is admitted to hospital against their wishes if they are at risk of harming themselves or others. Even if the person is admitted, they will not automatically receive treatment at that time.

If you want to learn more about mental health law in Ontario, you can look into four pieces of legislation: the Mental Health Act (MHA), the Health Care Consent Act (HCCA), the Substitute Decisions Act (SDA) and the Personal Health Information Protection Act (PHIPA). These pieces of legislation deal with issues such as:

- Involuntary admission to hospital;
- Making treatment decisions; and
- Privacy of health information.

To view these pieces of legislation, go to [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)



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## POINTS OF ACCESS

Access to services varies greatly across Ontario. Some communities have long wait times to access certain services. In other communities, you may be able to get the care you need right away. This section gives you information about different ways to access services and other options.

## CRISIS SERVICES

A crisis is a time when you lose control or feel like you can't cope. Some people show no signs of distress when they are in crisis, so they have to ask for help or let someone know they are having a difficult time. For others, it is obvious when they are having a hard time because they behave very differently.

In a crisis, some people may think about suicide. If you are having suicidal thoughts, it is important to get support and treatment as soon as possible.

### Crisis Phone Lines / Distress Lines

Crisis phone lines provide counselling and referral services, usually 24 hours a day, seven days a week. These services are free and anonymous. If you or someone you know is in crisis, you can call a crisis phone line or distress centre to get advice on how to handle the situation and where to go for help.

*To find a local crisis line, visit the Ontario Suicide Prevention Network website through the link [www.tinyurl.com/ospninfo](http://www.tinyurl.com/ospninfo) or call ConnexOntario at 1-866-531-2600.*

INFO

### Mobile Crisis Units

Mobile crisis units offer crisis intervention, assessment and referrals to ongoing care, either in the community or by taking the person to the hospital. Every service is different, but the responding team usually includes a police officer and a mental health professional.

Some people prefer to call a mobile crisis unit rather than the police because the responders are specifically trained to address mental health issues. Not all communities have a mobile crisis unit.

*To find a mobile crisis team in your area, call 911 or go through ConnexOntario at [www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca) or call 1-866-531-2600.*

INFO





## PRIMARY CARE AND SPECIALTY CARE

Primary care serves as a medical “home base” for information about health, treatment and connections to other health care professionals. When a person needs non-emergency medical care, they will typically go to a primary health care provider. That person is usually a family doctor or a health care professional at a community walk-in clinic.

Primary care is often the first point of access for mental health care. If you need specialty care, which in the case of mental illness often means psychiatry, a primary care physician can give you a referral.

### Family Doctor

A family doctor, or general practitioner (GP), can provide support and treatment options. They can also prescribe medication based on their assessment of what you need. Family doctors can usually treat mental illness, but they may refer you to a psychiatrist if you need more specialized care.

INFO

*If you do not have a family doctor, the Ontario government Health Care Connect service can help you get one. Call toll free 1-800-445-1822. You can also use the Find a Doctor service offered by the College of Physicians and Surgeons of Ontario at 1-800-268-7096, or visit [www.cpso.on.ca](http://www.cpso.on.ca).*

**TIP!** If your family doctor does not refer you to a psychiatrist but you want to see one, ask your doctor for a referral. Let them know what your needs are and why this is important to you.

**TIP!** When you talk to your doctor, be specific about the signs you are experiencing. If you believe these may be symptoms of psychosis, say so.

### Walk-In Clinic

At walk-in clinics, you can see experienced nurses or doctors, with or without an appointment. Walk-in clinics can be a good option for easy access to advice, basic assessments and treatment for common illnesses. These clinics can also make referrals to psychiatrists and psychologists.

*To find the walk-in clinic closest to you, visit [www.hco-on.ca](http://www.hco-on.ca) or call toll-free 1-800-445-1822.*

INFO

### Psychiatrist

The main role of psychiatrists is to diagnose and treat mental illness. Psychiatrists can also make referrals to community services and supports. They will sometimes provide basic counselling. If you feel you need more time to talk to someone, ask the psychiatrist to refer you to a counsellor or psychologist.

*If you want to see a psychiatrist, you must get a referral from a family doctor or walk-in clinic. Emergency room (ER) doctors can also make referrals to psychiatrists.*

INFO

**TIP!** Regular appointments with a psychiatrist are helpful to make sure your treatment plans are working and your medication and dosage are the right fit.

**TIP!** Be prepared before appointments. Write down questions you would like the psychiatrist to answer.



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# INPATIENT / RESIDENTIAL SERVICES

Inpatient services or residential treatment are usually suggested when someone needs constant monitoring and medical attention, when they pose a risk to themselves or others, or when the level of support they need cannot be met through outpatient or community-based care.

## Inpatient Mental Health Services

A person can choose to be hospitalized voluntarily. If a doctor believes a person needs inpatient services but they refuse, the doctor can, under certain circumstances, hospitalize them involuntarily. The length of hospitalization will depend on the person's medical needs and their perceived level of risk.

**INFO** *Inpatient hospital services are accessed through a transfer from the hospital emergency room or through a referral from a doctor in the community.*

**TIP!** **If you are not admitted to inpatient services, that doesn't mean you cannot get care. If you are being discharged but think you still need medical care or support, let the doctor know, so they can refer you to the best services for you.**

**TIP!** **Anyone who is hospitalized involuntarily should be appointed a rights advisor. If you think you should not have been hospitalized or if you think you are not being treated fairly, ask to see a rights advisor.**

**!** *If a person meets criteria for hospitalization, but the physician feels they may be able to get the care they need in the community, a Community Treatment Order (CTO) may be an option. This means that the person will be allowed to leave the hospital and receive care and supervision in the community. For more information about CTOs, call the Ministry of Health and Long-Term Care InfoLine at 1-866-532-3161.*

## Residential Treatment

Residential treatment is intensive treatment for substance use or concurrent disorders. The person stays at a treatment facility 24 hours a day. Residential treatment is voluntary and can last from a few weeks to several months. You do not need a referral to get residential treatment, but you may need to go through a formal assessment before the facility will admit you.

*For more information about residential programs, call the Drug and Alcohol Registry (DART) at 1-800-565-8603 or visit [www.dart.on.ca](http://www.dart.on.ca)*

**INFO**

**TIP!** **Residential treatment programs may differ in their approach to treating substance use and concurrent disorders. It is a good idea to research programs to find out which one best fits your needs.**

*Some residential treatment programs in Ontario are private, which means they charge fees for service. However, most facilities reserve a certain number of public beds that are covered by the Ontario Health Insurance Plan (OHIP). You may access treatment sooner through the private route, but you will likely find similar quality of service whether you access a private or public bed.*



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## COMMUNITY SUPPORTS

Most people with mental illness can now receive the care and support they need in the community, rather than as hospital inpatients. Many people prefer to get services close to home because it lets them be independent and continue with other parts of their lives.

INFO

*To find out where to access community supports like the ones listed below, contact your local community mental health organization. You can also contact ConnexOntario at [www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca), or call 1-866-531-2600 for mental health services and 1-800-565-8603 for substance use and concurrent disorders services.*

### Community-based Care

#### Early Intervention Clinics

Early intervention (EI) clinics treat individuals who show signs of the early stages of psychosis. These clinics can be located in hospitals or in a community setting. EI clinics often have teams that include psychiatrists, nurses, social workers and occupational therapists. EI clinics assess and manage symptoms and assist clients and their families with the recovery process.

INFO

*Some EI clinics require a referral from a doctor. To find early intervention services in your area, contact ConnexOntario at [www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca) or call 1-866-531-2600.*

#### Case Management

Case management is a type of support that can help individuals with mental illness live more independently. This includes help accessing housing, managing medication and connecting to other resources. These services are offered on a one-on-one basis through an individual worker (case manager). They vary in intensity depending on the person's needs.

INFO

*To access case management services, ask your doctor or mental health worker for a referral. You can also find a local service through ConnexOntario at [www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca) or call 1-866-531-2600.*

### Assertive Community Treatment Team (ACT)

An ACT team is an alternative to hospitalization for people with serious and persistent mental illness. It provides 24-hour continuous care and service in the community through a team of professionals from different backgrounds, such as doctors, nurses and social workers. ACT teams are often affiliated with different hospitals.

INFO

*To access ACT services, ask your doctor or mental health worker for a referral. You can also find a local service through ConnexOntario at [www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca) or call 1-866-531-2600.*

### Hospital Outpatient Services

Many hospitals offer services for people living in the community. These include specialized clinics (e.g., substance use, anxiety, schizophrenia), individual and group support or therapy and day treatment programs.

INFO

*To learn more about what outpatient services are available to you, talk to your doctor or call the hospital's information line.*

### Withdrawal Management Services (Detox)

Withdrawal may occur when a person dependent on drugs or alcohol tries to stop using these substances. Withdrawal management, also called detox, addresses the unpleasant, sometimes dangerous, symptoms that can happen in withdrawal. Withdrawal services are offered in the community and on an inpatient basis.

INFO

*If you live in the Toronto area, call the Toronto Withdrawal Management System to find the location and type of withdrawal service that suits your needs: 1-866-366-9513. You can also contact DART at 1-800-565-8603 or visit [www.dart.on.ca](http://www.dart.on.ca)*

TIP!

**If you experience severe withdrawal symptoms such as seizures or hallucinations, or if you think you need medical supervision because you have other health issues, you can ask for inpatient withdrawal services.**

## Mental Health Court Diversion

For people who have had contact with police and have been charged with a crime, court diversion is one way to access mental health services. Court diversion is available to people who have been charged with less serious crimes. The person works with a court diversion worker, who develops a plan that can include community support, supervision and treatment. To access mental health court diversion, you must let the court know you are dealing with a mental illness.

INFO

*Mental health court diversion programs are offered right in the courthouses. Ask your lawyer or duty counsel if there is a program at the court where your case is being heard. If there isn't a program, ask if you can be transferred to a court that has one.*

## Peer Support

With peer support, someone with lived experience of mental illness or substance use provides one-on-one or group support to others going through similar experiences. Peer support can be helpful if you want to talk to someone who has experienced what you are going through. Many local mental health agencies and crisis phone lines offer peer support programs.

INFO

*To find a peer support service near you, contact ConnexOntario at [www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca) or call 1-866-531-2600.*

## Counselling

Counselling is a form of talk therapy used to treat mental illness and concurrent disorders. There are many types of counselling and therapy, depending on what you need. Counsellors do not prescribe medication.

INFO

*You can access counselling services through community mental health agencies or from private counsellors. Do a general search online or check the phonebook to find private counselling.*

**TIP!** Some counselling services are covered by OHIP. Many private counsellors charge money, but they may offer discounts if you cannot pay the full amount.

## Family and Caregiver Supports

Families and other caregivers often need their own support when a loved one has a mental health issue. Family and caregiver services can help you navigate the system. They also offer counselling, peer support and education. These services are available through local mental health agencies, hospitals and community centers. You can also get support online and through phone support lines. The Schizophrenia Society of Ontario offers different kinds of support to families and caregivers. Contact 1-800-449-6367 or visit [www.schizophrenia.on.ca](http://www.schizophrenia.on.ca) for more information. For a list of other family and caregiver supports, visit [www.tinyurl.com/cmhafamily](http://www.tinyurl.com/cmhafamily)

**TIP!** If you want to help a loved one with mental illness, you also need to take care of yourself. Self-care is important when a lot of your time is spent helping a loved one.

**TIP!** Sometimes the service provider working with your loved one will offer you support. If not, find a service that offers family support so you can get more information and learn ways to cope.

## Informal Support

For some people, sometimes, support from formal health care providers may not feel right. If you are experiencing a mental health problem but are not ready to see a health care provider, you can find other support systems. You may feel comfortable talking to someone you trust, like a family member, friend, teacher or colleague.

## Housing

Safe, affordable housing is crucial to recovery. It can be an essential support for people with ongoing symptoms of psychosis. Ontario has many housing options. Each one offers a different level of support for people with mental illness and psychosis.

### Non-Profit (Social) Housing

Non-profit agencies and private landlords offer affordable housing, which is priced according to what you can pay. In this kind of rent-geared-to-income housing, the rent is set at 30% of your income. This type of housing is independent and does not include support from mental health workers. There can be very long wait lists for non-profit housing, depending on where you live.

To access non-profit housing, visit the Ontario Non-Profit Housing Association through the link [www.tinyurl.com/onpha](http://www.tinyurl.com/onpha)

## Supportive Housing

Supportive housing combines housing and support services. The level of support varies, depending on your needs. Supportive housing is often provided as shared accommodation (e.g. boarding home, group home, co-op), with some apartments where you can live on your own.

In supportive housing, staff provide care to residents where they live. Supported housing is a slight variation, where residents get support services, but they are provided outside the home.

To find a supportive housing provider near you, contact ConnexOntario at [www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca) or call 1-866-531-2600.

## Safe Beds

Safe beds – also called short-term crisis support beds – offer short-term stays in a safe place for people with mental health issues. They provide support for immediate crises and make referrals to other community resources for ongoing support. Some crisis beds are reserved for specific populations, such as people who have had conflict with the law.

To access a crisis bed, contact ConnexOntario at [www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca) or call 1-866-531-2600.

## Financial Support

Income support is available to people in need through the Ontario Disability Support Program (ODSP) or Ontario Works (OW). These programs also provide employment supports and other benefits such as drug coverage. Some people are eligible for support through the federal Canadian Pension Plan Disability program (CPP-D).

To learn more about financial support programs, visit the Ministry of Community and Social Services website through the link: [www.tinyurl.com/mcssfinancial](http://www.tinyurl.com/mcssfinancial) or call 1-800-267-8097.

## Ontario Disability Support Program ( ODSP )

ODSP is a specialized program that provides financial help for people with disabilities who are over 18. If you want to apply, you need letters and an assessment from a qualified health care professional to prove you are unable to work due to disability.

## Ontario Works ( OW )

If you are in temporary financial need, OW can provide money and help finding a job. To be eligible, you must live in Ontario, be 16 or older, need money right away for food and shelter, and agree to take part in activities that will help you find a job.

### TIP!

**ODSP and OW provide very low levels of income. Talk to an ODSP or OW worker to find out about extra benefits that you may be eligible for.**

### TIP!

**Some ODSP applications are denied at first, but this does not mean you are ineligible. If you were denied ODSP, contact a community legal clinic for assistance.**

### TIP!

**If have a disability and qualify for a federal Disability Tax Credit, you can start a Registered Disability Saving Plan (RDSP), which will allow you to save for the future. RDSP will not affect your eligibility for social assistance. For more information about the RDSP, follow the link [www.tinyurl.com/rdspinfo](http://www.tinyurl.com/rdspinfo)**

## ADVOCACY

Working to change or improve something is called advocacy. On an individual level, we can advocate for ourselves or for other people. For example, you may be advocating for your individual rights to get better services from the mental health system. Individual advocacy can take many forms. It can include activities such as talking to your doctor about what is not working for you or writing a support letter on behalf of a loved one.

**TIP!** Try to stay calm. If you are not happy with the services you are receiving, talk about it. You will have better results if you convey your needs in a respectful way.

**TIP!** Put it in writing. Your concerns will be taken more seriously if you put them in a letter that explains what you are unhappy about and what you want to see changed.

## MY PHONE NUMBERS



In crisis, I can call: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Local Hospital: \_\_\_\_\_

My Family Doctor: \_\_\_\_\_

My Walk-in Clinic: \_\_\_\_\_

My Psychiatrist: \_\_\_\_\_

My Mental Health Worker: \_\_\_\_\_

My Mental Health Agency: \_\_\_\_\_

My Family Support Agency: \_\_\_\_\_

My Housing Support: \_\_\_\_\_

My Financial Support: \_\_\_\_\_

My Case Worker: \_\_\_\_\_

Other Resources: \_\_\_\_\_  
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The Schizophrenia Society of Ontario (SSO) is a non-profit charitable organization with a mission to make a positive difference in the lives of individuals, families and communities affected by schizophrenia and psychotic illnesses. SSO produces educational resources that help increase the capacity of individuals and communities to respond to schizophrenia and psychosis. For a complete list of our resources, please visit our website at [www.schizophrenia.on.ca](http://www.schizophrenia.on.ca).

If you found this resource helpful and would like to support the work of SSO, please consider making a donation through our website or by calling 1.800.449.6367.

For Further Information, please contact us at:

Schizophrenia Society of Ontario  
130 Spadina Avenue • Suite 302 • Toronto Ontario • M5V 2L4  
Phone 416.449.6830 • Toll Free: 1.800.449.6367 • Fax: 416.449.8432  
email: [sso@schizophrenia.on.ca](mailto:sso@schizophrenia.on.ca) web: [www.schizophrenia.on.ca](http://www.schizophrenia.on.ca)

**Charitable Registration**  
**#12990 4058 RR 0001**

This document provides general information only and is not to be used as a substitute for advice of a medical or a legal professional.