



Health Human Resources (HHR)

CMHA Ontario calls for a substantial, immediate and ongoing base funding increase for the community mental health and addictions sector. Unlike program-specific investment, *base funding* allows community service providers the flexibility to cover rising operational costs such as inflation, salaries and other overhead.

Aside from the delivery of high-quality mental health and addictions care, health human resources capacity is the most significant operational concern right now for CMHAs across Ontario. COVID-19 has magnified these issues.

Without a base budget increase to help shore up operations and cover operating costs that increase annually, CMHAs will have to keep making tough decisions on how to retain staff who are often underpaid, burned out and stressed while also providing much-needed services to the community.



In the health and patient care sector, mental health workers were second only to nurses when it comes to experiencing burnout ⁱⁱⁱ



\$70 billionⁱ
Provincial health budget

Each CMHA branch needs at least an
8%  **emergency increase**

Without new base funding

- ◆ Salary parity with other health care sectors goes down
- ◆ recruitment and retention goes down
- ◆ burnout and stress goes up
- ◆ no money for infrastructure upgrades
- ◆ Health human resources lack capacity

5  **10** years

the time between base budget increases for many CMHAs across Ontario.

Repeal Bill 124

Protecting a Sustainable Public Sector for Future Generations Act (2019)
which limits salary increases for public-sector funded employees to 1 per cent. This Bill only serves to further add to the health human resources challenges that our CMHA branches and sector are already managing.



Real-life CMHA branch health human resource challenges

66%

of resignations over the last two years have been salary-based. Most resignations are related to stress, burnout and lack of competitive wages.

33%

pay gap for experienced CMHA registered nurses vs. nurses at other health providers.

25%

salary gap with other health care employers for the same job.



Losing staff to municipalities, hospital, public health and other publicly funded organizations



Positions remain vacant to save money; candidates offered jobs but refuse due to salary



Roles change from provincially regulated professions (i.e. social workers, nurses, occupational therapists) to unregulated roles to save money, tap broader workforce, find workers.



Disproportionate percentage of time spent on interviews/orientation rather than on system issues and responses.

“ Later this quarter, our senior leadership team will be having conversations about what services we may have to cut back or stop doing all together and when we will need to do that in order to ensure we can (as much as possible) protect the purchasing power of our staff’s wages.

Generally, we manage the flat funding by managing the workforce to an ever-increasing degree, until it becomes unmanageable and then we try and reduce workload expectations and deliverables... It causes great instability and more work than is ever imagined.

“ We received two resignations from registered nurses in one month alone. They are burned out, managing higher level of risk and complexity than they are comfortable with....both left for part-time hours with higher wages at hospital / public health.”

“Exit interviews show that staff love the organization and they love the clients and the work, but the perks CMHA can provide are no longer enough.

Find out more about CMHA Ontario’s advocacy asks: www.ichoosemha.ca

ⁱⁱ Financial Accountability Office of Ontario (2021), Economic and Budget Outlook, Spring 2021, p.28.
<https://fao-on.org/en/Blog/Publications/EBO-SP2021>

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