

Carlington housing project to serve low-income seniors

\$14.5M medical, social services hub to reduce wait-lists

BY PAULINE TAM, OTTAWA CITIZEN JUNE 23, 2011

A new housing project is in the works that would combine apartments for low-income seniors with a ground floor medical clinic and social-services hub, a form of housing that experts say is sorely lacking in the Ottawa area.

The \$14.5-million project, a partnership between the Carlington Community Health Centre and Ottawa Community Housing Corporation, is aimed at reducing the high number of elderly people who are admitted prematurely to hospitals and nursing homes.

The result is gridlock in overcrowded hospitals and long waiting lists for nursing-home beds. According to Health Quality Ontario, which monitors how well health services are functioning, elderly residents in Eastern Ontario wait the longest of anyone in the province to be admitted to nursing homes. At the same time, the region's hospitals have some of the longest emergency-room waits in the province.

Officials say the ripple effect across the health care system points to a need, not for more nursing homes, but for a wider range of affordable housing geared to the needs of seniors. That includes facilities with some degree of supportive care - housekeeping services and preventive health care - to help the elderly remain independent longer.

Under the proposed project, up to 70 apartments would be built on the existing site of the Carlington Community Health Centre on Merivale Road, south of Carling Avenue. The community health centre's primary care clinic and social-services hub, which serve 7,000 clients annually, would anchor the building's ground floor; above the clinic would be three floors of seniors housing.

Michael Birmingham, executive director of the Carlington Community Health Centre, said the housing project is needed in a neighbourhood that has a high proportion of low-income seniors, many of whom suffer from chronic diseases such as diabetes and mental illness.

"Many of these people are low income and high need," Birmingham told a meeting Wednesday of the Champlain Local Health Integration Network, Eastern Ontario's health authority.

The two agencies are seeking provincial funding to cover up to \$9.5 million, or two thirds, of the total construction costs.

The rest would be financed by loans that would be paid back through revenue raised from residents' rents.

RESPONSE TEAM TACKLES MENTAL-HEALTH CRISES

The rural area east of Ottawa, which has Eastern Ontario's highest rates of poverty, suicide and addiction, is testing out a new program aimed at rapidly stabilizing people who are in the early stages of mental illness.

The quick-response treatment program is aimed at people who would otherwise end up at hospital emergency rooms, waiting for psychiatric beds. Others simply sink deeper into despair as they wait up to 14 months for outpatient mental-health and addictions treatment.

More than 500 residents in the eastern counties of Prescott-Russell are currently waiting for outpatient services at the Royal-Comtois Centre, a mental-health clinic run by the Hawkesbury and District General Hospital.

Of those on the waiting list, up to 20 per cent who are not in crisis, but are still at high risk of deteriorating without urgent help, could benefit from the new program, said Suzanne Filion, the hospital's director of mental-health services.

Within Eastern Ontario, Prescott-Russell has among the highest rates of poverty and addictions to alcohol, cocaine and marijuana. Similarly, the suicide rate is 30 per cent higher than the provincial average. "Just that (statistic) alone justifies mental-health services," said Filion.

Under the new program, a team of intake staff identifies and triages patients who show up at the emergency room and diverts them to quick-response treatment, where they are offered up to seven customized sessions with psychiatrists, therapists, or social workers.

The idea is to manage early symptoms and prevent patients from harming themselves, overdosing on drugs, or falling deep in the grip of imaginary voices or hallucinations. By then, most psychiatrists say, effective treatment is far more difficult, leading to less recovery of function, greater disability and more use of expensive hospital beds and other social services. In fact, evidence is mounting that the sooner people get treatment, the better they do in the long run.

Since the program started in April, 25 clients have been treated. The goal is to see up to 150 patients by next March.

The one-year, \$125,000 test project is funded by the Champlain Local Health Integration Network, Eastern Ontario's health authority. Filion said she would like to see the program eventually expand to include a staff of 10, which would cost \$1.2 million a year.