

The families' arguments against closing
November 17, 2006
Trish Crawford
The Toronto Star

While there are many studies showing increased quality of life for the developmentally disabled who have left institutional life, families fighting to keep Ontario's remaining institutions open have the following concerns:

Increased mortality rates:

Dr. David Strauss, director of the Life Expectancy Project in California and the author of more than 100 medical research papers, has consistently recorded 50 per cent higher mortality rates for those who leave institutions than for those who stay inside. Strauss adjusted for age and infirmity when studying California death certificates used in the research. [VOR Editor's Note: you can find all of Dr. Strauss' comparative mortality studies here: <http://www.lifeexpectancy.com/articles.shtml>].

Also, in England, Dr. Stephen Read, of the University of Huddersfield, reported in 2004 elevated mortality for those who moved into the community (11 deaths of 111 residents) from Meanwood Park Hospital, compared with those who were moved to other health care facilities (1 death out of 89) and Meanwood's prior rate (4.5 deaths out of 200) before it closed. He concluded the high community rate related to advanced age and infirmity of those moved. The average age of a Huronia resident is over 50 and many are in poor health.

Lack of medical expertise:

Canadian family physician Dr. Brian K.E. Hennen, who conducted a year-long study of deinstitutionalization around the world, concluded in his report this year that some institutions should remain open "where complex technical supports and a critical mass of expert health and social service providers, familiar with the residents and their needs, can be effectively concentrated."

He particularly noted the lack of specialized training in Canadian medical and nursing schools regarding the developmentally disabled.

Family wishes:

Manitoba has decided not to close all its institutions for the developmentally disabled, leaving one open and pouring in \$40 million for upgrades.

Manitoba disabilities minister Gordon Mackintosh says in an interview, "We must be aware of the best interests of the residents and consider the views of the families." Taking care of these vulnerable residents "has to come before ideology and fiscal considerations," he adds.

Manitoba's auditor-general slammed a for-profit group home three years ago for lavishing huge bonuses and cars on its executives at the expense of services for the disabled residents. A charity took over the operations.

Higher hospitalization rates:

Queen's University professor of community health and epidemiology, Helene Ouellette-Kuntz, co-authored a study in 2005 detailing abnormally high hospital admission rates for those with intellectual disabilities in the community.

Most surprising was hospitalization for conditions such as diabetes and high blood pressure, normally handled by family physicians. De-institutionalization "assumed that the community-based health services would be able to handle the influx of these new inhabitants", she wrote. In an interview with the Star, she says, "We must make sure they don't lose the care available to them in institutions."

Dr. Yona Lunskey, of the Centre for Addiction and Mental Health, reported in 2003 that 18 per cent of the beds in the province's psychiatric hospitals were filled with patients who were developmentally disabled although they are only 3 per cent of the population. Developmental disability represents the largest disability found in psychiatric hospitals. More than 37 per cent of these patients had been in the psychiatric hospitals for over five years, the majority of them because "there was no appropriate place to discharge them."

Community systems strained:

Beyond Numbers, a 2005 Toronto report of the fiscal restraints on agencies serving the developmentally disabled, concludes, "The squeeze is on: the sector has reached capacity, the service system is overloaded and there are serious shortages in service." Elderly parents who can no longer take care of their aging disabled children are an "impending crisis." Similar problems exist in agencies throughout Ontario.

Queue jumping:

There are more than 2,000 people in Toronto alone on waiting lists for housing and services. Those leaving Huronia and the other two institutions (in Smiths Falls and Chatham) are getting fast-tracked as money saved in the institutional sector follows them. While the government is providing 1,000 new community residential spots for those leaving institutions, the developmentally disabled living at home and needing a group home placement in the rest of the province will only get 1,180 new spots.

No fallback when placements fail:

For example, in January 2006, Marc Rivet, 46, who was transferred out of the Rideau Regional Centre in September 2005, was arrested and charged with possession of a dangerous weapon. There was a publication ban on the outcome of the bail hearing. Those with behavioural problems, who can't go back to the regional centres and don't qualify for a hospital stay, are coming in conflict with the law.

Public attitudes oppose closing:

The only Canadian opinion poll on the topic, conducted by Queen's University shortly after the 2004 Ontario government announcement that the last three institutions would close, found 81 per cent supported keeping them open. This was a small sample of 680 people in southeastern Ontario.