



May 8, 2020

Hon. Doug Ford
 Premier of Ontario
 Legislative Building
 Queen's Park
 Toronto, ON M7A 1A1

Hon. Christine Elliott
 Deputy Premier and Minister of Health
 Ministry of Health
 5th Floor, 777 Bay St.
 Toronto, ON M7A 2J3

Hon. Merrilee Fullerton
 Minister of Long-Term Care
 6th Floor, 400 University Ave
 Toronto, ON M5G 1S5

Dear Premier Ford, Minister Elliott and Minister Fullerton,

On behalf of almost 80,000 residents, their families and staff in Ontario's long-term care (LTC) homes, we are writing this letter to urgently request that the provincial government take immediate action to support the psychosocial and emotional wellbeing of residents. COVID-19 has changed every aspect of the lived experience in LTC. Despite fervent efforts and commitment from LTC team members to protect residents from the negative physical outcomes of COVID-19, the psychosocial and emotional impacts remain ignored and under-resourced.

According to a recently released study by Mental Health Research Canada, the number of Canadians expressing high-to-extreme levels of anxiety has quadrupled since the start of the COVID-19 crisis. “Mental Health in Crisis: How COVID-19 is Impacting Canadians.” *Mental Health Research Canada*, www.mhrc.ca/our-research/. If that is the reality of people living in the general population, what is happening to the mental health of LTC residents, many of whom are already living with compromised cognitive ability and living in isolation? ‘There is no health without mental health’ - Minister Elliott.

Thousands of residents are living cohorted and/or isolated lives away from their personal belongings and away from the important people in their lives. Many residents are eating alone, experiencing virtually no human connection aside from 2-3 brief encounters with LTC team members for personal care/meal delivery each day and 1-2 virtual visits with a family member each week, if such a program exists in their home. Team member shortages further exacerbate the sense of isolation, we have heard from residents that there is little to no program or activity to nurture social engagement opportunities during these times.

Pre-COVID-19, the realities of pervasive isolation, depression and loneliness are coined as the ‘three plagues’ of life in LTC (Dr. Bill Thomas, founder of The Eden Alternative). While person-centered practices combat these plagues, the current reality of LTC living will lead to residents left with broken spirits and the corresponding negative outcomes associated with their psychosocial, emotional health.

People need people. We are writing this letter now to ask that immediate attention and allocated resources be applied to LTC homes to support the psychosocial and emotional wellbeing of residents. The government of Alberta, in recognizing the importance of ‘quality of life’ for residents, has released substantive directives that clearly define essential visitors as those who contribute to the quality of life of residents in addition to provision of needed physical care. I urge you to follow suit, so that residents can experience the psychosocial and emotional support that has been missing for 7 weeks thus far.

Imagine the new reality when a group of team members (comprised of ‘essential visitors’ and/or dedicated staff) is incorporated into **every LTC home** to exclusively provide avenues/programs/opportunities for psychosocial and emotional support. Residents will experience **multiple** weekly virtual visits using iPads, tablets or cell phones with friends and family members, and even amongst themselves, providing peer to peer support. Residents will enjoy safe outdoor visits during the warm weather now upon us. Imagine residents being supported in a virtual resident activity, meal or conversation between other residents. Residents will feel engaged and connected to each other once again, to their families, to their environment and to their community. They will be well protected from the negative outcome of prolonged isolation.

This is what is needed:

- Declare psychosocial and emotional wellbeing of residents as essential to their quality of life
- Expand the definition of ‘essential visitors’ to include people who contribute to the quality of life including psychosocial and emotional health
- Resources for homes to hire and train additional team members/staff whose primary role is to support psychosocial and emotional health via facilitating virtual and safe physical visiting
- Resources for homes to purchase technology and infrastructure required to support virtual visits amongst residents and families
- Creation of a safe plan for residents to enjoy social engagement outdoors in the coming weeks (physical distancing, wearing of masks, etc.), complete with human resources and supplies to make this a reality

We must act now. COVID-19 requires physical distancing, but in order to uphold resident's quality of life and wellbeing we must enable and support social connection.

We look forward to hearing from you soon, as we work together to provide the best care for LTC residents who are the most vulnerable group of Ontarians during this COVID-19 crisis.

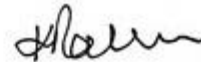
Sincerely,



Cathy Barrick
Chief Executive Officer
Alzheimer Society of
Ontario



Lisa Levin
Chief Executive Officer
AdvantAge Ontario



Kiran Rabheru MD, CCFP, FRCP
Co-Chair
Canadian Coalition for Seniors' Mental Health



Laura Tambllyn Watts
Chief Executive Officer
CanAge



Carola Collins
MD CCFP
Medical Director



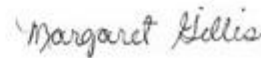
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Chief Executive Officer
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cc: Hon. Michael Tibollo, Associate Minister of Mental Health and Addictions
Hon Raymond Cho, Minister of Seniors and Accessibility
Helen Angus, Deputy Minister, Ministry of Health
Richard Steele, Deputy Minister, Ministry of Long-Term Care
Matthew Anderson, President and CEO, Ontario Health