

June 11, 2020

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

Honourable Christine Elliott  
Deputy Premier and Minister of Health  
Ministry of Health  
5<sup>th</sup> Floor, 777 Bay Street  
Toronto ON M7A 2J3

Honourable Merrilee Fullerton  
Minister of Long-Term Care  
6<sup>th</sup> Floor, 400 University Avenue  
Toronto ON M5G 1S5

Dear Premier Ford, Minister Elliott, and Minister Fullerton:

At its meeting of June 1, 2020, Chatham-Kent Municipal Council received a letter from eleven organizations serving Long-Term Care and Retirement Homes in Ontario. The letter spoke to the importance of psychosocial and emotional well-being of all Long-Term Care (LTC) and Retirement Home (RH) residents. Council agreed there was significant evidence presented within the letter to warrant supporting the call to action and to encourage the government to review and act on the recommendations provided.

The COVID-19 pandemic has presented a variety of challenges to the LTC and RH sectors, as well as the congregate care sector. Many of these challenges involve protecting the physical health of this extremely vulnerable population. Increased infection control requirements, eliminating non-essential visitors, active screening protocols, and restrictions on the movement of LTC and RH staff working between different homes, are a few examples of the measures taken and backed financially by the provincial government. In Chatham-Kent, early and rigorous adoption of these measures has kept COVID-19 out of our LTC and RH facilities. While this is a commendable achievement, it is important to examine the social costs to residents of such an undertaking.

People living in LTC and RHs depend completely on interactions with staff, visitors, volunteers, and other residents to fulfill their social and emotional needs. Losing any one of these groups impacts residents in ways that are difficult to measure quantitatively but qualitatively we see it in our residents' eyes each day as we strive to provide the best care possible for them. The exclusion of non-essential visitors has left a tangible hole in the lives of residents. In Chatham-Kent's municipally-run LTC home, Riverview Gardens (RVG), this order saw the exclusion of 500-600 additional visitors, volunteers, and contract support staff per week. They were cherished, familiar faces; their visits much-anticipated by residents and appreciated by staff.

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Visitors and volunteers provide more than just visiting, they help in the daily care of our residents. Conversations with other LTC and RHs throughout Chatham-Kent show the same losses and the same impacts on residents and staff. Additional stressors directly related to the pandemic have added to the staffing crisis in LTC and RHs. Supporting a strategy for homes to hire additional staff specifically trained to support the psychosocial and emotional needs of residents would alleviate some of the stress on nursing staff and may lead to better outcomes for residents.

Chatham-Kent has always been a community that comes together and rises to the challenges before us. COVID-19 and the impact this has had on our local LTC and RH sectors is no exception. Through our local United Way, volunteers are finalizing an Adopt a Grandparent program similar to pen pals of years past. This program will link teenagers and young adults with one of our LTC and/or RH residents. Young and old, both with different needs, sharing thoughts and ideas and supporting one another through the pandemic. At Riverview Gardens we have created a Resident Support Worker (RSW) position that provides emotional and social support to our residents. RSWs work on the same floor with the same residents each day where they assist residents with feeding, games, crafts, companionship, and outdoor time when the weather cooperates. RSWs also help provide such services as assisting with laundry, as well as sorting, folding, and organizing a resident's personal items. Currently, redeployed municipal staff are fulfilling these roles at RVG but as Ontario moves further with reopening, these staff will be needed back at their home base location and residents in our home will once again be faced with spending much of their day alone. The homes in Chatham-Kent are providing great care to our residents but they can only do so much. This is why the recommendations from the Long-Term Care and Retirement Home sectors are so important.

Chatham-Kent Municipal Council believes people need human interaction. It is what makes the difference between simply being alive, and living. It is time to act, and protect the psychosocial and emotional health of our LTC and RH residents. We support whole-heartedly, the recommendations presented to you from our LTC and RH partners (attached).

Sincerely,



Darrin Canniff, Mayor/CEO  
Municipality of Chatham-Kent

Attachment: Letter from Alzheimer Society et al RE: Psychosocial and Emotional Well-being of LTC Residents

- C 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
- Rick Nicholls, MPP Chatham-Kent-Leamington
- Monte McNaughton, MPP Lambton-Kent-Middlesex
- Matthew Anderson, President and CEO, Ontario Health
- All municipalities in Ontario



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/](http://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:

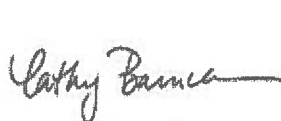
- Declare psychosocial and emotional wellbeing of residents as essential to their quality of life
- Expand the definition of ‘essential visitors’ to include people who contribute to the quality of life including psychosocial and emotional health
- Resources for homes to hire and train additional team 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



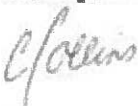
Lisa Levin  
Chief Executive Officer  
AdvantAge Ontario



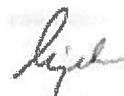
Kiran Rabheru MD, CCFP, FRCP  
Co-Chair  
Canadian Coalition for Seniors' Mental Health



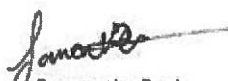
Laura Tamblyn Watts  
Chief Executive Officer  
CanAge



Carola Collins  
MD CCFP  
Medical Director



Marta Hajek  
Executive Director  
Elder Abuse Prevention Ontario



Samantha Peck  
Executive Director  
Family Councils Ontario



George Heckman, MD, FRCP(C)



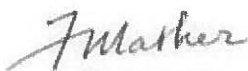
Margaret Gillis  
President  
International Longevity Centre Canada



Raza M. Mirza, PhD  
Network Manager  
National Initiative for the Care of the Elderly (NICE)



Dee Lender  
Executive Director  
Ontario Association of Residents' Councils



Fred Mather, MD  
President,  
Ontario Long Term Care Clinicians



Donna Duncan  
Chief Executive Officer  
Ontario Long Term Care Association

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

