

SUBJECT: Professional Outreach & Call to Action: Systemic Barriers in Psychiatric Service
Animal Access for Trauma Survivors and First Responders

To Our Colleagues in Psychiatry, Psychology, and Psychotherapy:

As clinicians, researchers, and mental health practitioners, we witness firsthand the devastating toll of complex Post-Traumatic Stress Injury (PTSI), moral injury, and Operational Stress Injuries (OSIs). We know that effective trauma recovery requires multi-modal interventions that extend far beyond the clinical office—interventions that provide physiological grounding, disrupt hypervigilance, and restore a sense of safety in daily life.

Task-trained psychiatric service dogs represent a clinically proven, life-saving modality for somatic de-escalation and crisis mitigation. Yet, an administrative and legislative barrier in Ontario actively prevents our most vulnerable clients—particularly injured first responders, frontline workers, and individuals managing severe trauma—from accessing this vital tool.

We are writing to introduce **The Havoc Act**, a grassroots legislative and policy reform initiative, and to invite your professional association, clinic, or practice to join us as co-advocates in dismantling these systemic roadblocks.

The Clinical Reality: Clinical Need vs. Administrative Gatekeeping

Under the *Accessibility for Ontarians with Disabilities Act* (AODA) and the *Ontario Human Rights Code* (OHRC), a service animal is legally recognized based on functional need and medical documentation provided by a regulated health professional.

Despite this clear legal foundation, systemic gatekeeping across provincial benefit frameworks, workplace insurance boards (such as WSIB), and social assistance programs (such as ODSP and OW) has created an untenable landscape:

1. **Prohibitive Waitlists:** Institutional providers and centralized non-profit agencies routinely enforce multi-year waitlists stretching from **2 to 5 years**. For a client experiencing acute suicidal ideation, severe panic, or debilitating hyper-arousal, a 5-year wait is an insurmountable barrier.
2. **Exclusionary Costs:** Institutionally sourced dogs frequently carry price tags ranging from **\$25,000 to \$30,000**, pricing out individuals on medical leave, fixed incomes, or social assistance.
3. **The Denial of Clinical Autonomy:** Current administrative structures penalize handlers who choose to work with independent professional trainers to evaluate, task-train, and

deploy privately sourced dogs (including rescue and shelter candidates) that meet high standards of public composure and task competency.

Why This Matters to Your Practice & Your Clients

When administrative bodies demand corporate agency "accreditation" over medical necessity, it directly undermines clinical care and patient safety. Supporting **The Havoc Act** directly benefits mental health professionals and those we serve in several critical ways:

- **Restoration of Clinical Autonomy:** Re-establishes the psychiatrist, psychologist, or psychotherapist as the primary authority on a client's disability and functional need, preventing non-clinical training vendors from dictating who qualifies for a psychiatric service animal.
 - **Timely Therapeutic Integration:** Eliminates multi-year delays, allowing clinicians to recommend a tangible, somatic stabilization tool that patients can actually integrate into their active treatment plans in months rather than years.
 - **Somatic Grounding & Crisis De-escalation:** Task-trained dogs actively interrupt hypervigilance, break dissociative states, mitigate night terrors, and provide deep-pressure therapy that complements trauma-focused modalities (such as CPT, EMDR, and somatic experiencing).
 - **Systemic Equity:** Extends recognition and support to volunteer first responders, auxiliary personnel, and marginalized individuals who face fragmented coverage and administrative rejection under current rules.
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The Legislative Solution: The Havoc Act Framework

The Havoc Act proposes three commonsense, evidence-backed reforms to align administrative reality with existing human rights law:

1. **AODA Harmonization:** Mandate that all provincial statutes, municipal bylaws, social assistance rules, and insurance regulations align directly with the AODA—ensuring medical documentation of need dictates recognition, regardless of the animal's training origin.
2. **Flexible Competency Standards:** Establish that any recognized, industry-standard Public Access Test (PAT) fulfills public safety benchmarks, validating rigorous independent training models over corporate monopolies.
3. **Universal Social Service & Insurance Recognition:** Require WSIB, ODSP, OW, and healthcare benefit providers to universally recognize task-trained service animals as legitimate, coverable recovery tools without administrative delay or clawbacks.

An Invitation to Co-Advocate

Real systemic reform occurs when clinical professionals, frontline advocates, and legal experts stand together. We are asking psychological and psychiatric associations, mental health clinics, and individual practitioners to lend their voices to this cause.

How You Can Support:

- **Endorse the Initiative:** Add your clinical practice or professional endorsement to our advocacy network supporting AODA harmonization and competency-based service dog standards.
- **Distribute the Position Paper:** Share our legislative brief and backgrounder within your professional networks, clinics, and peer consultation groups.
- **Engage in Dialogue:** Partner with us to brief decision-makers and legislators at Queen's Park on the direct clinical necessity of breaking institutional monopolies.

To review our complete position paper, legislative brief, or to register your professional support, please reach out directly.

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