



CANADIAN MENTAL
HEALTH ASSOCIATION

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POUR LA SANTÉ MENTALE

Canadian Mental Health Association, BC Division Submission to the

**Standing Senate Committee on Social Affairs, Science and
Technology regarding Mental Health, Mental Illness and Addictions**

**Vancouver, BC
June 6, 2005**

CMHA BC Division

The Canadian Mental Health Association (CMHA) is a national, non-profit, voluntary organization whose mission is to promote the mental health of all Canadians. The CMHA carries this out through education, research, community development and advocacy. One of our core objectives is to promote and create innovative programs which contribute to the recovery, secondary prevention, empowerment and community integration of persons with a mental illness. Incorporated in 1953, CMHA, BC Division is located in Vancouver, with 20 Branch offices throughout the province. Over the past decade, CMHA has spearheaded strong partnerships with people with a mental illness, their family members, mental health professionals and concerned community members, under a model that has come to be known as the Framework for Support¹. Under this model, consumers of mental health services are empowered to take an active and directing role in their own mental health care and in designing and evaluating mental health services.

Growing Marginalization

As the Alliance For Accountable Mental Health and Addictions Services points out many people with mental illness and addictions face growing marginalization within our communities. It is this growing marginalization that provides the urgency for action locally, provincially and nationally.

While CMHA BC Division recognizes the Standing Senate Committee's excellent and comprehensive review of the current situation in the area of mental health, mental illness and addictions in Canada, we nonetheless believe that the following information must be reiterated at every opportunity to help ensure that responses are grounded in the lived experience of many people with mental illness.

People with mental illness and addictions in BC are disproportionately living in poverty.

- Recent income assistance increases for single people with Persons With Disability status provides people with income which is 46% below the 2003 poverty line²; many others receive Persons with Persistent and Multiple Barrier status with income assistance levels which place individuals 61% below the poverty line or basic income assistance which places people 70% below the poverty line.
- In BC, across the 88 local health areas, there is a significant correlation between the prevalence of schizophrenic disorders and low income³

People with mental illness and addictions are at an increased risk of contact with the police and involvement in the criminal justice system.

- over 30% of people came into contact with the police during their first experience trying to access mental health care in BC - this contact often made an already traumatic experience even more distressing⁴
- a significant number of inmates across all correctional institutions have mental illness and addictions or symptoms of mental illness⁵

¹ See CMHA National's A New Framework for Support, www.cmha.ca

² *National Welfare Report*, 2004

³ *Psychiatric Services*, 54(7), 2003

⁴ CMHA BC Division, BC Early Intervention Study, 1998

⁵ *Offord Report for the BC Attorney General*, 1998

- between 7-15% of police contacts are with people with mental illness and the frequency of interaction between the police and people with mental illness is increasing⁶

People with mental illness and addictions are disproportionately homeless and inadequately housed.

- Actively maintained wait list for housing for people with mental illness in Vancouver by the Vancouver Coastal Health Authority is 850 and the known housing requirement as documented by the Coast Foundations is closer to 3,000⁷
- Serious concerns about homelessness have spread out of the urban core to suburbs and communities in the interior and on the island

People with mental illness and addictions experience significantly lower physical health status.

- Compared to the general population, individuals with psychiatric illness are much more likely to die of both natural and external causes⁸
- People with mental illness are 23% more likely to die from suicide, 13% more likely to die from ill defined conditions, signs and symptoms and 9% more likely to die from AIDS⁹
- Some of the excess mortality is likely due to inadequate medical care for treatable conditions, particularly inadequate physician assessment and follow-up

People with mental illness and addictions experience significant and persistent discrimination in communities throughout BC

- In a Canadian Survey of consumers, half said the area in their life most affected by stigma was housing¹⁰
- Research shows that a person's status as a psychiatric patient means he or she is less likely to be leased apartments¹¹

People with mental illness and addictions do not have access to and/or do not access effective, evidence-based community supports.

- 5.4% of all British Columbians have unmet mental health care needs, of these 31,907 (18.2%) identified accessibility issues as a barrier, 13,327 (16.3%) identified availability issues as a barrier and 136,606 (76.3%) identified acceptability issues as a barrier¹²
- Approximately 140,000 children and youth experience mental disorders causing significant distress and impairing their functioning at home, at school, with peers or in the community and prevalence of children's mental illness far outpaces clinical treatment capacity¹³
- Mental illness represents one of the top categories of "frequent users" of emergency room services¹⁴

Treatment and support for young people with substance use problems are currently lacking.

- 30,000 BC youth have substance abuse problems¹⁵
- 7,500 children and youth have concurrent mental health and addictions disorders¹⁶
- there are only 64 publicly funded short-term stabilization beds and 18 short term residential treatment beds available in BC

⁶ Commission for Public Complaints Against the RCMP, October 20, 2003

⁷ Vancouver Coastal Health Authority, 2004

⁸ Provincial Medical Officer of Health, *Annual Report*, 2002

⁹ Provincial Medical Officer of Health, *Annual Report*, 2002

¹⁰ Minister's Advisory Council on Mental Health, *Discrimination Report*, 2002

¹¹ Minister's Advisory Council on Mental Health, *Discrimination Report*, 2002

¹² Mheccu, *Analysis of CCHS 1.2 Statistics Canada data*, 2005

¹³ Ministry of Children and Family Development, *Child and Youth Mental Health Plan*, 2003

¹⁴ Chan, B. & Ovens, H. "Frequent Users of Emergency Departments", *Canadian Family Physician*, Vol. 48, 2002

¹⁵ Ministry of Children and Family Development, *Child and Youth Mental Health Plan*, 2003

¹⁶ Ministry of Children and Family Development, *Child and Youth Mental Health Plan*, 2003

The urgency of focusing on the broader determinants of health, particularly in the areas of housing and income, and particularly as they relate to people with mental illness cannot be overstated.

Recommendation:

CMHA BC Division recommends that any Pan-Canadian Strategy explicitly adopt a focus on mental health and addictions services and systems within the context of people's lived experience, recognizing the importance and addressing the deficiencies in key determinants of health

Support for the CMHA National Recommendations

CMHA, BC Division fully endorses the recommendations of the National CMHA Office which were presented to you in April.

Recommendation:

CMHA, BC Division recommends:

- *The development and implementation of a Pan-Canadian Strategy on Mental Illness and Mental Health that fully involves people with mental illness and builds on their experiential expertise*
- *The incorporation within the Pan-Canadian Strategy of a focus on housing and income – two critical determinants of health and mental health*

Response to the Standing Senate Committee Issues and Options Paper

CMHA, BC Division has chosen to focus specifically on a few key areas within the Issues and Options paper and highlight some innovative strategies and programs that have been developed through the work of the BC Division office and BC Branches as potential models for other jurisdictions.

System Coordination and Integration

In terms of system coordination and integration, we noted in your Issues and Options Paper that the existence of multiple NGO's delivering services and supports was defined as a problem. While there is no doubt significant duplication and overlap among NGO's delivering mental health services and supports at a local level, it is also critical to recognize that a diversity of organizations can, in fact, be an asset rather than merely a problem, allowing for real and meaningful choices on the part of people with mental illness.

Funding bodies can work to increase the benefits and minimize the problems associated with multiple NGOs by creating incentives for collaboration as opposed to competition. NGOs themselves can develop innovative strategies to minimize administrative costs and duplication while preserving meaningful alternatives for people. One example of an innovative solution to this issue can be found in Williams Lake, a relatively small community in the Northern part of the Interior health region which has developed a co-op model for

local NGOs. The guiding principles of the Central Interior Community Services Cooperative are that:

- Members provide a range of community-based social, advocacy, education and health services to children, youth, adults and families
- Members work cooperatively to respond to community needs and to promote quality human services through the facilitation of partnerships, research, innovation and by sharing resources and knowledge.

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Early Detection and Intervention

Effective early detection and intervention are critical for people with mental illness and their families. In 1998, CMHA BC Division completed the provincial Early Intervention Study which examined the experiences of people with mental illness and their family members when they first sought help from the mental health system¹⁷. The study found a number of challenges for early intervention and concluded that apart from following best-practice guidelines for clinical treatment, young people and their families must be provided with sensitive, thorough information that helps them deal emotionally and practically with the illness with the goal of supporting them to understand and overcome a serious obstacle and fulfill their hopes and dreams.

CMHA BC Division has more recently been part of the Provincial Working Group on Parental Mental Illness. Though there is an emerging literature in the area of parental mental illness, there is little at a program level that addresses the unique challenges and support needs of parents with mental illness and their families^{18, 19}. We know, however, that many people with mental illness are parents and that many are hesitant to seek services for fear of losing custody of their children.

A focus in the area of parental mental illness can potentially provide another mechanism for early detection and intervention strategies. Significant impacts in preventing mental health issues and increasing resilience among children of parents with mental illness are possible through a comprehensive parental mental illness strategy that is informed and guided by parents with mental illness themselves.

¹⁷ see www.cmha-bc.org

¹⁸ BC Partners for Mental Health and Addictions Information, Visions – Parenting, Spring 2004

¹⁹ see www.parentingwell.org

Enhancing Access

Access to mental health services and supports is another critical issue which has been well documented in the Standing Senate Committee's initial reports.

As mentioned in the section on marginalization, 5.4% of all British Columbians (approximately 228,000 people) have unmet mental health care needs. Of those people, 18% identified access as a barrier; 16% identified availability as a barrier and 76% (over 173,000 people) identified acceptability of services and supports as a barrier. This data underscores the need to recognize the complexities of the issue of access.

This concept of acceptability requires further study and analysis grounded in community-based research principles. People with mental illness and mental health needs, themselves, need to be an integral part of identifying and defining elements of acceptable services and supports. This knowledge then needs to be translated into practical system reform initiatives.

Children and Adolescents

As the Standing Senate Committee is aware, BC is in the process of implementing a five-year child and youth mental health plan. CMHA, BC Division fully endorses British Columbia's Child and Youth Mental Health Plan.

CMHA commends the broad focus of the plan to include:

- Treatment and support
- Risk reduction
- Community and family capacity
- Improving performance

CMHA BC Division particularly supports the ongoing and intentional involvement of families/caregivers, youth and NGO's in the development and implementation of the Child and Youth Mental Health Plan through a variety of mechanisms including focus group based research, advisory structures, task-specific working groups, among others

Recommendation:

The BC Ministry of Children and Family Development's model for the development and implementation of the Child and Youth Mental Health Plan should be examined in more detail with learnings disseminated nationally.

In addition, CMHA BC Division, through funding from the Public Health Agency of Canada, is working with 5 communities over the next two years to promote participation of youth and their families/caregivers in decision-making and increase their networks of support. It is anticipated that this work will result in initial evidence about how to best promote participation of youth and their families in decision-making within an emerging child and youth mental health system. BC Division intends to promote the findings from this work both provincially and nationally.

Employers

CMHA, BC Division is about to embark on CMHA, Ontario Division's award-winning Mental Health Works program.

This program provides training to employers to support them to develop strategies to address mental illness effectively while maintaining productivity. In 2004, Mental Health Works received a Canadian Award for Training Excellence.

Mental Health Works is designed to increase comfort among managers when discussing mental health issues in the workplace – a critical factor in reducing discriminatory behaviour and building healthy dialogue.

The training includes the voices of employees with mental illness – a key component of any mental health training.

Workplace Disability Insurance

Another area in which CMHA BC Division has developed some expertise is in the area of workplace disability insurance. We have developed a report which highlights individual stories of people who have attempted to access workplace-related disability insurance coverage and which also identifies key issues in this area.²⁰

CMHA has also developed a 12-minute documentary highlighting the issues from the perspectives of people with mental illness.²¹

The report concludes that action needs to occur to ensure that:

- People can make more informed decisions before entering into coverage agreements;
- Claimants can make better use of existing dispute resolution alternatives;
- Employers can develop better strategies for promoting mentally healthy workplaces;
- Standards that protect the legitimate interests of people with mental illness who attempt to access disability benefits can be developed and enforced.

Combating Stigma and Discrimination

As has been recognized, combating stigma and discrimination is critical to decreasing marginalization of people with mental illness and addictions and creating conducive environments within our communities for recovery. CMHA BC Division will focus on two local promising practices in this area.

The first is the Mental Illness 1st Aid Course created by the Vancouver/Burnaby Branch of CMHA²². This program, modeled on the first aid training program is a 2-day training program focused on competency based training that equips people with concrete skills.

The training is co-led by a person with personal experience, an evidence-based best practice, in and of itself, for reducing prejudice. Outcome data suggest that participants' rates of confidence in recognizing and responding to various mental health conditions increases from approximately 30% to over 90% after training.

Another innovation in British Columbia with respect to combating stigma and discrimination is the work of the BC Partners for Mental Health and Addictions Information which was cited in the Standing Senate Committee's first series of reports.²³

²⁰ See, *Navigating Workplace Disability Insurance: Helping People with Mental Illness Find the Way* at www.cmha-bc.org

²¹ See, *Workplace Disability Documentary* at www.cmha-bc.org

²² see <http://www.mifa.ca/>

The BC Partners includes CMHA, BC Division, the Anxiety Disorders Association of BC, Awareness and Networking around Disordered Eating, BC Schizophrenia Society, FORCE Society for Kids' Mental Health Care, Centre for Addiction Research BC and the Mood Disorders Association of BC. The work of the Partners is based on a mental health literacy approach to public education and our communications strategy is based on an "expert friend" strategy which uses people's personal stories of recovery both in print and web-based educational resources to connect to others with mental health and addictions issues.

Police Officers

In 1998, a CMHA BC Division study found that over 30% of people came into contact with the police during their first experience trying to access mental health care in BC.²⁴ This contact often made an already traumatic experience even more distressing.

In 1999, CMHA BC Division participated in a Coroner's Jury investigating the shooting death of a person with mental illness who had had a confrontation with police while seeking mental health care. The jury recommended that police receive training on how to respond more effectively in future situations. As a result, BC Division completed a research report "Study in Blue and Grey" which examined key components of effective police response to people with mental illness and strategies for implementation of such responses within existing service systems.²⁵

The key findings of this report are that police have become the de facto "first responders" in our mental health system and that they lack both the necessary skills to play this role and the means to collaborate with mental health systems to jointly solve this problem. .

Most recently, CMHA has embarked on a community development project to improve responses by police officers to people with mental illness who are in crisis in six BC communities. The project is designed to support six communities build the capacity to engage relevant players (police, mental health acute and crisis services) in the creation of a community-specific plan of action to implement and evaluate effective models of response to people in mental health crises. Findings from the project will be disseminated both provincially and nationally.

²³ see www.heretohelp.bc.ca

²⁴ CMHA, BC Division, BC Early Intervention Study, 1998

²⁵ See www.cmha-bc.org

Research

Community-based mental health research which uses participatory approaches to systematically gather information with and from people with mental illness directly is a tool that CMHA has long used to identify issues and solutions from the perspectives of people with mental illness.

To date there is little or no infrastructure to support the development of a national or provincial community-based research agenda in the mental health and addictions area. Nor is there significant support to integrate findings from this form of research effectively into a larger mental health research agenda.

The Knowledge Resource Base, a key component of CMHA's Framework for Support identifies four types of knowledge that are available to understand and make sense of mental illness: medical/clinical knowledge, social science knowledge, experiential knowledge, and customary and traditional knowledge.

The foundation of the Knowledge Resource Base is made up of the outcomes of a more comprehensive approach to knowledge and of the impacts that such an approach will have including:

- Recognizing Variety
- Building A Rich Resource
- Developing a Critical Analysis
- Taking Down the Barriers

Community-based mental health research is currently underdeveloped nationally. The development of a joint vision and values framework involving academic researchers, particularly those engaged in policy and service research, people with mental illness, family members and community-based researchers can begin to build a foundation for collaboration. Opportunities to work on joint academic-community research projects can strengthen awareness of the value of this kind of partnering and lead to the development of a more relevant and meaningful research agenda.^{26, 27}

At a national level, research funding and support to build the experiential literature through community-based research approaches can better equip people with mental illness with evidence when they are involved in decision-making activities at a local, provincial or national level and is one concrete strategy for increasing effective participation.

Recommendation:

At a national level, research funding and support must be provided to build the experiential literature through community-based research approaches.

²⁶ See <http://www.crehs.on.ca/>

²⁷ See <http://www.wellesleycentral.com/wellesley/>

Conclusion

CMHA, BC Division is convinced that intentionally and systematically involving people with direct experience in training, research, education, planning and evaluation activities can and will have profound impacts on how mental health and addictions are viewed and addressed at local, provincial and national levels.

Recommendation:

CMHA, BC Division recommends that the Standing Senate Committee emphasize the importance of intentionally and systematically involving people with mental illness and their families in service research, design, delivery and evaluation throughout its final report and that the Committee develop clear recommendations to that end.