Canadian Mental Health Association
British Columbia
Mental health for all

b4stage4

HELP SHAPE OUR FUTURE SURVEY RESULTS

CMHA BC's 2017 public engagement survey to inform decision-makers on what British Columbians see as the best ways to intervene earlier for mental health and substance use problems.

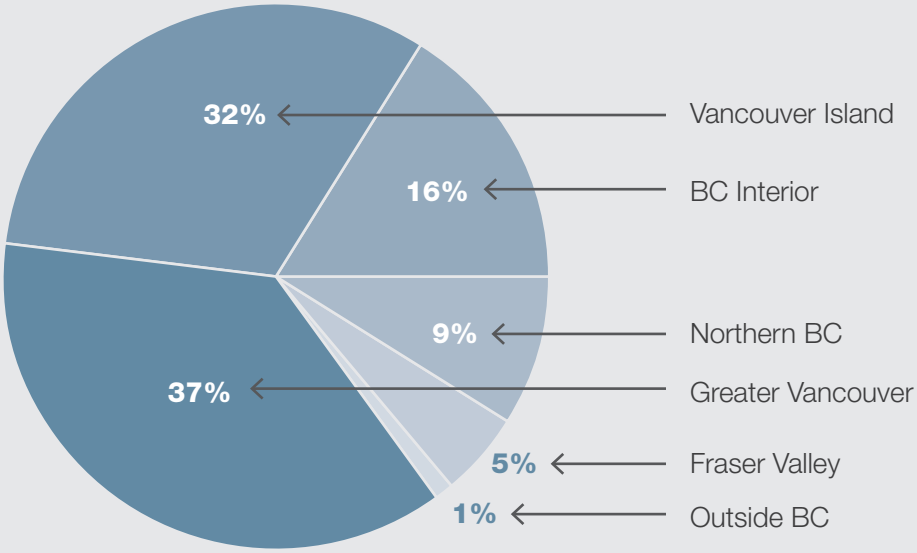
6 QUESTIONS
47 DAYS
1,163 RESPONDENTS

In 2015, the Canadian Mental Health Association (CMHA) BC Division launched its b4stage4 campaign. The objective of the campaign was to change the way we—all British Columbians—think about mental health and addiction. Our goal was to reach 1% of the population over the life of the campaign and 10,000 citizens in the lead up to the 2017 BC Provincial Election. B4stage4 advocates for prevention and early intervention, an accessible addictions system of care, mental health services in communities, effective crisis response and leadership across all sectors. We believe action in these five areas will move the needle towards better mental health.

At the end of November 2017, the campaign had reached 16,847 people, and 4,100 people had signed the declaration calling for the five areas of action set out above. In addition, we had 37 institutional endorsers of the declaration, ranging from municipal governments to associations of health professionals to members of the labour movement to non-profit organizations. Support for the campaign was and continues to be strong—it is a clear call for a new way of approaching mental health and addiction in BC.

CMHA BC launched the **Help Shape our Future** survey on Monday July 31st 2017 to help determine the future of mental health and substance use (MHSU) services in BC. The circulation of the online form was limited to media outlets (the Tyee), social media channels, subscription-based newsletters, and internal communications. The survey remained open until September 15th at which point the data was collected, analyzed and composed into this report with the intention of helping provincial decision-makers implement effective early intervention strategies that respond to the mental health and addiction needs of British Columbians.

WHO RESPONDED? RESPONDENTS' GEOGRAPHICAL DISTRIBUTION



"A family member is now deceased because of his mental health and addiction issues, and I believe that identifying that he was at risk (elementary school) and early intervention (high school) would have given him the best chance. By the time his addiction was full-blown, he used many of the services available to him (psychiatry, family doctor, methadone doctor, medications, counselling, and residential treatment programs) but his physical dependence and need for substances to cope emotionally made it very difficult for him to stay sober. There was a lack of coordination amongst the professional supports he was accessing, as well as lack of oversight. I'd like to see the government support youth with evidence-based strategies much earlier on. Once someone is as ill as my family member was, it is extremely difficult for them to recover." —Respondent from Interior BC

WHAT BRITISH COLUMBIANS HAVE EXPERIENCED

The survey asked respondents about their experiences accessing mental health or substance use services at a time of crisis. Of the 1,163 survey respondents, more than half took the time to tell us a personal story about themselves or a family member in response to questions about what services were helpful and what services could have been helpful to prevent the escalation of symptoms.

More than any one particular service, respondents identified consistent, coordinated care from in-patient services to psychological treatment to community-based support as the most helpful intervention in response to a crisis. Yet overall less than 1% of respondents explicitly stated that the care they received was comprehensive. Instead respondents either mentioned a single service, no services at all, or a combination of services with the caveat that their overall experience was negative. Despite lower response rates, this was particularly true in Northern BC and the Fraser Valley. There wasn't a single respondent from either of these regions who explicitly stated that the care they received was sufficient to address the mental health crisis they were experiencing. The services offered lacked coordination, care planning, and physician follow up.

The respondents' experiences reflect what CMHA BC regularly hears from clients as a provider of services in BC.

1 IN 5 RESPONDENTS DID NOT NAME ANY SERVICE AS HELPFUL DURING AN EMERGENCY SITUATION

The respondents who did identify a helpful service focused on two categories:

1. In-patient, emergency services

In BC, individuals accessing care for a mental illness and addiction undergo repeat hospitalizations more often than anywhere else in Canada. The entry point into the healthcare system is often the emergency department and the exit pathway is rarely laid out. While some respondents identified urgent care to be helpful, many others did not. The latter identified ER experiences as problematic, or worse still, traumatizing. Those who did receive adequate care in the ER did not find that the care continued past the point of hospital discharge. Many were released into community with no supports.

2. Psychological treatment/ counselling

Many respondents identified evidence-based services such as psychologists, counselling, and various types of behavioral therapy as helpful in aiding their recovery from a mental health crisis—yet these services are not uniformly covered by BC's medical services plan. A common series of events was reported by those who had some access to these services. They began treatment, experienced improvement, and had to stop treatment abruptly because they had exhausted the allotted number of appointments provided by their extended health benefits.

< 1% OF RESPONDENTS SAID THEY RECEIVED COMPREHENSIVE CARE AT A TIME OF CRISIS

The respondents were asked what services would have been helpful to prevent the escalation of symptoms and difficulties that led to a mental health or substance use crisis. While some directly mentioned a service they did not receive, the majority referenced their lived experiences and specified services they had received, but felt were discontinued too soon or required substantial improvement.

The top three services British Columbians identified to prevent the escalation of mental health symptoms:

1. better, earlier access to existing MHSU services

2. higher quality care that is easier to navigate

3. psychological treatments that are not typically provided by the BC public health system

Each response gave a unique perspective on how the MHSU system had fallen short of their needs and how their experience could have been better if only the right help had been available at the right time. The respondents who identified better access to services as necessary to prevent a mental health crisis indicated barriers such as excessive wait times, late-stage intervention, not enough service locations, no options for in-patient care, and a lack of specialized care for children and youth. Those who identified a need to improve the quality of services made specific suggestions such as better integration across health authorities, supported transition into community, diagnostic training for medical professionals, less reliance on prescription medication, personalized care planning, and patient orientation to services.

RESPONDENTS' ER AND HOSPITAL EXPERIENCES

"The emergency responders were the most comforting and caring, and the least judgmental. The emergency room care was haphazard, took a long time, and gave me little information about my current condition, never mind my ongoing depression, suicidal fixation, panic attacks and anxiety disorders. The psychiatrist assigned to assess me made me feel like I was deliberately and criminally wasting hospital resources because I had tried to commit suicide."
—Respondent from Greater Vancouver

"There were no [helpful services]. Mostly my son was ignored, put in a corner, and allowed to be agitated, or sleep until they could discharge him from emergency to nothing. He was rarely admitted under the mental health act, or kept certified, and there was never a treatment plan discussed with the family, nor options for keeping him to help him learn to live in the community in a healthy way." —Respondent from the Fraser Valley

"My sister has a substantial mental health issue that has yet to be correctly addressed. I believe when someone repeatedly attends a hospital for support they should be accepted and correctly diagnosed before being dismissed." —Respondent from Northern BC

RESPONDENTS' EXPERIENCES WITH CONTINUITY OF CARE AFTER HOSPITAL

"My 12 year old daughter was admitted to hospital. I felt that the support while she was there was wonderful (2 weeks); however, once discharged the support vanished. It took months to see a psychiatrist for a proper diagnosis. By that time her daily life was chaos. The aftermath of not having proper support has been enormous. It is so painful to watch a child struggle. She just turned 18. She is doing well because she is a fighter. She never set foot in a high school though. I often wonder what she would be doing now if she had access to proper mental health services 5 years ago. She is brilliant, creative, and resilient. The schools and doctors (walk in because we cannot find a GP) really let her down." —Respondent from Vancouver Island

"The mental health issue was not the direct reason for the hospitalization, but as a result of the person's health, state of mind, and prescribed medication, her chronic dysfunctional behaviours were brought to light. The patient received one visit from the resident psychologist, with a promise of in-home follow-up. There was never any follow-up, and the behaviours remain, partly ignored by professional medical staff, and partly hidden by her caregiver because of stigma." —Respondent from Greater Vancouver

"Hospital services and follow up treatment by a professional that knew how to listen without taking responsibility and decision making away."—Respondent from Northern BC

WHAT BRITISH COLUMBIANS HAD TO SAY

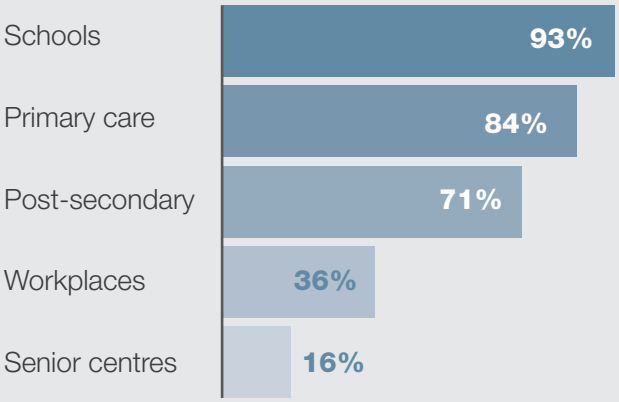
The survey asked British Columbians who should receive priority for upstream services, where those services should be located and what those services should be for early-stage mental health and substance use problems. The majority of respondents interpreted early intervention to mean screening, diagnosis and treatment earlier in the life trajectory. K–12 schools ranked as the highest priority location for screening and early service provision, while children and adolescents both placed among the top three priority populations.

In addition to the prioritization of youth, many respondents favoured evidence-based supports and services. The second highest priority population selected by 59% of respondents was "whoever evidence tells us is most at risk" and 76% of responses selected evidence-based MHSU supports for vulnerable populations as one of the top early intervention strategies.

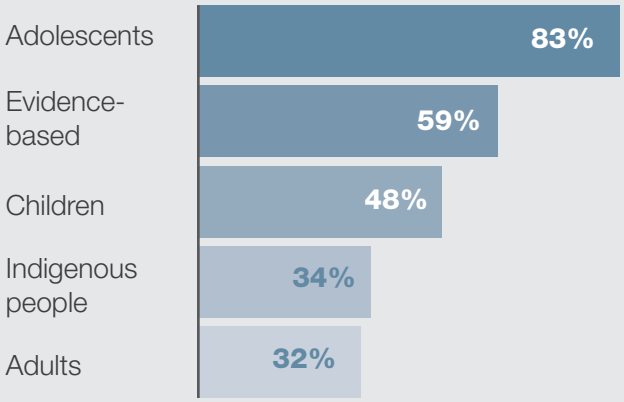
Yet the top spot for early intervention strategies was reserved for local, in-person services. The survey responses as a whole reiterated a need for more accessible, better quality MHSU services. Respondents revealed significant barriers to accessing care such as wait times, inadequate public funding, or simply no services at all. The latter consideration was true in Northern BC and on Vancouver Island, and represented the most insurmountable barrier as respondents demonstrated a clear preference for in-person services over virtual.

The graphs that follow summarize responses to three selection-based survey questions.

% OF RESPONDENTS WHO RANKED EACH LOCATION AS ONE OF THE TOP 3 PLACES TO PROVIDE SCREENING AND EARLY INTERVENTION



% OF RESPONDENTS WHO RANKED EACH POPULATION AS ONE OF THE TOP 3 PRIORITIES FOR SERVICES



RESPONDENTS RANKED THE FOLLOWING EARLY INTERVENTION STRATEGIES FROM HIGHEST PRIORITY (4) TO LOWEST PRIORITY (1)

Modernize mental health and substance use service delivery by providing **virtual options** for people to access in the comfort of their own home — 1.95

Expand **local, in-person mental health and substance use programs** to improve access to low-barrier forms of treatment — 3.08

Initiate **public awareness campaigns** to educate youth and adults on low-risk use of substances to reduce the harms associated with substance use — 1.85

Improve supports that **evidence** shows will help vulnerable populations avoid mental health and substance use problems from developing in the first place — 3.12

The survey respondents also had an opportunity to propose alternative early intervention strategies. More than 20% of respondents proposed a strategy for integrating mental health supports and services into schools. Some examples include incorporating social-emotional learning into curriculum, resourcing more on-site counsellors, and facilitating better information sharing between parents, teachers and healthcare providers.

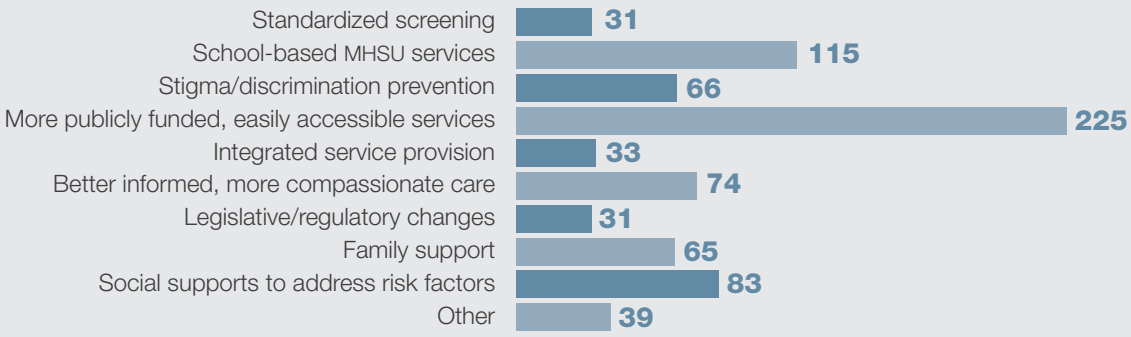
Overall respondents proposed strategies to identify MHSU problems early on and reduce common barriers to services. Over one third of respondents called for more publicly funded, easily accessible services. Many proposed the expansion of BC's medical service plan to include counsellors and psychologists, as well as self-managed treatments such as cognitive behavioral therapy. Others pointed out the severe lack of regulated, low-barrier substance use treatment facilities, calling for investment and expansion of evidence-based models already exemplified by other countries.

Alongside the call for *more* services was an equal call for *better* services. Respondents identified a need for more compassionate treatment based on a better understanding of how MHSU problems present and how they should be treated. Strategies ranged from better physician training to trauma-informed care.

> ***"A referral system for teachers to flag potential issues. I know 30 years ago, my son was in grade 6, and I was talking to his teacher how I suspected future issues if stress triggered schizophrenia (family history) and he said, he could see signs. Teachers are aware but there is no means for them to easily ... flag a child for an early screening."*** —Respondent from Northern BC

> ***"I have experienced asking for help for my heavy drug addiction. It was unbearably difficult to jump through the hoops, make the phone calls and try to stay clean for a week until detox. Impossible. I had a drug problem, meaning I COULD NOT STOP USING. Easily accessible help at a facility downtown. A treatment centre where all are welcome. Everyone gets a decent shot at support and recovery."*** —Respondent from Vancouver Island

EARLY INTERVENTION STRATEGIES: A BREAKDOWN OF MAJOR THEMES IDENTIFIED IN OPEN-ENDED RESPONSES



The results of the survey reaffirm what we already know. BC needs to move upstream away from crisis services and ensure equitable access to mental health and substance use services at the first sign of symptoms. Yet improved access to what already exists is not nearly enough. Psychologists, counselling, and therapy are all cost-effective, low-barrier treatments that are not currently covered by BC's medical services plan. The overwhelming consensus among survey respondents as to the necessity of these services confirms what evidence tells us. The right treatment at the right time can enable people to live healthy lives.

British Columbians have asked for the help they need. It's now up to the BC government to deliver that help fast.

DR. NANCY HALL SPEAKING UP SPEAKING OUT FUND

MAKING A DIFFERENCE BY INFORMING PUBLIC POLICY

Nancy Hall was a health researcher, educator, mediator, writer, presenter, and most importantly a friend and a voice with and for people with mental illness. She had the courage and conviction to expect governments and communities to do the right thing for their citizens.

Nancy was a longtime friend and advocate of the Canadian Mental Health Association (CMHA) and with encouragement from us and others she applied for the position of Mental Health Advocate. She was the first and only advocate appointed by a Minister of Health in BC. Nancy took the 18 month position in August 1998 and when the position ended in 2001 so did systems advocacy within a government context.

In 2011, CMHA created the Dr. Nancy Hall Speaking Up Speaking Out Endowment Fund. It is named in her honour for the voice she brought to CMHA by speaking out on issues, assisting with policy papers, presenting at inquiries and just being available as a trusted advisor. Her energy was tireless and her enthusiasm was infectious. Over the last decade Nancy has worked on many projects for CMHA and her contribution will live on in this endowment.

The Association has committed to growing the endowment to $1 Million. The Fund will support CMHA's continued work in public policy and systems advocacy at the provincial level and provide an informed independent voice on the impact of the public mental health system on the lives of people with mental health and substance use problems and their families.

The Canadian Mental Health Association also established an annual provincial award—the Dr. Nancy Hall Award for Public Policy Leadership. The award recipient is honoured at the BC Division annual meeting and given a $500 gift designated for the recipient's charity of choice.

Read more about Dr. Nancy Hall's work and/or donate to her Endowment Fund at www.cmha.bc.ca/nancy-hall

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