



Canadian Mental
Health Association
British Columbia
Mental health for all

Association canadienne
pour la santé mentale
Colombie-Britannique
La santé mentale pour tous

Via Online Submission

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Select Standing Committee on Finance and Government Services
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Submission to the Select Standing Committee on Finance and Government Services: Budget 2019 Consultation

The Canadian Mental Health Association BC Division (CMHA BC) urges the Select Standing Committee on Finance and Government Services (the Finance Committee) to prioritize investing in services that create the foundation for positive mental wellness and that ensure access to healthcare services before crisis. These investments are an important opportunity to show that BC values mental health equal to physical health, they are a matter of equality and human rights, and they make good fiscal sense.

By way of background, CMHA is the nation-wide leader and champion for mental health. We facilitate access to the resources people require to maintain and improve mental health and community integration; build resilience; and support recovery from mental illness and problematic substance use. We work to support the mental health of people of all ages and we strive to influence both the health system and systems that impact social determinants of health. In BC, CMHA is made up of a provincial office (CMHA BC) and 14 branches providing local, community-based services in over 100 communities throughout the province.

INVESTMENT AREA #1: CREATE A FOUNDATION FOR MENTAL WELLNESS AND RECOVERY FROM ILLNESS

The first key area in which BC can focus fiscal investment is keeping people mentally well and providing the basics they need to get better after illness. The primary determinant of mental health is social inclusion, and evidence suggests that key aspects of a person's life like income, housing, employment and food security, are determinants of inclusion; further, without adequate support in these areas, investment in healthcare to address mental health or substance use-related illness may be ineffective. It should come as no surprise that chronic stress and social exclusion result when an individual's basic needs for daily living, community involvement and social interaction are not met. This has serious negative impacts on mental wellness. Further, it is not hard to imagine the barriers to accessing necessary health services an individual might experience if they do not have an adequate income, secure employment or safe and affordable housing.

In Budget 2019, BC has the opportunity to ensure that key foundational services are in place to better support these crucial determinants of mental wellbeing. There is a strong urgency to

strengthen supports in these areas given the current context for people with mental health or substance use-related illness is ripe with inequities:

- Over 50% of people designated as a “persons with disabilities” under the *Employment and Assistance for Persons with Disabilities Act* have a mental health or substance use-related diagnosis.¹ Many more are likely relying on regular income assistance.
- As many as 90% of people with serious mental illness are unemployed² despite the fact that vast majority want to work.
- Despite having lower rates of heavy drinking, people experiencing poverty are more likely to be hospitalized for reasons entirely connected to alcohol (possibly due to increased stress, social isolation and lack of resources).³
- People in BC living on lower incomes experience higher rates of repeat hospitalizations for mental illness.⁴
- People experiencing mental health or substance use-related health problems are incredibly overrepresented among the homeless population in BC, which places them at increased risk for premature death.⁵ In the context of incredibly low rental vacancy rates, people with mental health or substance use problems may be discriminated against in the provision of rental housing and face heightened insecurity.⁶
- Food insecurity is tied strongly to adverse mental health outcomes.⁷
- Nearly 40% of people with mental health issues report experiencing stigma, almost three times the rate of stigma experienced by those without mental health issues⁸ and people with substance use-related problems experience higher rates of stigma than those with any other health condition.⁹ Stigma not only undermines self-worth and health, but it also creates additional barriers to accessing services, employment, housing, and community/social supports.¹⁰

The relationship between poverty, housing, and unemployment and mental health and substance use is more complex for people who experience additional forms of social exclusion or marginalization. For example, Indigenous people grappling with the ongoing consequences of colonization and the impacts of inter-generational trauma face disproportionate rates of poverty, mental illness and problematic substance use;¹¹ the impacts of stigma, discrimination, cultural interference and poverty are deeply intertwined.

Failing to adequately support the income, housing and employment security of people with mental health and substance use-related illness, and failing to address discrimination they may experience, comes with significant costs for individuals, their families, their communities, and our public services. When we do not proactively support mental wellness, downstream services like emergency healthcare, police and corrections are unnecessarily taxed and individuals experience needless marginalization and harm. Supporting people to stay well and recover protects individual dignity and makes fiscal sense by avoiding these significant downstream costs. It is within this context that CMHA BC makes the following recommendations:

Strengthen BC's income support systems:

- Increase income and disability rates to reflect the actual cost of an adequate standard of living and index them to inflation.
- Ensure youth are supported as they transition out of care by providing adequate and accessible housing, education, training and income supports through to age 25.
- Modernize coverage for health supplements that are particularly relevant for people on income or disability assistance with mental health or substance use-related disabilities, including access to counselling and trauma-related services.
- Eliminate barriers to accessing income and disability assistance including unnecessary eligibility criteria, lengthy and complex application processes, and provide flexible methods of access.
- Provide equitable access to income and disability assistance by ensuring that services are trauma and violence-informed, culturally safe and include the supports necessary to navigate the system.

Fund housing services that support housing affordability and security:

- Continue to increase BC's affordable housing stock across the housing spectrum, with particular emphasis on social and supported housing and culturally safe housing. Attach health and social services when appropriate and necessary to support people to maintain their housing.
- Ensure choice and self-determination, but also address low vacancy rates, by increasing supported housing stock using a mix of scatter site and dedicated site housing using the Housing First model.
- As much as possible, allow for flexible housing supports that are tied to the person and not the unit; when that is not possible, coordinate and improve transitions across the housing spectrum as an individual's needs change.
- Fund the development and implementation of a community of practice and standards for supportive housing providers emphasizing fidelity to the Housing First model.
- Ensure that tenants with mental health and/or substance use-related disabilities have a means to enforce their human rights related to accessing and maintaining their housing by funding adequate preventative supports at the Residential Tenancy Branch.
- Provide funding for research and evaluations on the community impacts of social and supported housing to local governments to support them in developing social and supported housing in their communities and to confidently address discriminatory opposition from some residents.

Support autonomous and secure employment for those who choose to work:

- Support a living wage and develop stronger employment standards for precarious and low wage workers, and those who experience episodic illness, including paid sick time and funding for improved enforcement.
- Raise the earnings exemptions for those in receipt of income and disability assistance; improve information provided to recipients about the supports available to them if they

choose to work and minimize fear that working will negatively impact their benefits; provide meaningful opportunities for education and training without interruption of benefits.

- Fund the development of paid peer support and navigations positions throughout the housing, mental health, substance use and income support systems and ensure those workers are paid a living wage and the same benefits as other workers.
- Expand access to Individual Placement and Support (IPS), and evidence-based supported employment program that focuses on self-determination, to all mental health teams, Employment Program of BC providers and emerging models of primary care in BC. There is significant evidence on the success and cost-effectiveness of IPS when compared to traditional vocational services.¹²

Ensure equitable access to provincial services and combat discrimination/stigma:

- All provincial services, and particularly those relied on by people living in poverty, must be trauma-informed, culturally safe and adhere to the Truth and Reconciliation Commission's Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples.
- Fund BC's new Human Rights Commission to measure and research solutions to stigma and intersectional inequality for people with mental health and substance use problems.
- Fund programs that have stigma reduction against people with mental health or substance use-related health problems as an overt goal.

Coordinate emerging provincial initiatives that impact determinants of health:

- Improve the integration and coordination of mental health and addiction, housing support, income support and justice system services. Ensure meaningful cross-ministerial involvement in BC's provincial poverty reduction strategy, housing initiatives and mental health and addiction plan.

INVESTMENT AREA #2: ENSURE TIMELY ACCESS TO EVIDENCE-BASED, INTEGRATED AND COORDINATED MENTAL HEALTH AND SUBSTANCE USE SERVICES BEFORE CRISIS

Assuming that BC builds a robust foundation for mental wellness and recovery, some people will still experience mental health and substance use-related illness that necessitate access to health services. The second key area of investment CMHA BC recommends is aimed at ensuring that BC builds an evidence-based, accessible and coordinated mental health and substance use system that provides people with the services they need when they need them most.

A key aspect of this approach is providing people with the care they need before health crisis. Similar to the investment in determinants of mental wellness set out above, it makes fiscal sense and supports the dignity and human rights of individuals by providing care before health

issues escalate into health crises, when consequences for everyone will be greater. CMHA BC regularly hears from individuals and families that BC's mental health and addictions system lacks coordination and capacity to support people early in their health challenges. People with mental health and substance use-related illnesses (or the people close to them) report searching for services, but run into a fragmented system that is difficult to navigate and that presents lengthy waitlists for or an absence of publicly-funded services. As a result, if families cannot pay for private care, individuals experiencing symptoms are often unable to access effective health and social supports early on in their illness. Instead, their health may decline into a crisis that is serious enough to allow them to access care through the hospital or criminal justice systems. These experiences are consistent with the most recent data available, which identifies BC's hospitalization rates and length of hospitalizations for mental illness as higher than the national average.¹³ BC has the highest provincial rates of repeat hospitalizations and readmission within 30 days due to mental illness in Canada.¹⁴ It is clear that BC's current mental health and addiction system often fails to support people in a way that prevents escalating illness.

Further, we know that the majority of mental health problems begin in childhood or early adulthood.¹⁵ CMHA BC regularly hears from families who try to access services for a child or youth in their lives, but who are unable to connect with the services they need. Experiencing mental health or substance use-related health problems early in life can have significant consequences on long-term outcomes for young people without adequate supports. School engagement, social and cognitive development can all be impacted. Despite recent investments in integrated services models for child and youth mental health services, like Foundry, we know that BC's system continues to lack the capacity it needs to address increasing need. For example, prevalence data tell us that BC has only one third of children and youth in need of specific mental health services are able to find them.¹⁶ There is also escalating numbers of children accessing mental health services through hospital emergency departments.¹⁷ Specialized child and youth substance use treatment services are few and far between. This lack of capacity can have catastrophic and long-term consequences for young people, their families and our communities.

BC's emerging mental health and addiction plan provides a key opportunity for investment to expand the capacity of BC's mental health and substance use services by funding better integration of existing services and increased capacity where it is needed in order to support people before they are in crisis. In this context, CMHA BC makes the following recommendations for Budget 2019:

Ensure access to evidence-based mental health and substance use services early in life

- Increase funding for more specialized child and youth mental health and substance use services to ensure that existing needs are met so young people and their families can access care earlier and avoid the emergency healthcare system. Further, ensure that lower intensity services are also available to children throughout the province, like CMHA BC's Confident Parents: Thriving Kids.¹⁸
- Continue the integration and coordination of existing child and youth services via hub models like Foundry that bring together multiple service providers in one location or

through one access point. Ensure equal access to these services in regions throughout BC.

- Fund evidence-based mental health and substance use promotion and prevention education and supports in early childhood services, schools and other non-health settings.

Ensure access to evidence-based mental health and health services early in illness

- Coordinate and integrate existing adult mental health and addiction services, and ensure all services are culturally safe and violence and trauma-informed to provide equitable access. Ensure adult services are coordinated with child and youth services to provide seamless transitions throughout the lifespan.
- Increase public funding to support timely access to community and evidence-based services at a range of intensities, including access to psychotherapy services, which are currently only sporadically funded through the BC's public healthcare system. This is the case despite strong evidence that psychotherapy services can lead to better health outcomes, which means many people in BC do not have access to these proven services because of they cannot afford them or do not have them covered by employment benefits.
- Build a coordinated substance use care system that provides a range of wraparound, evidence-based services, from harm reduction including access to opioid substitution therapy to out-patient services in community to non-profit residential treatment settings when necessary. Services should be coordinated to ensure that individuals have access to comprehensive and robust supports through a single access point.
- Increase investments in peer designed and delivered mental health and substance use services, including peer support and system navigation, to empower individuals who have experienced mental health or substance use-related illness and to inform how services are designed and delivered.
- Establish systems to measures wait times for mental health and substance use services and targets to ensure people in BC have timely access to services.

CONCLUSION

Current provincial government commitments to a new mental health and addiction plan, a plan to address homelessness and a poverty reduction plan are positive steps towards better supporting people with mental health and substance use-related illness in BC. However, these opportunities must also come with adequate and evidence-based funding to support people to get the supports they need before they are in health crisis. We urge the Finance Committee to support investments in the key areas set out in this submission to ensure we move upstream in our mental health and addiction care systems in BC.

Yours truly,
Canadian Mental Health Association BC Division

SOURCES

¹ Data provided by the Ministry of Social Development and Poverty Reduction to the Supporting Increased Participation table.

² Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, *Breaking the Cycle: A Study on Poverty Reduction* (May 2017).

³ Canadian Institute for Health Information, *Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm* (2017).

⁴ Canadian Institute for Health Information, “Health Indicators Interactive Tool”, online: <https://yourhealthsystem.cihi.ca/epub/> (searched using most recent year available, by province, for “30-day Readmission for Mental Illness”, “Mental Illness Hospitalization – T”, “Mental Illness Patient Days – T”, and “Patients with Repeat Hospitalizations for Mental Illness”).

⁵ BC Non-Profit Housing Association and M. Thomson Consulting, *2017 Homeless Count in Metro Vancouver*; Jessica Hannon, *Dying on the Streets: Homeless Deaths in British Columbia, 2006-2015* (3rd Edition, 2017).

⁶ Greg Richmond, “Housing Our Homeless” *Visions: BC’s Mental Health and Addiction Journal* 12:3 (2017).

⁷ PROOF Food Insecurity Policy Research, “Fact Sheet: Food Insecurity and Mental Health” online: <http://proof.utoronto.ca/resources/fact-sheets/#mentalhealth>.

⁸ Jamie Livingston, *Mental Illness-Related Structural Stigma: The Downward Spiral of Systemic Exclusion Final Report* (Mental Health Commission of Canada, 2015).

⁹ Jamie Livingston et al, “The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review” *Addiction* 107:1 (2012).

¹⁰ Supra note 8.

¹¹ First Nations Health Authority, *A Path Forward: BC First Nations and Aboriginal People’s Mental Wellness and Substance Use – 10 year Plan* (December 2012) at page 16; Assembly of First Nations and Health Canada, *First Nations Mental Wellness Continuum Framework* (2015).

¹² <https://ipsworks.org/index.php/evidence-for-ips/>.

¹³ Canadian Institute for Health Information, Health Indicators Interactive Tool (2016 data).

¹⁴ Ibid.

¹⁵ Canadian Institute for Health Information, *Care for Children and Youth with Mental Disorders* (2015) at page 6.

¹⁶ Select Standing Committee on Children and Youth, *Concrete Actions for Systemic Change: Final Report Child and Youth Mental Health Services in BC* (January 2016) at page 42 (submission of Dr. Charlotte Waddell).

¹⁷ Supra note 15 at page 10.

¹⁸ <https://cmha.bc.ca/programs-services/confident-parents-thriving-kids/>.