

# Healthy Minds, Healthy People

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A Ten-Year Plan to Address Mental Health  
and Substance Use in British Columbia



**BRITISH  
COLUMBIA**

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# Table of Contents

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Introduction .....	2
A Decade of Progress .....	4
Vision .....	6
Goals .....	6
Milestones for Achievement .....	7
Consultation Summary .....	9
Collective Action .....	11
Population Health Approach .....	12
All People of British Columbia .....	13
People Vulnerable to Mental Health and/or Substance Use Problems .....	19
People with Mild to Moderate Mental Health and/or Substance Use Problems .....	25
People with Severe and Complex Mental Disorders and/or Substance Dependence .....	30
Measuring Success .....	38
Governance .....	38
Accountability .....	38
Conclusion .....	39

## Introduction

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The reality is that many people, indeed most people, living with a mental illness are capable of working. It is essential that we change the attitudes of employers and co-workers who continue to believe that every individual with a mental illness is either dangerous or incapable of being productive.

*Senator Michael Kirby*

Michael Kirby takes your questions, *Globe and Mail*, June 30, 2008

Mental health is essential to physical health, personal well-being, and positive family and interpersonal relationships. The World Health Organization describes mental health as a state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and contributes to his or her communities. Good mental health is much more than the absence of mental illness – it enables people to experience life as meaningful and to be creative, productive members of society.

The impact of mental health and substance use problems in B.C. is significant. Over any 12-month period, about one in five individuals in the province will experience significant mental health and/or substance use problems leading to personal suffering and interference with life goals.

Mental illness and problematic substance use affect people of all ages from all walks of life. Yet, the majority of people are probably unaware of how many people with a mental illness they know and encounter every day. Stigma and discrimination are very real barriers for many: obstacles to education, employment opportunities, adequate housing and access to basic health and social services are common. Many affected families experience emotional turmoil, diminished quality of life and financial strain.

The costs of ignoring mental health and substance use affect all British Columbians. In 2008/09, the Province spent over \$1.3 billion on services that directly addressed mental health and substance use (a figure which only takes into account spending across three of the six main ministries involved in the delivery of mental health and substance use services). The indirect costs of mental illness and/or substance use are also significant. A recent Canadian study has suggested that mental illness costs the Canadian economy \$51 billion annually in lost productivity – B.C.'s proportional share of this burden would be more than \$6.6 billion each year. Indirect costs of lost productivity related to alcohol use alone are estimated at \$1.1 billion.

In order to ensure sustainability of mental health and substance use supports and services across the continuum, the Province and community partners need to target existing and future funding on whole-population and targeted approaches with a proven track record for success. By focusing resources on evidence-based and best practices, everyone involved in promoting the healthy social and emotional development of British Columbians can maximize their investments and yield long-term positive outcomes and economic gains for individuals, businesses and government.

This plan establishes a decade-long vision for collaborative and integrated action on mental health and psychoactive substance use in British Columbia. The plan aims not only to assist individuals with the most severe challenges, but also to address the needs of all British Columbians and, whenever possible, prevent problems before they start.

The plan places a strong emphasis on children and families. For the majority, mental health problems originate in childhood, pointing to the need for early intervention to mitigate risk of future illness. Mental health and substance use problems can often be prevented. In other cases, their onset can be delayed and/or their impact lessened. A strong foundation in childhood sets the course for a healthy, fulfilling and productive life, and reduces the need to try to fix problems later on – providing personal, social and economic returns.

In 2003, B.C. led the way in Canada to address children's mental health by implementing the five-year Child and Youth Mental Health Plan for British Columbia. The Plan broadened the continuum of services to include mental health promotion, prevention and reduction of risk for mental health problems, and the introduction of earlier evidence-based interventions to support children and youth with mental disorders.

The Tripartite First Nations Health Plan (2007) recognizes that the mental health and substance use-related needs of B.C.'s Aboriginal people require culturally-specific approaches, and lays out a corresponding commitment to develop an Aboriginal mental health and substance use plan. Using Healthy Minds, Healthy People as a foundation, the Province's tripartite partners will develop a complementary and culturally distinct plan for B.C.'s Aboriginal populations that considers mental health, problematic substance use, as well as young adult suicide.

British Columbia is working closely with the Mental Health Commission of Canada to ensure our national strategy not only emphasizes improved supports and pathways of recovery for those experiencing poor mental health, but also champions the importance of promoting and sustaining good mental health for all Canadians. The Commission's recently released framework affirms that a transformed mental health system must promote mental health and prevent mental illness wherever possible.

We all share responsibility for promoting and supporting positive mental health and addressing problematic substance use. The plan provides a framework of population-centred priorities to enable and support change over the next 10 years using practice-based evidence. Partnerships are integral to the plan's success. It is critical to listen to the experiences of clients, families and care providers to effectively inform our planning. Through collaborative action, the plan will grow and develop over the 10-year period, with the goal of providing British Columbians with the support and tools they need to improve overall mental health, well-being and quality of life.

## A Decade of Progress



Canada's first comprehensive child and youth mental health plan was released in 2003. Through implementation of the five-year plan, annualized funding for children's mental health more than doubled and the continuum of available supports and services was enhanced.

In 2006, the First Nations Health Plan was developed with a vision of improving the health and well being of First Nations and to close the health gap between First Nations and other British Columbians.

The StrongStart BC early learning program builds social skills and enhances the cognitive, physical and emotional development of young children – all strong determinants of good mental health later in life.

Neighbourhood Learning Centres are building stronger families and have connected communities by locating schools, sports groups, non-profit organizations and social activities together under one roof.

ActNow BC is a globally recognized whole-system approach that supports multi-partner, multi-component health promotion strategies to prevent chronic disease. ActNow BC is achieving its targets for physical activity, healthy eating, healthy choices in pregnancy and living tobacco free.

The province has taken action to reduce harms associated with alcohol use. Measures to reduce impaired driving include escalating roadside suspensions, monetary penalties, the Vehicle Impoundment Program, Responsible Driver Program and Alcohol Ignition Interlock Program. With changes introduced on September 10, 2010, B.C. now has the toughest laws in Canada. The Graduated Licensing Program, which was introduced to reduce crashes among new drivers, places a zero blood alcohol concentration restriction on learner and novice drivers.

B.C. has invested more than \$40 million in building the province's mental health and substance use research and workforce development capacity at University of B.C., University of Victoria, Simon Fraser University (SFU) and University of Northern B.C., as well as specialized centres at the Provincial Health Services Authority, Vancouver Coastal Health and Providence Health. These investments have helped to support:

- The Children's Health Policy Centre, an interdisciplinary research group in the Faculty of Health Sciences at SFU, which focuses on integrating research and policy to improve children's social and emotional well-being or children's mental health;
- The B.C. Leadership Chair in Depression Research at the University of B.C. translating research findings into effective clinical treatments; and

- The B.C. Leadership Chair in Addiction Research at the University of B.C. supporting leading edge research and the development of innovative treatment approaches.

B.C. was the first province in Western Canada to have dedicated youth withdrawal management (detox) beds.

In 2007, a new \$19-million mental health building opened at BC Children's and BC Women's Hospitals, serving children and adolescents with serious mental health and substance use challenges. The facility also houses a women's reproductive mental health program.

The first Assertive Community Treatment team was established in 2007. The teams provide 24/7 outreach and case management, including housing support, to individuals with complex needs who are unable to maintain involvement with the traditional mental health system.

The Burnaby Centre for Mental Health and Addiction, opened in 2008, is a 100-bed facility which provides treatment for persons with severe and complex mental illnesses, substance use disorders, and physical health problems who require specialized care in a residential setting.

The Riverview Redevelopment Project is creating specialized beds in all regions of the province so that people can be closer to their families and community. As of April 2010, 441 beds have opened across the province.

The number of adult community mental health beds in B.C. has increased by 75 per cent, with 3,722 new beds since 2001. The number of community substance use beds has increased by 182 per cent, with 1,676 new beds since 2003.

Housing Matters BC aims to help those in the greatest need, including those living with mental illness and/or problematic substance use, with access to safe, affordable housing. The Homelessness Intervention Project is making a difference to the lives of the chronically homeless people in Vancouver, Surrey, Victoria, Prince George and Kelowna by addressing the housing, health, income and support service needs of this target population.

The Community Assistance Program helps the most vulnerable income assistance clients improve their quality of life and connect with services in their communities. Delivered by contracted service providers in 50 communities throughout the province, the program helps individuals develop positive life skills and connects them with mental health, housing, substance dependence treatment, legal aid and family services.

InSite, North America's first legal supervised injection facility, is a valuable component of an overall continuum of response to substance use and addiction in Vancouver. Research studies have shown that InSite has provided many benefits to its clients since opening in 2003, including: a reduction in public injection of drugs, a reduction in sharing syringes (which leads to a risk of HIV and Hepatitis C), and an increase in the number of clients seeking substance dependence treatment and consequently ceasing injection.

## Vision

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Children, youth and adults from all cultures in British Columbia achieve and maintain sound mental health and well-being, live in communities free of problems associated with substances, access effective support to recover from mental health and/or substance use problems that may develop over the lifespan, and lead fulfilling lives as engaged members of society without discrimination when these conditions persist.

## Goals

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Over the next 10 years, the plan aims to:

1. Improve the mental health and well-being of the population.

All people of B.C. will have opportunities to benefit from a society that promotes and protects mental health and prevents mental illness, problematic substance use and associated harms. Existing systems will recognize and respond effectively to promote strengths and mitigate vulnerabilities in childhood and as needed throughout life.

2. Improve the quality and accessibility of services for people with mental health and substance use problems.

Children, youth and adults experiencing mental health and/or substance use problems will be reached by timely and effective interventions and support. Existing systems will work collaboratively to ensure that the necessary treatment and support reaches people with severe or complex mental illnesses and/or substance use disorders.

3. Reduce the economic costs to the public and private sectors resulting from mental health and substance use problems.

A focus on evidence-based practice using a collaborative approach of both public and private sectors will ensure existing resources provide the best outcomes. By working together, entire communities will play a part in achieving positive mental health for all British Columbians.





## Milestones for Achievement

It is estimated that one in five adults in B.C. are affected by mental health or substance use problems over any twelve-month period.

Milestones will help to mark the plan's progress at various stages over the course of the next 10 years. These milestones will serve as indicators of success and will be a component of the accountability framework to ensure we achieve the goals and targets set out in the plan.

The plan outlines the initial set of milestones, along with detailed actions and targets for specific population groups. Many of these actions are already underway. Further milestones, actions and targets will be developed in collaboration with the key partners.

1. The number of British Columbians who experience positive mental health will increase by 10 per cent by 2018.

In 2008, 68 per cent of British Columbians reported they experienced positive mental health. (Source: Statistics Canada)

Good mental health contributes to improvements in social interactions and effective functioning, and is fundamental to the resilience of individuals, families, communities and businesses.

2. The number of young B.C. children who are vulnerable in terms of social-emotional development will decrease by 15 per cent by 2015.

In 2008, 13 per cent of B.C. kindergarten children demonstrated vulnerability related to social competence and 12 per cent demonstrated vulnerability related to emotional maturity. (Source: Early Development Instrument, Offord Centre for Child Studies, McMaster University).

Healthy social and emotional development builds resilience and significantly decreases risk of mental illness and substance use problems later in life.

3. By 2014, 10 per cent fewer B.C. students will first use alcohol or cannabis before the age of 15

In 2008, of all students who reported ever drinking alcohol, 75 per cent first tried it before age 15. Of students who reported ever using cannabis, 67 per cent first tried it before age 15.

(Source: McCreary Centre's B.C. Adolescent Health Survey)

Delaying the onset of use of alcohol and cannabis reduces the risk of future substance dependence and other associated illnesses and problems.

4. The proportion of British Columbians 15 years of age or older who engage in hazardous drinking will be reduced by 10 per cent by 2015.

In 2008, 23.1 per cent of British Columbians, aged 15 or more, reported hazardous consumption of alcohol. (Source: Health Canada)

Reducing hazardous drinking will prevent injuries, chronic disease, social harms and system costs such as hospitalizations, policing and workplace absenteeism.

5. By 2015, the number of British Columbians who receive mental health and substance use assessments and planning interventions by primary care physicians will increase by 20 per cent.

In 2008/09, 51,033 people received these services (Source: General Practice Services Committee Annual Report – as measured by mental health planning and mental health management billings by GPs)

Primary care mental health and substance use assessment and care planning can prevent the development of severe problems and reduce the use of more costly health care services.

6. By 2018, through implementation of integrated primary and mental health and substance use services, there will be a 20 per cent reduction in the number of days mental health and substance use patients occupy inpatient beds while waiting for appropriate community resources.

In 2008/09, there were 75,838 inpatient days for mental health and substance use patients who no longer required acute care, and who were waiting for appropriate community resources. (Source: Ministry of Health Services)

Integrated interventions by primary care and mental health and substance use teams result in better outcomes and decrease the need for emergency and hospital services.

## Consultation Summary



In September 2006, the provincial government launched the year-long Conversation on Health, asking British Columbians to share their ideas on health and B.C.'s public health care system. More than 6,000 British Columbians participated in the forums held across the province and more than 12,000 submissions were received. Change to better support overall health, including addressing mental health and/or substance use, was a key theme.

The common themes which emerged from the Conversation became the foundation of the public and stakeholder engagement on mental health and substance use system improvement – a key component in developing this 10-year plan. In 2008, interest groups across the province helped shape directions in this plan through a series of workshops. The plan was further shaped through a broader consultation process with service providers and affected individuals and families in 2009. This included a consultative reference group established through B.C.'s tripartite process to ensure the plan is congruent with Aboriginal perspectives on mental health and wellbeing, and establishes a foundation for the development of a complementary tripartite Aboriginal plan to address mental health and substance use.

In addition, following the implementation of the five-year Child and Youth Mental Health Plan, an external review was completed in 2008. This review included extensive feedback from youth, families and partner service providers.

The consultation feedback from these processes is summarized below and reflects the commitment and passion participants demonstrated for addressing mental health and substance use issues.

### *Promoting Good Mental Health*

More emphasis needs to be placed on the determinants of good mental health, such as employment and income, education, early childhood development and life skills. Focusing efforts earlier in life was seen as the most effective and sustainable way to move towards achieving a healthier population.

### *Preventing Mental Illness and the Harms related to Substance Use*

The importance of early intervention programs, including those that focus on resiliency building for parents, children and youth was emphasized. The importance of peer mentoring, support and advocacy were highlighted by youth themselves, as was the importance of addressing fundamental needs such as food, shelter and recreational opportunities. There was agreement with establishing the prevention and reduction of harms as a strategic direction for the plan. Reducing the harms associated with alcohol use was considered a priority.

### *Care, Treatment and Support*

Screening and early intervention were identified as crucial to recovery from mild problems. For people with mental health and/or substance use problems, client-centred, community-based and peer support services were flagged as important. The integration and coordination of services was seen as a priority and the need for continuity of care, including transitions from hospital or residential care into supportive environments in the community, was highlighted.

### *Stigma and Discrimination*

Tackling stigma and discrimination is an essential step in creating a system that is inclusive, accessible, and sustainable. The need to change the language of mental illness and to focus on the concept of recovery rather than on the illness and its severity was emphasized. Integrating evidence-based learning approaches in the current school curriculum to reduce the stigma associated with mental ill-health and substance dependence was seen as a priority.

### *Whole Systems Approach*

A whole systems approach recognizes the importance of involving all partners when making decisions for planning, developing and implementing high-quality prevention and care services. Including people who use services in planning and decision-making activities was viewed as a key to success.

### *Lifespan Perspective*

There was strong support for policies and programs that promote good mental health and influence developmental pathways from infancy through adulthood. Early childhood, school-age years and adolescence were seen as critical opportunities for prevention or early intervention. However, prevention approaches for all stages in the lifespan were stressed to help cope with changing life circumstances.

### *Aboriginal People*

The Tripartite First Nations Health Plan, signed by the province, the federal government and the Leadership Council representing the First Nations of B.C., acknowledges the significant and unique burden of mental health and substance use problems experienced by the province's Aboriginal communities. The tripartite partners have committed to the development of a mental health and substance use plan for B.C.'s Aboriginal people.

Aboriginal British Columbians have unique needs. The need for a culturally specific, coherent spectrum of prevention, early intervention and specialized care for Aboriginal people was identified. Culturally appropriate mental health education initiatives are seen as essential and should be created through input and leadership from Aboriginal governments and communities.

Mental illness and substance use problems affect people of all ages from all walks of life. They are your family, your friends and your neighbours.

## Collective Action

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Good mental health does not exist in isolation. We all have a stake in promoting good mental health and preventing mental health and substance use problems. All levels of the public and private sector must work in collaboration with community partners to promote and sustain a mentally healthy population.

The determinants of health need to be acknowledged and addressed through broader public health and social policy. The health system must work with partners outside the health sector to shape policies and decisions that affect large segments of the population (e.g., safe school environments). ActNow BC has demonstrated that the most effective responses to complex health concerns require broad sectoral engagement in order to influence the social and environmental factors that can determine health status.

By working together, more children, youth and adults will experience positive mental health and fewer of them will develop mental health and substance use problems. People who show the initial signs of problems will receive early help to regain their health, and individuals with serious and persistent problems will get the treatment and supports they need to live healthy and productive lives.

Government has recognized that addressing mental health and substance use is a shared responsibility. A \$10-million grant from the provincial government in 2008 established the Community Action Initiative. The initiative is supporting community action to promote mental health, prevent substance use problems and support treatment when problems occur. Major health, social service, and professional organizations, in partnership with Aboriginal groups, are leading this Community Action Initiative as an essential complement to B.C.'s 10-year plan.

In order to provide British Columbians with the tools and services needed to support positive mental health, the Province will continue to work in collaboration with current service delivery systems, such as schools and community centres, to focus our existing resources on evidence-based programs and practice.

## Population Health Approach

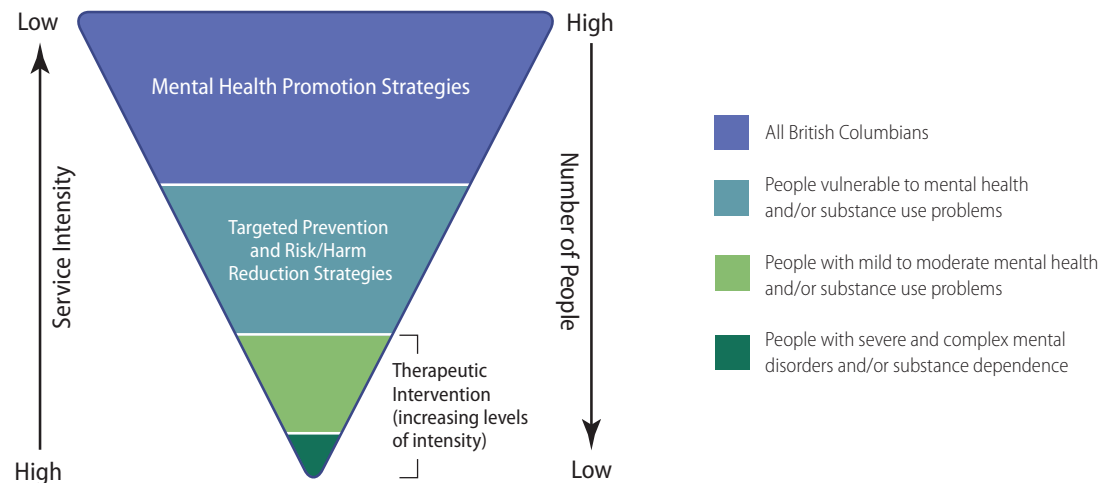


A population health approach addresses the health needs of groups of people, rather than individuals. It considers the entire range of factors that determine health – including factors such as employment and income, social support, education, housing and health services.

The plan addresses the needs of the general population, as well as the increasing levels of services and supports required to meet the needs of specific groups of people within this whole. People's strengths, vulnerabilities and needs vary throughout their lives as their circumstances change. Although concerned with improving mental health and ensuring safe and healthy use of substances over the entire lifespan, the plan places a strong emphasis on children. Laying the foundation of good mental health in childhood and mitigating problems early on can prevent the onset of many problems in later years.

The plan focuses on opportunities to enhance overall response in four population groups. Each group focuses on increasingly smaller numbers of people for whom the impacts of mental health problems and/or substance use are increasingly greater. Each larger grouping includes the smaller population grouping(s) within.

### Intervention Approaches Across Specific Population Groups



## All People of British Columbia

The goal for all British Columbians is to increase their capacity to achieve and maintain sound mental health, as well as creating environments in which the healthy choice is the easy choice. Building strengths, resilience and enhancing healthy living are key objectives as they equip people to thrive, to cope with adversity, and to make health-promoting decisions.

The four priorities for all British Columbians:

- Promote mental health in early childhood and throughout life
- Reduce harms associated with substance use
- Reduce stigma and discrimination
- Inform the health system and educate the public

## Promote Mental Health across the Lifespan

Given that early child development lays the foundation for health and wellness, it is increasingly evident that children must be at the centre of a public mental health strategy.

– Preventing Mental Health Disorders in Children: A Public Health Priority, Canadian Journal of Public Health, 2007

Positive mental health and mental fitness are the foundation for optimal overall health and wellbeing. From early childhood on, positive mental health is the springboard for thinking, learning, emotional growth, resilience and self esteem – ingredients that combine to support healthy choices across the lifespan. As a dimension of overall mental health, mental fitness endows individuals with the capacity to plan, act and reflect on decisions that in turn make a positive contribution to their social, emotional, and physical development and their well-being. An emphasis on good mental health and mental fitness should parallel and complement a focus on physical health and physical fitness.

As a key approach to achieving this end, mental health promotion aims to build an individual's strengths and capacities, improve his/her ability to cope with adversity, and create supportive community environments. The focus of mental health promotion is different for each stage of life. Initiatives focusing on children will help set the groundwork for healthy development and healthy lifestyles that can be sustained into adulthood. Additional community support for families facilitates positive development of cognitive, social and self-regulation skills for their children and youth. With regards to youth, it's important to take into account normal risk-taking and to foster cultures and create environments in which the healthy choice for young people is the easy choice. For adults, creating environments that support mental health, such as healthy workplaces, are important. For older adults, strong interpersonal and community connections and opportunities for physical activity are key.

## Actions



- Enhance programs and services that promote maternal and family health and healthy early childhood development, including:
  - Screen women in the perinatal period for mental health and substance use-related risk factors and provide appropriate follow-up.
  - Enhance universal programs that promote social-emotional, cognitive development and resilience in children, youth and families such as StrongStart BC and FRIENDS.
  - Support full-day kindergarten opportunities for children across the province.
  - Continue to implement Healthy Infant and Child Development – a core public health program.
- Promote mental health within schools and post-secondary institutions through comprehensive school and campus health activities that improve health and educational outcomes, and encourage the development of lifelong skills, attitudes and healthy behaviours.
- Use the Neighbourhood Learning Centre platform and partnerships with local government to promote mental health and wellness for families and strengthen community connections.
- Work with employers to build healthier workplaces through mental health promotion programs such as Guarding Minds@Work.
- Strengthen the mental health of seniors by:
  - Promoting physical activity through initiatives such as ActNow BC Seniors Community Parks and the *Move for Life* DVD resource and educational resources.
  - Leveraging opportunities within the Age-friendly Communities Initiatives to foster cognitive stimulation and community connectedness.
- Continue to implement Mental Health Promotion and Prevention of Mental Disorders – a core public health program.

## What this will mean:

- By 2015, the proportion of B.C. women and girls who smoked during pregnancy will have decreased by 20 per cent.
- By 2011, all B.C. families will have the opportunity to benefit from the availability of full-day kindergarten in every school within the province.
- By 2012, over 1000 more B.C. school educators from district and independent schools and 100 more Aboriginal educators from the First Nations Schools Association will be trained to deliver the FRIENDS for Life program to children in Grades 4 to 7.



- By 2012, the province’s health authorities and partners will have implemented a broader range of evidence-based programming to promote and support mental health across the lifespan.
- By 2016, over 100 workplaces in B.C. will have taken action to promote mental health among employees.
- By 2013, 20 per cent more B.C. parents will be trained on the FRIENDS program, thus increasing their knowledge about anxiety and social-emotional skill building, and enabling them to support their children by reinforcing the FRIENDS skills at home.

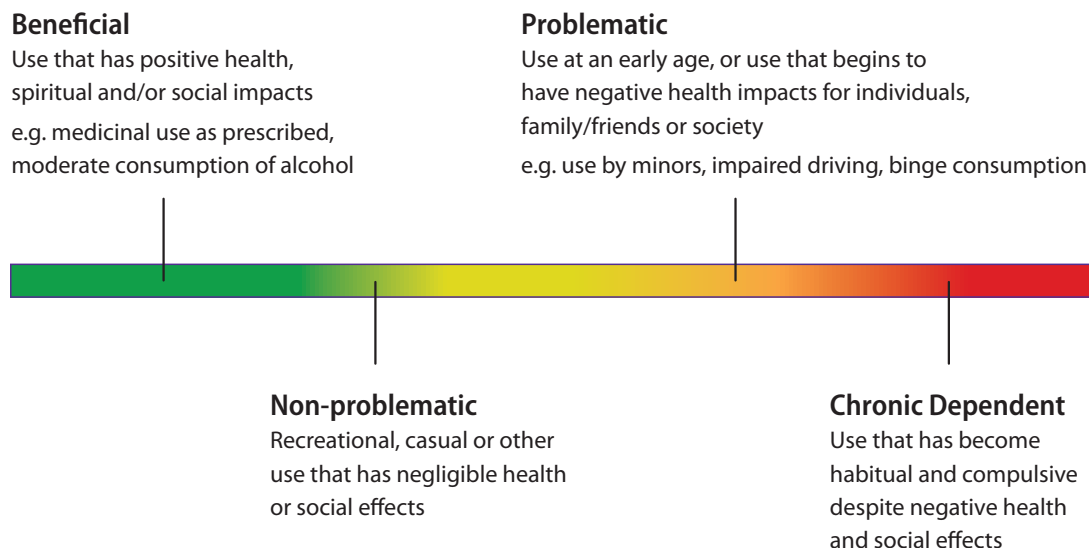
## Reduce Substance-Related Harms

Harm reduction refers to policies, programs and practices that seek to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive substances. Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.

Harm reduction is an essential part of a comprehensive response to problematic substance use that complements prevention, treatment and enforcement. A harm-reduction philosophy should inform strategies directed at the whole population, as well as specific programs aimed at sub-populations of vulnerable people. It seeks to lessen the harms associated with substance use while recognizing that many individuals may not be ready or in a position to cease use. Harm reduction does not require, nor does it exclude, abstinence as an ultimate goal.

For most people substance use does not lead to chronic dependence and yet many harms result from non-dependent substance use.

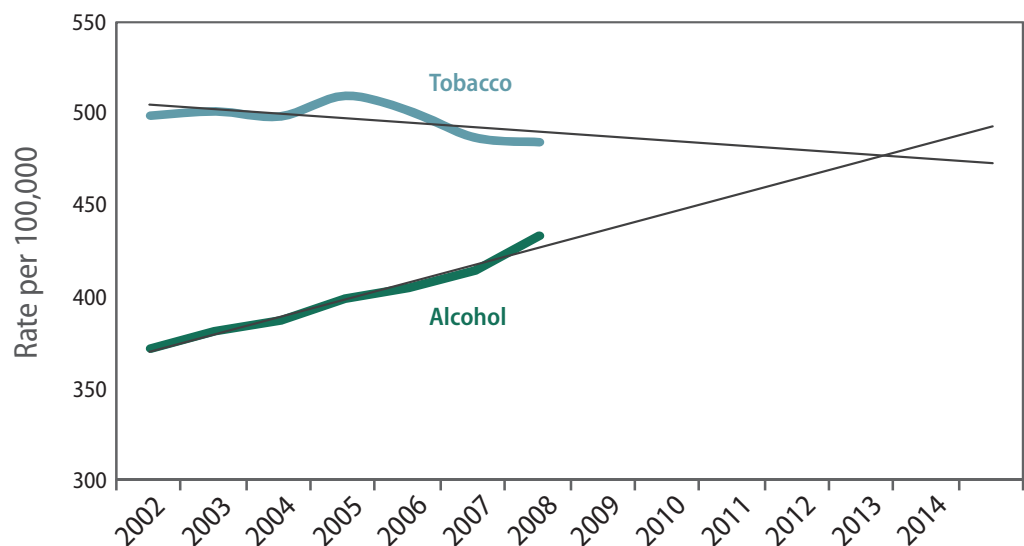
### Spectrum of Psychoactive Substance Use



Recognizing the significant burden of harms caused by tobacco in particular, B.C. has implemented a range of effective tobacco control initiatives, which are starting to reduce illnesses and costs. After tobacco, the greatest harms (and costs) from substance use are from alcohol, including chronic diseases such as cirrhosis of the liver and cancers, injuries and public safety issues.

## B.C. Hospitalization Rates Caused by Alcohol Use vs. Tobacco Use

(BC Centre for Disease Control and University of Victoria, 2010)



Adolescence and young adulthood represents the peak period for risky experimentation with alcohol and other psychoactive substances. The earlier a youth begins experimenting, the greater the likelihood of problematic substance use and substance-related illness in adulthood.

Prevention of harms associated with substance use, including addiction, requires that the health system work in partnership with other public systems in British Columbia, including education, social services, housing, law enforcement, courts and corrections.

### Actions

- Take action to prevent and reduce health, social and fiscal costs associated with hazardous alcohol consumption, including:
  - Implement screening for hazardous drinking, with brief intervention and referral programs within primary care settings.
  - Continue implementing a modified approach to impaired drivers that enhances administrative sanctions and increases use of programs such as the Responsible Driver Program and the Ignition Interlock Program.

- Partner with local governments to target districts and events which have high levels of hazardous drinking in order to reduce injuries, violence, vandalism and other health and social costs.
- Expand the use of the Joint Consortium for School Health’s mental health promotion and substance-use toolkits to support B.C.’s overall approach to comprehensive school health.
- Expand QuitNow Services support for primary care providers to address tobacco use as part of a comprehensive approach to addressing mental health and substance use.
- Continue to implement Preventing Harms Associated with Substance Use – a core public health program.

### *What this will mean:*

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- By 2015, the proportion of British Columbians aged 15-39 who engage in binge drinking will decrease by 20 per cent.
- By 2015, B.C. children and youth will have decreased risk for future substance dependence through delayed onset of use of tobacco, alcohol and cannabis.
- By 2012, the province’s health authorities and partners will have implemented a broader range of evidence-based programming to prevent harms associated with substance use.

## Reduce Stigma and Discrimination

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Suicide is the second leading cause of death for youth aged 15-24 years and male adults aged 25-49 years in Canada.

A cultural environment that respects and protects basic civil, political, economic, religious, social and cultural rights is essential to mental health and healthier choices about substance use. The stigma associated with mental health and substance use problems often means that affected individuals and families are marginalized in our society and may experience discrimination in areas of health care, employment, education, justice and housing. Consequently, many do not receive the services they need, live in poverty, and are unstably housed. This affects their ability to access and benefit from needed supports, and to function as healthy, productive members of society.

### *Actions*

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- Use the Mental Health Commission of Canada’s national anti-stigma initiative as a platform to maximize the reach of local anti-stigma campaigns.

### *What this will mean:*

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- By 2015, more people living with mental illness and/or substance dependence will report that they feel a sense of belonging within their communities.

## Inform the Health System and Educate the Public



Mental health literacy is defined as the knowledge, attitudes and beliefs about mental health and/or substance use problems which aid in their recognition, management and prevention. It encompasses the beliefs and attitudes about mental health, mental illness and psychoactive substance use. Mental health literacy can improve how members of society promote good mental health and respond to children, youth and adults with mental health and substance use problems.

Over the past decade, B.C. has invested more than \$40 million in building the province's mental health and substance use research and workforce development capacity at University of B.C., University of Victoria, Simon Fraser University, University of Northern B.C., as well as specialized centres at the Provincial Health Services Authority, Vancouver Coastal Health and Providence Health. This plan will leverage our globally recognized research by making use of evidence-based knowledge in health promotion, prevention and treatment systems in order to improve and sustain the mental health of British Columbians.

### Actions

- Continue implementation of B.C.'s Integrated Provincial Strategy to Promote Health Literacy in Mental Health and Addictions.
- Strengthen leadership to increase the rapid application of new knowledge and drive change throughout the prevention and treatment continuum:
  - Apply B.C. Human Early Learning Partnership results to promote healthy child development during preschool years and reduce childhood vulnerability.
  - Renew the province's long-term partnership with the Simon Fraser University's Children's Health Policy Centre and apply new knowledge for improving the mental health and well-being of B.C.'s children and youth.

### What this will mean:

- By 2015, 15 per cent more children in B.C. will experience improved school readiness resulting from healthier early childhood development.
- By 2016, the number of British Columbians who have accessed information through web portals such as "Here to Help" and the Kelty Resource Centre will have doubled.
- By 2015, Simon Fraser University's Children's Health Policy Centre will provide B.C. public systems with knowledge to support the use of appropriate children's mental health indicators that will guide policy and practice.

## People Vulnerable to Mental Health and/or Substance Use Problems

Jurisdictions with developed economies need more than all hands on deck – they need all heads on deck too: healthy, well-educated, innovative, creative and productively-employed individuals.

Certain people within the overall population are more vulnerable to mental health and/or substance use problems at different stages in their lives. Some types of vulnerability may be influenced by family history or genetic predisposition. Others, such as exposure to violence and trauma or lack of social support, can be mitigated through strategic intervention.

Targeted prevention interventions attempt to reduce risk and enhance protective factors. There is emerging research evidence that intervening with certain groups of people – often at key developmental stages or transition points in their lives – can effectively reduce the risk of future problems. This knowledge points to several key areas for strategic focus, with a particular emphasis on vulnerable groups of children and youth. It is especially important that youth with mental health problems experience a supportive and coordinated transition from child to adult serving systems.

Priorities include prevention efforts that enhance protective factors, build resilience and mitigate risk factors for mental health and/or substance use problems targeted at vulnerable people within the following population groups:

- Parents and families
- Children and youth
- Adults
- Seniors
- People with chronic physical disease or compromised health

### Parents and Families

Clear evidence exists to show that the provision of formal supports for parents before, during and after the birth of their children contributes to healthy child development and reduces the likelihood of emotional and behavioural problems later in life. For example, supports focused on encouraging breastfeeding not only improve health, growth and immunity in infants, but also enhance child psychological and intellectual development and strengthen the mother-child bond.

Home visitation programs targeting young, low-income pregnant women during their first pregnancy, with regular post-natal follow ups for two years, have demonstrated lasting positive outcomes for both mother and child.

Parenting programs have proven to be effective in improving the short-term psychosocial health of mothers, helping reduce depression, anxiety or stress, and improving self-esteem and relationships.

## Actions

- Launch a nurse-led, in-home individual parent training program for first-time, at-risk parents and their infants, provided during pregnancy and up to two years after delivery.
- Implement FASD prevention strategies as outlined in the Fetal Alcohol Spectrum Disorder: Building on Strengths 10 Year Plan for B.C.
- Expand the reach of programs to prevent, identify and respond to perinatal depression as described within Addressing Perinatal Depression: A Framework for B.C.'s Health Authorities.

## What this will mean:

- By 2012, a nurse-led, in-home support program for first-time at-risk parents and their infants will have been implemented within most health regions.
- By 2015, the proportion of women who receive counselling regarding alcohol use during pregnancy will have increased by 10 per cent.

## Children and Youth

The average age of first alcohol use by youth in B.C. is 12.9 years, and the average age of first cannabis use by youth in B.C. is 13.5 years.

In addition to universal strategies that attempt to reach the general population of children and youth, targeted measures are required to reach vulnerable groups. Youth at especially high risk are those who are sexually exploited, substance dependent, and those living on the street.

Many Aboriginal British Columbians experience challenges, including cultural dislocation, intergenerational trauma and the lasting impact of residential schools. As a result, Aboriginal children and youth are at higher risk of future mental health and substance use problems than their non-Aboriginal counterparts, as represented by higher rates of incarceration, psychiatric hospitalizations and suicides. Some Aboriginal communities face additional risks of poor health and social outcomes, such as significantly higher rates of poverty, children in care, teenage pregnancy, and low birth weights.

Children and youth of parents with mental illness and/or substance use problems may experience higher rates of emotional, behavioural and learning problems than children in the general population for a variety of reasons including genetics, family stress, and/or parenting challenges.

Research indicates that early identification, intervention and access to targeted supports can reduce negative impacts and contribute to healthier outcomes. For example, children with learning disabilities benefit from earlier access to remedial education and children with attention deficit disorder who receive treatment have fewer substance use problems later in life than their peers who do not.

Children and youth in care are more likely to have higher rates of emotional and behavioural problems, as well as an increased incidence of chronic medical problems. Infants and toddlers in care are especially vulnerable to disrupted development. In addition to removal from their birth families, a large proportion of children-in-care have experienced extreme adversity in the form of neglect, abuse or other traumatic experiences.

According to census data, B.C. has the second highest percentage of foreign-born residents and minorities across all provinces. Children and youth of immigrant and refugee families often face many challenges, including conflicting cultural expectations that may clash with family values, which can lead to stress and emotional difficulties. Some of these children have parents or other close family members who have fled their homeland due to war, conflict, deprivation or trauma, which may have a lasting impact on the family's mental health and well-being.

### Actions

- Implement *Strong, Safe and Supported – A Commitment to B.C.'s Children and Youth*.
- Implement supports for families with parents who have mental health and/or substance use problems to facilitate healthy family development.

### What this will mean:

- By 2015, 15 per cent more young children will be routinely screened for healthy social and emotional development using the Ages and Stages Questionnaire: Social Emotional.
- By 2011, universal developmental outcomes will be measured for children receiving services through the Ministry of Children and Family Development.
- By 2013, health authorities and key partners will use a cross-sector framework for planning, and children and families with parents who experience mental health and/or substance use problems will receive more coordinated services and supports.

## Adults

Occupational stress is a growing public health problem that is largely preventable. Defined as the combination of high job demands and low job control, it predicts physical and mental health problems, particularly depression in women, cardiovascular disease, and increased absenteeism, employee turnover and workers' compensation costs. A recent national survey has revealed that 70 per cent of depressed individuals report significant disruption in their careers as a result of their symptoms. Another recent publication suggested that mental illness is linked to more lost work days than any other chronic condition. Research also indicates that unemployed adults experience higher rates of mental health problems than those who are employed.





A major contributor to poor emotional health of women is violence by an intimate partner. Women who are not able to escape violent relationships or who face inadequate supports when they leave suffer a wide range of potential health, social and economic consequences, including mental health and substance use problems. Alcohol continues to be a contributing factor in domestic violence, with close to half of all spousal assault incidents in B.C. involving alcohol. Given this, a role exists for healthy public policy to reduce harms, including domestic violence related to alcohol consumption.

Another group of vulnerable adults are those who inject substances for non-medical reasons. Sterile syringe distribution and recovery programs offer people who inject substances – who can be highly marginalized – a point of contact with the health system. Research from B.C. and around the world shows that supervised injection sites can reduce fatalities from unintentional overdose, reduce sharing of injecting equipment, reduce public disorder, and increase uptake into detoxification and treatment services.

Suicide is a major public health issue that affects everyone across age, gender, ethnic, socioeconomic and cultural groupings. Mental health problems are strongly associated with suicide and suicidal behaviours, and multiple risk factors intersect to influence a person's risk for suicide. There is no "one size fits all" approach to preventing suicide. To address the varying needs of individuals, it is important to develop comprehensive, multi-strategy approaches based on current research.

Mental health and/or substance use problems are often linked with a number of social issues. Targeted interventions that address income differences and offer safe, adequate housing have positive impacts on mental and physical health, especially if accompanied by psychosocial supports.

### *Actions*

- Collaborate with employers and unions to develop and implement workplace supports such as self-care resources, opportunities for early identification of problems, and linkages to appropriate interventions.
- Implement comprehensive, cross-sectoral initiatives to prevent domestic violence and reduce its impact on children, youth, adults and families.
- Implement gatekeeper training programs as described within the *Strengthening the Safety Net: A Report on the Suicide Prevention, Intervention & Postvention Initiative of B.C.*, to effectively identify and intervene with individuals at risk of suicide across the lifespan.
- Where appropriate, expand the reach and range of harm-reduction services that prevent and reduce the health, social and fiscal impacts of illegal drug use.



### *What this will mean:*

- By 2014, B.C. workplaces will have increased access to resources and tools to prevent mental health and substance use problems among employees, and to support back-to-work strategies for those working towards recovery.
- By 2016, most B.C. health authorities and key partners will have introduced gatekeeper training programs for suicide prevention and intervention.
- By 2011, the Ministry of Children and Family Development will have released new best practice guidelines and training to assist child welfare workers when intervening in situations involving domestic violence.
- By 2011, the *Violence Against Women in Relationships* policy will be released as a guide to police, child welfare workers, victims services workers and Crown Counsel on collaborative practices to support victims of domestic violence.

## Seniors



Aging poses a series of challenges for seniors' mental health. With projected population increases among people over age 65 and particularly in the over-80 age group, B.C. can anticipate a marked increase in older adults living with and managing chronic physical diseases and conditions, as well as those with Alzheimer's disease and other forms of dementia. An appropriately integrated response that addresses the clinical, functional, psychosocial and cultural needs of this population group will require collaborative community action. A corresponding increase in caregiver burden, which presents a significant risk factor for depression, can also be expected. The health, social and economic implications of this are immense.

Seniors may be at risk for isolation and loneliness as a result of losing a spouse or close friends, and/or limited mobility due to health problems. Older adults may also experience mental health deterioration stemming from different forms of abuse. Approximately seven per cent of seniors report experiencing some form of physical, emotional or financial abuse by an adult child, caregiver or spouse.

Seniors with depression are at particularly high risk for problems with alcohol. Older people who are depressed are three to four times more likely to have alcohol-related problems than older people who are not depressed. In the coming decade, adults entering this age group may also have a more liberal attitude towards substance use, which may increase the risk of substance-related harms. Studies have shown that structured brief interventions and advice in frequently accessed health care settings, such as primary care, effectively reduce alcohol consumption in this population.

## Actions



- Implement a coordinated provincial initiative to prevent elder abuse so that seniors will be less vulnerable to emotional, psychological and physical abuse.
- Improve routine screening protocols for mental health and substance use problems during primary care interventions with seniors.
- Use the *Seniors in British Columbia: a Healthy Living Framework* platform and partnerships with local government and other organizations to promote opportunities for older adults to remain socially connected and meaningfully engaged in their communities, including workforce, learning and volunteer opportunities.

## What this will mean:

- By 2020, a smaller proportion of B.C. seniors will experience instances of elder abuse.
- By 2016, resources to support broadened routine screening of senior citizens for mental health/substance use problems will be in use in all health regions.

## People with Chronic Disease or Compromised Health

Coping with illness and the demands of treatment can affect one's sense of independence, control and mental well-being at any age. Many services which support children, youth and adults with chronic health problems now regularly screen all patients for depression. This is crucial considering that approximately one-third of adults with chronic medical conditions are estimated to have depression. Furthermore, children, including preschoolers and youth with chronic health problems and illnesses are at greater risk for emotional and behavioural problems than their peers without similar health problems.

## Actions

- Implement routine screening in primary care settings for mental health and/or substance use problems among children, youth and adults with chronic health problems and illnesses.

## What this will mean:

- By 2016, resources to support broadened routine screening for mental health/substance problems of people with chronic disease or compromised health will be in use in all health regions.

## People with Mild to Moderate Mental Health and/or Substance Use Problems

15 by 15: A comprehensive policy framework for early human capital investment in B.C., Business Council of British Columbia, Opportunity 2020 Project & Human Early Learning Project, August 2009.

Mental disorders typically begin early in life, with approximately half starting by age 15 and three-quarters by age 24

The majority of children, youth and adults with mental health and/or substance use problems experience mild to moderate symptoms that can be effectively supported or treated through low-intensity community-based services. The number of people with symptoms that do not fully meet diagnostic criteria is unknown. For many, mild to moderate mental health and/or substance use problems significantly interfere with functioning at home, school, work and the community.

A greater service emphasis on mild to moderate mental health and/or substance use problems is critical due to: the numbers of people affected, clear evidence of effective interventions, and the opportunity to prevent the persistence and severity of problems and reduce the need for more intensive and costly services.

The priorities for this group of people are:

- Enhance the role and effectiveness of primary care.
- Enhance the availability of evidence-based therapeutic approaches.
- Enhance the capacity of community-based mental health and substance use services.

### Enhance the Role and Effectiveness of Primary Care

Mental health and substance use have increasingly become a greater focus in primary health care. As the cornerstone of our health care system, family practitioners play a key role in the management of mental health and substance use problems in all communities, particularly those that are rural or remote. Family doctors are typically sought first as a source of help. Evidence demonstrates that having a family doctor reduces unnecessary use of emergency services, including inpatient hospital care.

The Province has moved forward with a new attachment initiative which will ensure that access to, and benefits of, primary care are available to all British Columbians, including those who may be hard to serve in a traditional practice setting.

Supporting family physicians to provide quality mental health and substance use care within their practices is a priority. In order to develop effective individual care plans, B.C. has enabled physicians to have the additional time they need to interact with patients to fully understand their symptoms and develop care plans specific to their needs. In addition, family physicians benefit from evidence-based treatment guidelines that provide direction on assessment and the most appropriate course of action.

Ongoing education and professional development is also necessary to maintain and enhance their skills. New training initiatives underway for GPs have the potential to greatly improve the provision of primary mental health care. This training program equips family physicians with the skills and tools to assess and treat the mental health or substance use problems of their patients, including those at end-of-life.

Quick and easy access to information on available resources within a community or region is a useful tool for physician referrals to other mental health and substance use services. As well, research has shown that family physicians with access to specialists such as psychiatrists and mental health clinicians through a shared care model can significantly enhance their ability to provide ongoing primary mental health and substance use care within their practice. This approach supports the family practitioner to develop a care plan in collaboration with the client and his/her family, while reserving more intensive psychiatric treatment for those with more complex disorders.



### *Actions*

- Develop and implement mental health and substance use training modules and support physicians in the application of the new skills, practices and tools for diagnosis, treatment and follow-up of adults and youth, through the Practice Support Program.
- Continue the development and encourage the use of the Community Health Resource Directory.
- Establish opportunities to support physicians to take the time to establish individual care plans for patients with mental health and/or substance use problems.
- Develop, implement, and evaluate shared care models for services to children, youth and adults experiencing mental health and/or substance use problems.
- Continue to develop guidelines for physicians for assessment and treatment of people with mental health and/or substance use problems.

### *What this will mean:*

- Eight hundred family physicians and their teams will be trained in mental health and/or substance use assessment and treatment modules by 2015.
- By 2012, the number of physicians utilizing the Community Health Resource Directory will increase by 50 per cent from 500 users in the first half of 2010.
- At least 60,000 British Columbians will have access to primary care mental health and substance use assessment and care plans by 2015.

- By 2011, a document identifying core elements and guidance for client-centred integrated care for children, youth and adults will be made available to the health authorities, MCFD and other stakeholders, to facilitate better collaboration with and support to physicians.
- By 2011, a guideline for physicians covering screening, assessment and brief intervention for problem drinking will be available to support physicians to identify problematic alcohol use and provide intervention and support for their patients.

## Enhance the Availability of Evidence-Based Therapy

There is a substantial body of research literature on evidence-based therapies for people with mild to moderate symptoms. While medications are appropriate in some cases, non-medication therapeutic approaches can be equally successful and should be considered first. In some cases, symptom stabilization through medication is required before psychological treatment approaches can be most effective. Any approach needs to be delivered within the context of a comprehensive mental health assessment and treatment plan to determine the right type, intensity and appropriate setting of the required intervention, taking into account the preferences of the individual and/or family being served.

Some disorders, such as eating disorders, might present as mild or moderate but can easily deteriorate into severe forms. Eating disorders are associated with a high mortality rate and can be difficult to treat successfully. In these cases, careful attention must be given to the whole continuum of evidence-based services to ensure coordination as well as effective prevention and treatment at various levels of intensity.

### *Actions*

- Increase the capacity of clinicians to deliver evidence-based treatment services using various levels of intensity and in a variety of settings.
- Develop and implement an action plan for the delivery of evidence-based Eating Disorders services across the continuum.

### *What this will mean:*

- By 2013, a guiding document will be available to health authorities outlining recommendations to increase the capacity for evidence-based psychotherapies for people with mental health and substance use problems.
- The provincial Eating Disorders action plan will be completed and actions implemented by 2012.

## Enhance the Capacity of Community-Based Mental Health and Substance Use Services

Over 50 per cent of youth and adults in contact with the criminal and youth justice system have been diagnosed with a mental illness or substance use problem.

It is clear that aligning the existing community capacity to identify and address problems earlier is essential to reduce suffering and avoid more costly hospital or residential specialized services later on. Services must be matched to different levels of need so that the least intrusive interventions with the greatest gain are provided prior to more intensive interventions.

Low-intensity interventions for people with mental health problems provide a means of serving a greater number of people. These interventions which include self-help tools and supported self-help programs such as the Bounce Back or First Link programs, offer cost-effective forms of help that can be accessed directly or delivered by personnel who are not necessarily mental health specialists. To support these types of programs, community resources will continue to be developed to meet the needs of people whose first language is not English. In addition, mutual aid or peer support groups are also beneficial for many people with mental illness and problematic substance use.

For people with substance use problems, community counselling centres form the hub of the service system: they provide assessment and counselling services for individuals and groups and facilitate access to other parts of the service system. Other services include day treatment, as well as a range of withdrawal management services. Consultations across B.C., as well as evidence-based research, have revealed the value and effectiveness of focusing on such community programs before more intensive specialized programs are required.

Improved access to training increases a service provider's capacity to respond effectively to each individual's diverse needs. The Province has initiated an online training program for practitioners working with youth and mental health and/or substance use problems that will enhance their capacity to serve youth with concurrent disorders. The Core Addiction Practice Training is expanding with the development of specialized modules and customised learning materials tailored to multiple audiences and will be made available to substance use and mental health practitioners, as well as allied professionals in education, health, justice, and other social service areas. The specialized modules will focus on the needs of specific populations, such as people with experience of violence and trauma and those receiving methadone maintenance treatment.

B.C. is a leader in Knowledge Exchange and has worked closely with Health Canada to support substance use services knowledge exchange to enhance evidence informed practice and linkages and exchanges.

Substance use programs have traditionally built partnerships with other service providers in the health and social service system. Increasing this collaboration with other government and non-government partners will improve the service system by addressing the holistic needs of people and the social determinants of health. The service system will also be improved

by exploring different ways of delivering services so they are more accessible to people in all regions of the province. In particular, providing outreach services to people in a variety of settings including people's homes, in schools, at jails and on the street, will increase the ability of service providers to reach out to people who might not access services and treatment otherwise.

Enhanced use of technological resources can also increase system capacity. Options such as tele-health and electronic communicator software have been researched and are possible options to improve access to a variety of services and supports, with high client and provider satisfaction rates.



### *Actions*

- Enhance availability of evidence-based community mental health and substance use services for children, youth and adults by improving provider training and supports.
- Improve reach of low-intensity programming including self-management and supported self-management tools such as the Dealing with Depression program for youth; Strongest Families for children, youth and parents; and the Bounce Back program for adults.
- Promote service provision opportunities outside of traditional office-based practice, and enhance the provision of outreach services, and services provided in settings such as homes, schools and jails.
- Enhance the use of tele-mental health services for mental health and substance use problems.

### *What this will mean:*

- By 2013, 400 practitioners serving youth will complete best practices clinical training to enhance their knowledge related to substance use and mental health and facilitate collaborative practice to support youth with mental health and/or substance use problems.
- By 2013, the Core Addiction Training program will be expanded across the province.
- By 2015, over 50,000 British Columbians will have access to Bounce Back, a program designed to help people cope with mild to moderate symptoms of depression through education materials and phone support.
- By 2015, a low-intensity, high-volume program such as Strongest Families will be launched to assist parents in supporting their children with mental health problems.
- By 2013, guidelines will be developed to promote the use of outreach in the provision of substance use services.
- A plan for expanded, integrated use of tele-health services will be completed by 2011.

## People with Severe and Complex Mental Disorders and/or Substance Dependence

A small proportion of people experience severe and complex mental health and/or substance use problems. For children and youth, severity is typically measured in terms of functional impact, such as inability to attend school, difficulties living at home, and involvement in the criminal justice system. Adults with severe mental disorders and/or substance dependence are also more susceptible to chronic health conditions – although they comprise only three per cent of the general population, these individuals are over-represented in emergency department and hospital admissions, among the unemployed, and within correctional facilities.

Approximately 130,000 adults in B.C. have the most severe forms of mental illness and/or substance use problems. While symptoms frequently first appear in childhood or adolescence, the number of children and youth with severe mental illness is currently unknown given limited research with this age group. Severe mental disorders include psychotic disorders, schizophrenia, delusional disorders, major depression, severe eating disorders and substance dependence. These conditions are often highly debilitating, can affect all aspects of daily life, and can lead to potential isolation and, in some cases, homelessness. Individuals who live with concurrent disorders (when both mental illness and substance use disorders co-exist) are at particular risk for developing associated health problems.

Residential or hospital-based care is sometimes necessary. For children and youth, the experience of residential treatment can be extremely disruptive in terms of their emotional connections and sense of security. Adults who are treated in large psychiatric institutions, correctional facilities or residential care for extended periods of time require intensive supports to enable them to re-adapt and function effectively outside these settings.

It is clear that people with severe mental health and substance use disorders must be actively involved in their own recovery process and supported to achieve their individual potential and independence. Successful recovery is facilitated by opportunities for meaningful engagement in society through school, work and leisure pursuits.

Priorities for this group of people are:

- Enhance evidence-based community interventions across the lifespan.
- Enhance housing with supports.
- Strengthen community residential treatment options.
- Ensure appropriate access to hospital and specialized bed-based treatment.
- Develop improved coordinated responses for people with complex challenges.



## Enhance Evidence-Based Community Interventions across the Lifespan

Perhaps the most dramatic shift that has occurred in B.C.'s response to severe mental illness over the past several decades is the use of better medications, combined with evidence-based community services, supports and treatments which address needs across the lifespan. This is particularly reflected in the current initiatives by the Ministry of Health Services to develop and support integrated primary and community care for British Columbians, including those with serious mental disorders and/or substance use dependence.

Psychotic episodes are most commonly associated with serious mental illnesses such as schizophrenia and bipolar disorder. Early identification is crucial because the longer the time delay between the first appearance of psychotic symptoms and treatment, the greater the likelihood of developing a chronic severe illness and the poorer the expected recovery.

The appropriate use of pharmaceutical therapies is a crucial aspect of treatment for people with severe mental illness and can significantly reduce personal suffering and modify the chronic course and associated disability of the illness.

Appropriate medications also play a role in the treatment of some substance use problems, in particular substitution or maintenance therapies. These therapies include all forms of substituting a prescribed medication for a street or other non-medically-approved drug. Substitution therapies have been well researched and are shown to stabilize people so that they can better fulfill family, employment or other social responsibilities, to improve health outcomes, and to reduce criminal activity associated with illegal substance use. For instance, methadone maintenance treatment is a key part of B.C.'s response to opioid dependence, and a fundamental component of provincial efforts to prevent HIV, hepatitis C and other blood-borne pathogens.

Children, youth and adults with severe mental illness and substance use disorders have complex service delivery needs and are sometimes unable to organize access to basic medical and social services. This population benefits from services which adhere to integrated, intensive models of care involving teams of practitioners that provide ongoing support and assertive outreach. For instance, due to severe challenges in functioning, complex mental illness, substance use, health and behaviour problems, some adults will require access to intensive 24-hour services provided in their home environment. These people do not require bed-based services and can live healthy lives if supported by evidence-based assertive community services.

Responsive crisis services are an integral part of a comprehensive mental health and substance use system. Targeted crisis intervention services can help stabilize people and reduce their need to access hospital emergency departments and involvement with the criminal justice system and police.



With the appropriate psychosocial supports, people experiencing severe mental and/or substance use disorders can recover and lead fulfilling lives. Rehabilitation programs that offer employment support have resulted in 50 to 60 per cent of clients obtaining and maintaining employment. Supported education programs can help participants successfully finish their schooling and have the added benefits of enhanced self-esteem, improved quality of life, and reduced hospitalization. Leisure activities provided by volunteers help to remove the isolation and loneliness often felt by these individuals and improve overall health.



### *Actions*

- Implement integrated evidence-based primary and community care practices for people with severe and complex mental disorders and/or substance dependence.
- Implement early psychosis intervention programs utilizing provincial standards and guidelines.
- Implement optimal evidence-based medication treatments.
- Implement evidence-based forms of assertive community case management.
- Implement evidence-based models for crisis intervention including suicidal crises.
- Implement evidence-based rehabilitation services including employment, education, leisure and wellness.
- Enhance and improve B.C.'s methadone maintenance treatment system (including medical, pharmaceutical and psychosocial support components).

### *What this will mean:*

- By 2018, through implementation of integrated primary and mental health and substance use services, there will be a 20 per cent reduction in the number of days mental health and substance use patients occupy inpatient beds while waiting for appropriate community resources.
- The number of individuals with psychosis, ages 13-35, readmitted to hospital over any 12-month period will be reduced by 150 by 2014, a reduction of 10 per cent from 2009 numbers.
- By 2011, the health authorities will have a provincial service framework to guide them in the implementation of optimal treatment for people with treatment-resistant psychosis.
- Six hundred and eighty British Columbians with severe mental illness, including those with co-existing substance use problems, will receive Assertive Community Treatment services in the community by 2013.
- By 2011, the health authorities and MCFD will have a provincial clinical framework for the prevention of suicides.

- By 2012 there will be a provincial inter-ministerial framework to support implementation of psychosocial rehabilitation for people with severe mental health and substance use problems.
- By 2015, 90 per cent of methadone prescribers will adhere to optimal dose guidelines and 60 per cent of people started on methadone maintenance treatment will be retained at 12 months.

## Enhance Housing with Supports

Housing is an important determinant of both physical and mental health. Individuals with severe mental illness and substance use problems experience significant difficulties securing stable housing. Specific populations such as Aboriginal persons and women are overrepresented among those with unstable housing.

Providing adequate housing support is cost effective. An adult with severe substance use and/or mental illness who is homeless or lives on the street costs the public system in excess of \$55,000 per year – the provision of adequate housing and supports is estimated to reduce this cost to \$37,000 per year.

### *Actions*

- Develop and implement community-based plans to address housing and support services for homeless people, including those with mental health and/or substance use problems.

### *What this will mean:*

- The five Homelessness Intervention Project communities (Victoria, Vancouver, Surrey, Kelowna and Prince George) will continue to implement housing with supports for homeless people with severe mental health and substance use problems.

## Strengthen Community Residential Treatment Options

A small number of children and youth require community residential services that are more specialized than conventional foster or group care. Youth who end up on the street often spiral downward and experience even more serious mental health and substance use problems or have involvement in criminal activities. A safe, structured residential environment with highly trained caregivers who provide intensive therapeutic and social supports are most effective in helping to stabilize these vulnerable youth so they can benefit from treatment. It is important that these specialized community residential services are designed to meet the particular needs of these children and youth.

Within the continuum of services for youth and adults with mental illness and substance use problems, bed-based services (including residential treatment or support recovery facilities) are sometimes required. The majority of people needing help to change their substance use will find the assistance they need in non-residential community-based services. Some,



however, will require the more structured and intense supports offered by residential services. These services offer time-limited accommodation, in which clients are expected to refrain from alcohol and illegal substances. Some clients will need to participate in withdrawal management (detox) programs prior to admission. Residential substance use services for youth have been designed to meet their distinct developmental needs and circumstances.

### *Actions*

- Enhance appropriate access to evidence-based community placements and community residential therapeutic options for children and youth with mental disorders.
- Provide evidence based treatment options in youth and adult residential substance-use programs, including abstinence based programs as well as those based on harm reduction.

### *What this will mean:*

- By 2015, projects including residential redesign within the Ministry of Children and Family Development will result in an increased range of out-of-home care options to meet the specific needs of children and youth with mental health and/or substance use problems.
- By 2011, provincial standards and guidelines for publicly-funded residential substance dependence treatment facilities will be in place.

## Ensure Appropriate Access to Hospital and Specialized Bed-Based Treatment

Some individuals with severe or complex disorders will require more intensive bed-based services to manage acute symptoms and minimize risks to self and others. Those with persistent mental disorders may need longer-term tertiary services. As well, individuals with severe and complex mental illnesses, along with substance use and physical health problems, require a specialized type of care and treatment.

There is evidence supporting the need for specialized adolescent psychiatric units for children and youth. Adult psychiatric units are often inappropriate for youth who may be negatively influenced or manipulated by older patients in these settings. On the other hand, youth placed in pediatric wards might be disruptive and even pose a physical risk towards younger and medically fragile children in the unit. Health authorities have established inpatient adolescent psychiatric units to respond to this need.

There is also a need for specialized and tertiary beds that are not hospital based. In B.C., the Ministry of Children and Family Development provides provincial specialized residential mental health services through the Maples Adolescent Treatment Centre. The Provincial Health Services Authority offers specialized tertiary child and adolescent psychiatry inpatient services and specialized eating disorders services.

Planning for adult, tertiary bed-based psychiatric services have focused on replacing existing beds for adults at B.C.'s single provincial psychiatric facility, Riverview Hospital, with tertiary beds in each region of the province in order to allow individuals to be closer to their families and their local community supports. As beds are developed in each region, corresponding beds are closed in the provincial psychiatric facility.

Evidence indicates that, although B.C.'s tertiary bed rates are consistent with recognized international benchmarks, there is a need to maintain appropriate community-based treatment and supports within the service continuum. In addition, it is important to consider patients' and clients' experience of the care they received in planning future services.

### *Actions*

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- Conduct a province-wide satisfaction survey of adults and youth who have received services in inpatient psychiatric and substance use residential facilities.
- Establish provincial health and safety policy requirements for specialized mental health facilities.
- Complete the Riverview Redevelopment Project.
- Continue to develop the Burnaby Centre for Mental Health and Addiction as a centre of excellence for treatment, research and knowledge exchange.

### *What this will mean:*

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- The province-wide inpatient mental health and substance use satisfaction survey for adults and youth will be completed and analyzed by 2013. The analysis will be used to inform future planning.
- Provincial health and safety requirements for designated facilities will be established by 2013.
- Access to appropriate bed-based acute psychiatric, provincial specialized or tertiary care will occur with the final 400 beds at Riverview Hospital being transferred to community settings in the regions by 2014.
- A comprehensive evaluation will be completed in 2011 to support a continuous quality improvement process and ongoing planning for the Burnaby Centre for Mental Health and Addiction.

## Develop Improved, Coordinated Responses for People with Complex Challenges

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### Children, Youth and Adults with Special Needs

Individuals with developmental disabilities and mental health problems (dual diagnosis) have unique service and support needs. They may require additional educational, medical/health and social/environmental support to enhance or improve their health, development, learning, quality of life, and community participation.

### People in Contact with the Criminal Justice System

Over 50 per cent of youth and adults in contact with the criminal and youth justice system have been diagnosed with a mental illness and/or substance use disorders. Individuals involved in the criminal justice system often have difficulty accessing and maintaining involvement with mainstream community mental health and substance use services. Facilitating access to existing services and supports and examining current outreach strategies are priorities for this population.

### Actions

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- Ensure appropriate access by children, youth and adults with developmental disabilities and mental illnesses to integrated community-based treatment and support services.
  - Implement British Columbia's *Children and Youth with Special Needs Framework for Action* and the *Transition Planning Protocol for Youth with Special Needs*.
  - Develop provincial policies and guidelines for clinical services (such as clinical case management and outreach services) for adults with mental illness and/or substance use problem and developmental disability.
- Develop guidelines to ensure that youth and adults with a mental illness and/or problematic substance use who are in contact with the criminal and youth justice system have access to appropriate transition and support services.

### What this will mean:

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- By 2012, approximately 350 adults with neuro-developmental disorders such as Fetal Alcohol Syndrome or Pervasive Development Disorder (Autism Spectrum Disorder) will receive appropriate community personal supports.
- By 2011, an evaluation framework to examine the impact of the youth transition planning protocol will be developed.

- Models for integrated community-based treatment services for people with mental illness and/or problematic substance use and developmental disabilities will be developed by 2013.
- By 2013, service protocols, guidelines and tools will be available to ensure that youth and adults with a mental illness and/or problematic substance use who are in contact with the criminal and youth justice system have access to appropriate transition and support services.

## Measuring Success

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As B.C. moves forward with implementing the plan, it is critical that we continue to collaborate in order to mobilize our efforts to transform the system and improve our ability to prevent problems before they occur. We will continue to benefit from the involvement of the provincial and local governments, health authorities, service providers, community organizations, individuals with lived experience, their families, and members of the public.

## Governance

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A governance structure with performance monitoring capability is important to initiating and sustaining whole-systems change. A performance accountability team under a lead Deputy Minister will ensure a government-wide and systems-wide approach. This team will work closely with all the ministries involved in the various aspects of the plan, as well other partner organizations and key stakeholders, including individuals impacted by mental health or substance use problems.

## Accountability

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An early task of the proposed team will be to align necessary internal resources to support performance monitoring and identify mechanisms to ensure achievement of the Plan's milestones, priorities and actions – building on existing structures and agreements, such as service plans. In addition, performance measures will continue to be refined and used to monitor the progress of implementation, and mechanisms and responsibilities for data collection, analysis and reporting will be developed. Ultimately, the accountability framework will serve as the mechanism to ensure our efforts are focussed in the right direction to achieve the goals and reach the targets set out within the plan.





We're bringing the pieces of our knowledge of mental illness together, to create the foundation to find the cures and the supports that are required by people suffering from mental illness.

– Premier  
Gordon Campbell

## Conclusion

Positive mental health is determined by a combination of factors – from an individual's ability to enjoy life and deal with life's challenges, to experiencing emotional well-being and social connections in a safe, equitable environment.

The plan aims to:

1. Improve the mental health and well-being of the population;
2. Improve the quality and accessibility of services for people with mental health and substance use problems; and
3. Reduce the economic costs to the public and private sectors resulting from mental health and substance use problems.

To achieve these goals, collaborative action is needed – from individuals and community organizations to local and provincial government leaders. This collaboration will provide additional milestones and actions over the course of the next 10 years in order to maintain the momentum needed to effect positive change in the mental health and substance use system.

The Province's investment in building an extensive mental health and substance use research network provides us with the practice-based evidence needed to direct our existing resources to the programs and services which support the plan's goals.

By addressing the needs of specific groups of people within the population, the plan understands the mental health needs of individuals change throughout their lives. The plan's focus on children and families recognizes the importance of the early identification and intervention of mental health problems in order to achieve better health outcomes later in life.

We are all partners in improving the mental health of British Columbians. By working together, British Columbians will live healthier and more productive lives.





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