Mental Health

Mental Health was among the issues raised by many participants during the Conversation on Health. Access to and the delivery of mental health services, and public perceptions education and awareness were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of Mental Health.

Access to Mental Health Services

Many of those involved in the Conversation on Health think that mental health services should be more available throughout the province. The North, the Kootenay/Boundary region, the Sunshine Coast, the Fraser Valley and Victoria are mentioned as specific areas in need of increased services.

Several contributors also think that British Columbia needs additional services to assist more populations with differing mental disorders. They believe children, women, Aboriginal peoples and the elderly require more access to advocates, mental health workers and psychiatrists. Specific treatment services for Bipolar Disorder, Depression, Anxiety, Post-Traumatic Stress Disorder, Schizophrenia and Autism are also recommended.

Participants also suggest that increased access to supportive housing and job training programs would help people with mental health issues to live in and be productive members of the community.

*We need mental health homes for the chronically ill to make sure that they take their medications, are fed a proper diet and have a clean, warm place to live and sleep.*

–Regional Forum Written Submission, Cranbrook
Delivery of Mental Health Services

Several participants indicate that the delivery of services is not supportive of mental health patients. Some submissions indicate that mental health staff and police are inadequately trained to assist people with mental health concerns, while others note that the rules for accessing treatment are too complicated. Others suggest that these services do not travel to find those in need of treatment where they live. Overall, most of the submissions indicate that delivery of mental health services could be more flexible and better designed to fit the needs of the individual.

Several ideas for the improvement of mental health service delivery came out of the Conversation on Health. Some participants note that staff need more training and more time spent with mental health patients. Others think early diagnosis is the key to treatment and suggest that health professionals work in schools. Many other submissions raise the idea of co-locating medical resources and community services to ensure that mental health patients have easy access to all the necessary treatments.

_People who live with mental health issues are another segment of the population who benefit greatly from preventative care. With early intervention and client-friendly community health programs, people with serious and persistent mental health issues are less likely to end up in crisis and in the hospital._

– Health Employees’ Union, Submission

Public Perception, Education and Awareness

There is general consensus that a stigma exists around mental health and that mental health services are poorly publicized. Most participants agree that the public does not have enough information to effectively treat disorders such as Schizophrenia and Bipolar Disorder. Many submissions focus on increasing mental health resources and awareness. Suggestions include creating a 1-800 phone number and a guide to educate the public about existing services as well as increasing education programs in the schools.

_Integrate mental health patients into education programs in schools, the workplace and out in the community in order to provide important information to the public and help to avoid an isolative state these patients may encounter._

– Mail, Vancouver
Several contributors focus on promoting mental health issues for First Nations people, and on increasing supports for people who deal with domestic abuse and suicide. These submissions indicate that traditional healers and elders can be of great assistance in addressing mental health issues in Aboriginal communities. They also note that people with concerns about domestic abuse and suicide need specific support centres and a better awareness of the available crisis help phone numbers.

Conclusion

From the perspective of the participants in the Conversation on Health, there should be more mental health services and supports available across the province, and more comprehensive care for patients. Some submissions indicate that job training and housing would help people with mental health issues to remain productive members of society. Others add that support programs should be more flexible and mental health staff should be more willing to seek out patients in the community to provide treatment. Overall, participants agree that supports should be better promoted, multi-disciplinary, and more adaptable to ensure the best possible outcomes for mental health patients.
Mental Health

This chapter includes the following topics:

Access to Mental Health Programs
Service Delivery
Delivery Models
Workplace and Employment
Housing and Mental Health
Domestic Abuse
Suicide
Prescription Drug Use
Youth and Mental Health
First Nations and Mental Health
Awareness of Mental Health Issues

Related Electronic Written Submissions

HEU Submission to BC’s Conversation on Health
Submitted by the Health Employees’ Union

Improving Health Care for Victims of Abuse in British Columbia
Submitted by Yuen-Kwun Lam

Submission to the Conversation on Health
Submitted by the Representative for Children and Youth

Submission to the Conversation on Health
Submitted by BC Cancer Agency

Submission to the Conversation on Health
Submitted by the British Columbia Government and Service Employees’ Union

Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: Wait-Lists and Wait-Times; Access; First Nations; Collaboration in the System; Addictions; Health Promotion; Mental Health Facilities and De-Institutionalization.
Access to Mental Health Programs

Comments and Concerns

- A lack of mental health services was mentioned in the following areas:
  - Specific regions: Smithers and the North, overall; the Kootenay/Boundary region; the Sunshine Coast; Fraser Health Authority; and Victoria;
  - Specific services: mental health advocates; mental health workers; psychotherapists; and psychiatrists;
  - Specific populations: children; the elderly; families; violent mental health patients; First Nations; and women; and,
  - Specific disorders: Attention Deficit Hyperactivity Disorder; Bipolar Disorder; Post-Traumatic Stress Disorder; Depression; Anxiety; Schizophrenia; and Autism.
- The Mental Health and Addictions Branch has no psychiatrist in an advisory or leadership role. Indeed, there is no psychiatrist in-house consultant with any formal, consistent and permanent role attached to the Branch.
- The length of sessions allowed for people in counselling are insufficient.
- There are too many people dealing with each mental health case.
- Mental health programs are too unstructured.
- Mental health services are too expensive.
- Closing beds in psychiatric units at Christmas time is unacceptable. Denying patients access to help only adds to the stress of the police and front-line mental health workers.
- Some British Columbians mentioned receiving good care from mental health services, including: the 24 hour Nanaimo mental health program; non-profit organizations; psychologists; the Cowichan suicide prevention project; and, the Prince George Schizophrenia Society.
- Usually, I am more aware than my doctors are about what I require for adequate care.

Ideas and Suggestions

- British Columbians mentioned a need for more of the following services: mental health advocates; psychologists; counsellors; life skills workers; a 24 hour crisis line;
treatment centres for eating disorders and youth suicide; drop-in social centres; a facility for homeless people with psychological issues living in East Vancouver; and assisted living facilities.

- Psychiatric illnesses reduce the sufferer’s capacity to advocate on themselves and their needs remain out of sight.
- Provide more timely access to mental health to services.
- Use funding for front line workers to assist mentally ill clients.
- The government should convert existing public mental health centres to Health, Wellness and Fitness Centres. These centres could be located in all communities in the province and could include:
  - community nurses;
  - nutritionists;
  - occupational and physiotherapists;
  - health educators, personal trainers;
  - psychiatrists;
  - psychologists;
  - social workers; and early childhood education workers.
- People with psychiatric illnesses should experience care at the same level, with the same degree of sophistication as any other person with an illness of equivalent disability.
- Combine Royal Canadian Mounted Police and mental health workers.
- Mental Health continues to demand that patients come in to the offices; services should be available at the patient’s door.
- Do not close the facility in Shaugnessy, a home for the mentally ill.
- Make programs available to individuals who are willing to travel to other jurisdictions.
- Parents and educators should recognize the characteristics of autism and have children diagnosed early.
- Stronger social services/mental health teams are needed for the Islands.
- The health care system should not support people with mental illness.
- Review how non-profit organizations supply assistance to mental health patients.
- Develop a position for a community director of mental health services.
Outstanding Questions

- What information does the government require to provide services to people with mental health issues?
- What is the government doing about housing and care support for the mentally ill?

Service Delivery

Comments and Concerns

- Mental health programs are disorganized.
- The British Columbia Mental Health and Addiction Services, an agency of the Provincial Health Services Authority, has a 2004 Strategic Plan that was updated in 2005, but not since.
- Staff are not appropriately trained.
- Mental health workers are not supportive when asked for help.
- Mental health services use too many complicated rules.
- The process of obtaining help is too time-consuming and intimidating for mental health patients.
- Treatment options are not made clear to patients.
- We discharge the mentally ill from the hospital too early.
- The outpatient mental health system does not aggressively seek out and engage patients who need services, but are unable to come to a clinic.
- The assessment of mental illness is poor.
- The police are not adequately trained to deal with people suffering from mental health problems or addiction.
- Locating and accessing supports is very difficult.
- Dementia patients do not qualify for assisted living.
- I have reached out to the psychiatric profession for help. I could use a two to three hour session to discuss all that is going on, but my doctor is only allowed to bill for one hour.
- Restraints and seclusion are used for psychiatric patients in the emergency room, which is against all current standards.
- Psychiatry is expensive and awful.
• Mental health workers are great, once you get through system.
• I have had pretty positive responses from people in Kamloops, Kelowna, Prince George and Victoria about the expanding mental health services.

Ideas and Suggestions
• Financial assistance given to mental health patients needs to be monitored to ensure that it is used for its intended purpose.
• There should be after-care programs with community and family support.
• Service providers should spend more time with patients.
• Address the underlying issues affecting mental health; do not just prescribe drugs.
• Provide more training to non-health professionals.
• Diagnose mental illness early to prevent people from going to jail or using the hospitals; provide diagnostic services at schools.
• There should be one front-line worker who stays with a client from the time of the initial assessment to treatment.
• A telephone contact should be available to answer questions; waiting for the next appointment does not always work.
• Alternative therapies should be made available to mental health patients.
• If the provincial government covered the cost of psychotherapy, the burden of disability from depression and mental disorders, and medication costs may be greatly reduced.
• Once suitable treatment is determined, the quality of care is generally good. There is some choice regarding available treatment.
• There should be a special room in the hospital to house mentally unstable patients.
• Some funding intended for mental health may be going to fund other health services.

Delivery Models

Comments and Concerns
• There is too much bureaucracy and management in the delivery of mental health services.
• There is a lack of connection between mental health and other health services.

• The regionalization of mental health services resulted in a shortage of funding for some areas and a lack of local control.

• There cannot be a general way of providing services for mental health consumers; the needs of small communities are not the same as those of large centres.

• The government spends too much money on programs that cater only to people with mental health conditions.

• People not taking their medication can lead to the use of illicit drugs, which in turn impacts the justice system.

• Disability funding is available, but is less than required to maintain a reasonable standard of living.

• Mental health services and addiction treatment are under-funded. None of the funding is dedicated expressly to mental illness and addiction.

• Funding needs to be consistent; there should be core funding, rather than project-based funding, for mental health services.

• Communities resist the construction of care facilities for mentally ill, in part because they do not trust that the government will be able to maintain a quality environment.

• Many people are opposed to mental health facilities being placed in their neighbourhoods.

• Do not sell old hospitals and their land but, rather, redevelop them to be used for mental health and keep people off Vancouver’s Downtown Eastside.

• The responsibility for mental health services has been downloaded on to families and local governments.

• Low incomes preclude many of the patients in the mental health system from seeking legal assistance.

• We do not properly define "harm to self or others" in Section 28 of Mental Health Act. Drug addicts and homeless people are clearly causing self-harm. We do not reach out to people who have no faith in the system.

• Increased mental health funding is not perceived as a priority.

• Admitting mental health patients to hospital rather than proactively treating their illness is expensive and inefficient.
Ideas and Suggestions

• A comprehensive provincial mental health and addictions strategy is urgently needed. It may include street-level counselling services, group homes, structured community care, and institutional care for those having higher safety and care needs.

• Mental health services should be under one ministry.

• A Provincial Mental Health Commission should be established and funded with a membership of not more than 10. Membership should include representatives of the Mental Health and Addictions Branch of the Ministry of Health; the Health Authorities; the University Department of Psychiatry; the British Columbia Psychiatric Association; and other independent advocacy and patient representative organizations.

• Programs need to acknowledge cultural differences.

• Mental health users should be included in policy development considerations and program development.

• Work with First Nations group to develop effective services.

• The provincial government should fund municipalities to deal with mental health issues.

• The recent announcement by the provincial government that a consultant will be hired to develop a 10-year mental health plan is positive. So was the federal announcement on the creation of the Canadian Mental Health Commission, headed up by Michael Kirby, and tasked with developing a national strategy.

• Use the recommendations on mental health reform from the Kirby Commission.

• Alert the public to large cost of mental illness.

• Recognize the rights of mentally ill and their families; revive Bill 22.

• Reform the law to allow a care team to enforce safety for both the patient and the public proactively. Currently, teams cannot act until patients threaten others or harm themselves.

• Enforce Section 28 of Mental Health Act.

• There should be one-stop shopping for mental health outreach and services.

• The available evidence suggests that a properly organised system of care, providing for the clinical needs of the patients at the appropriate location, and in a timely manner, will produce a better clinical result, at no greater cost to the system, than the current system of disorganised, haphazard and ad-hoc care.
• Children and adult mental health services should be under one umbrella.
• Correct the historic imbalance in funding between physical and mental health care.
• The Auditor-General of British Columbia should undertake a comprehensive review of the total amounts received and spent by the provincial treasury for the care of persons with serious mental health and addiction problems.
• There needs to be a straightforward and understandable system of tracking the monies spent on services for the prevention, treatment and rehabilitation of patients from psychiatric illnesses.
• Local voices need to be heard.

**Outstanding Questions**

• Will the Mental Health Act be reviewed to enshrine patient rights and to provide clear legislation for safe, effective and dignified treatment?

**Workplace and Employment**

**Comments and Concerns**

• It is difficult for people with mental health issues to find employment, and available job skills training is inadequate.

• It has been shown in England that improved worker productivity can be achieved through better access to mental health services to facilitate the treatment of ailments such as depression and anxiety.

• The result of an exhausted health care workforce, without deeper support to facilitate wellness, results in a biased view of mental illness.

• People with mental health issues who work are a lot less likely to visit the hospital during any given year, which results in huge savings to the health care system.

**Ideas and Suggestions**

• Adults with mental illness should have work programs.

• Community support is needed to help people be productive. With supports, they may be able to rejoin the work force.
• Create easier access and financial support for employed addicts who bring their problems to work.

• Training, including job and life skills, should be offered for those who are mentally ill or have disabilities.

• Mental health care and addiction should be a priority in the workplace.

• There should be incentives for employers to keep people with mental illness at work.

• Provide more employee assistance programs to support people with stress-related mental illness.

### Housing and Mental Health

#### Comments and Concerns

• Many homeless people also have mental health concerns.

• There is a shortfall in housing, residential care and subsidised rental housing for people with mental illness.

• Homeless people with mental difficulties are being turned back to the streets.

• Cutbacks in recent years have resulted in youth with mental illnesses being rendered homeless.

• Mental health disorders account for 52 per cent of hospital stays among the homeless, compared to five per cent among the general population.

#### Ideas and Suggestions

• Provide more supported housing for people with mental illness.

• Those with mental illness need support, medication, and living accommodation with others present to prevent loneliness. This gives them stability and could lead to them enter the workforce.

• Provide better housing options for mentally ill prison inmates once they are released.

• Providing adequately funded services, such as assisted living to clients with mental health issues, will reduce the drain on other health care services.
Outstanding Questions

- What per cent of homeless people have a mental illness?

Domestic Abuse

Comments and Concerns

- Exposure to family violence may increase a person's risk of acquiring chronic physical illnesses.
- Many abused women experience post-traumatic stress syndrome.
- Lack of reporting violence masks occurrences of abuse.
- Reliable victim services are not there when needed. They are too difficult to access.
- Failure to diagnose domestic violence may result in inappropriate treatment, including prescription of sedatives or antidepressants, which may increase the risk of suicide.
- Abuse is an important health care issue because of the vulnerable proportion of the population that is affected, the adverse health effects of abuse, and the high cost to the health care system associated with treating the abused.
- People who experience abuse have a negative perception of health care providers’ response to abuse victims.

Ideas and Suggestions

- We need zero tolerance campaigns towards violence and child abuse.
- There need to be areas where people who suffer mental illness as a result of abuse can go to access support.
- Ensure that domestic violence awareness campaigns, education programs and information are accessible to all persons. Information should be available in multiple languages and awareness campaigns/education programs must be culturally sensitive.
- All health care workers should have access to domestic violence education and training programs.
- Provide a toll free, 24-hour number for victims of abuse.
• Implement electronic health records to track patients with specific injury or behaviour patterns that indicate abuse; have a health professional follow up with these patients.

• Expand the Domestic Violence Program offered by Vancouver Coastal Health to all health authorities.

• Apply the suggestions that are outlined in the document, 'Violence Against Women: Improving the Health Care Response.'

• Place posters about domestic violence in emergency rooms, physician offices, walk-in clinics and midwifery clinics and provide information cards/pamphlets advertising services.

• There should be marriage counselling available in order to manage inter-marital home stress.

**Suicide**

**Comments and Concerns**

• Everywhere we look, whether province-wide or by region, the years of life prematurely lost from heart disease and from suicide are approximately the same.

• We do not detect risk of suicide until it is too late.

• There is concern with the high rate of suicide among people diagnosed with schizophrenia.

• Young males are affected by suicide.

• Abused women are more likely to attempt suicide.

• Suicide is not being effectively dealt with in First Nations communities.

• Suicide is not a priority for doctors.

• Long wait-lists for mental health care result in increased suicide attempts, completed suicides, and the associated costs to the health care system.

**Ideas and Suggestions**

• Develop suicide prevention teams.

• Provide a 24-hour place to go for people who are suicidal.
• I feel it is very important to turn all non-emergency or emotional related calls to crisis centres. Crisis hotline volunteers are very well trained to assist people who feel suicidal.

• There should be more comprehensive assessment of individuals who are admitted to hospital related to suicide.

**Prescription Drug Use**

**Comments and Concerns**

• Pharmaceuticals are often over-prescribed for mental illness.

• How are over-prescribing doctors monitored? How do we prevent addictions, which are running rampant in First Nations community?

• Drugs like Ritalin are overused for children suffering from hyperactivity.

• Using anti-depressants long-term, rather than dealing with problems is not a solution.

• Non-compliance with medical treatment is high, especially among people with serious and persistent mental illness, since the time required to observe response to medication can be lengthy.

• There is a dependence on drug therapy rather than psychotherapy.

**Ideas and Suggestions**

• Implement a very low cap on the number of pills that may be prescribed to those who attempt suicide or have accidental overdoses.

• Prescribe non-pharmacologic interventions for residents with dementia.

• Help people by prescribing lifestyle changes, not just medications.

• Legislation is needed to enforce taking medication for mental health patients who display violence when off their medications.

• Review non-generic drug prescriptions through a panel of peers to ensure that physicians are accountable.
Youth and Mental Health

Comments and Concerns

- How does everyone work together to prevent kids from falling through the cracks?
- Mental health problems among children and youth are predicted to increase substantially over the next 15 years, and are important precursors of adult mental health disorders.
- Children of mothers with limited parenting skills, especially teen mothers, are at greater risk for mental health problems.
- Children in continuing care were prescribed Ritalin-type, antidepressants, tranquilizers and anti-psychotic medications at a much higher rate than children who had never been in care.
- For children in continuing care, mental health disorders were the second most common reason for hospital admission, at a rate almost 15 to 19 times greater than for children who had never been in care.
- Children in care have a higher prevalence of depression, anxiety and hyperkinetic syndrome.
- Infants with insecure attachment to their parents have been shown to be at risk for later adaptation problems such as conduct disorder, aggression, depression and anti-social behaviour.
- Youth have feelings of hopelessness and are peer pressured at school.
- Treatment programs for children end at age 19; they fall through the cracks and are not eligible for any services. The adult system does not provide the same level of support.
- Services that are available in the adult system such as mental health and addiction services are not easily accessible to young people living in destabilized situations who do not have the skill or experience to deal with adult bureaucracies.
- There are no ongoing support services with psychiatrist.
- School counsellors and social workers are stretched since they need to provide services to too many children.
- Staff who work with kids lack specialised training.
- There are no public programs available outside the school system, or at least they are not publicly advertised.
Ideas and Suggestions

• Support pregnancy outreach programs. This will encourage bonding between mother and baby to promote secure parent-infant attachment and help at-risk pregnant and postpartum teens and women to increase their parenting and coping skills. Outreach services could include nutrition and lifestyle counselling, food assistance, prenatal vitamins, peer group support and referrals to community services.

• Take immediate steps to collaborate with academics to conduct research into whether or not children in care are being appropriately medicated with cerebral stimulants.

• Consult with the College of Physicians and Surgeons, and other appropriate professional organizations, about steps that could be taken to determine whether the prescribing practices of physicians treating children in care are appropriate.

• Educate children and youth in care, foster parents and guardianship social workers about anxiety and depression, and the identification and management of them.

• Young people need supportive adults to help them navigate the system. Young people who have been in care often do not have adults who will play this role for them once they reach 19 and the government's guardianship responsibility ends.

• Provide support money, time and energy to keep children participating in activities outside of school.

• Use money spent on individual for family support.

• Spend more money on early childhood development. The first three years of a child's life are critical.

• Parents need to be sent to a counsellor after filing for divorce in order to protect the welfare of their children.

• Use theatre or music therapy in youth mental health services.

• Obesity is preventable. Parents must be held accountable if it is not due to a mental problem.

• Provide more support for foster parents.

• Provide more family support services and counselling in more languages to assist new families moving to Canada to deal with the stress and depression associated with settlement and integration.
First Nations and Mental Health

Comments and Concerns

• Targeted funding for aboriginal people can cause inequities among available mental health services.

• There should be more focus on children coming into care in First Nations communities.

• Address the inequality between on-reserve and off-reserve case loads.

• Distance and lack of transport have an affect on Aboriginal people’s ability to access services.

• Call for help often is not heard or taken seriously, resulting in suicide.

• First Nations communities require training to recognize the benchmarks of people who need help with mental health issues.

• I am on disability, but am afraid to ask for or do anything because my disability is a mental health issue and I do not want to end up in a psychiatric ward for the rest of my life.

Ideas and Suggestions

• Recognize traditional approaches to medicine and healing.

• Mental health assessments could be done or assisted by traditional healers.

• Youth within the First Nations community should use theatre and music to address mental health concerns.

• Form support groups for teens who suffer trauma, bullying and stereotyping.

• There should be more workshops, cultural or drop in centres and easier functional, low pressure places available to talk 24 hours a day, seven days a week.

• There is a need for a First Nations Elder Advisor for suicide prevention.

• Provide family and community support for those who have suffered loss or suicide.

• Start having social and/or craft nights for all ages to instill feelings of belonging.

• There should be male specific outreach programs for men who experience mental and physical trauma in their lives.

• Increase awareness of resources available to First Nations communities.

• Provide education on recognizing benchmarks of severity for mental illness.
• We need more programs for traumas in First Nations communities, like residential school syndrome.

• We need mental health treatment from people who understand and have experience in the context and culture of First Nations communities.

## Awareness of Mental Health

### Comments and Concerns

• Mental illness is not often treated with the same degree of seriousness as physical illness. Achieving equity would mark an important step in combating the stigma and the discrimination against people living with mental illness.

• Services are not well publicized. There is a lack of information about specific illnesses such as Schizophrenia and Bipolar Disorder.

• The stigma of linking mental health and addictions is a barrier to people who are seeking services.

• Despite recent improvement in awareness, the public needs more information to combat the mental illness stereotypes that exist.

• The lack of understanding of mental illness leads to fear and discrimination.

• The stigma of mental health is slowly disappearing.

• Canada is finally looking at mental illness as a significant and substantial health care problem.
Ideas and Suggestions

- Remove the stigma of mental health by developing awareness among the public and health care professionals.
- Establish resource guides for mental health programs and resources in every health authority.
- Create a 1-800 number to let people know about existing services.
- The school system should have education programs on mental health and addiction.
- Focus education on at-risk youth.
- Integrate mental health patients into an education program in schools that will provide important information to the public and help these patients avoid isolation.
- Communicate the results of research on mental disorders.