A New Focus: Promoting Mental Health for Everyone

*Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* aims to transform our approach to mental health and substance use in British Columbia. It reflects the growing awareness among health professionals, researchers, and policy makers that, to be effective, we need to start with a positive approach based on health promotion across the lifespan, and across the range of people’s mental health needs.

This means that, rather than focusing exclusively on specific illnesses and the treatment of individuals (as has largely been the practice in the past), the plan takes a broader view that also considers the mental health of the entire population. In this view, the task of mental health promotion is not just a matter of treating mental health “problems”. Rather, it presents a positive outlook that aims to build and support strong mental health for everyone in British Columbia.

For individuals who do require treatment for mental health or substance use issues, the plan takes a similar approach. It places a priority on evidence-based strategies that can help them to lead fulfilling lives, if not recover completely. These strategies include enhancing community-based services and supported housing, as well as improving the coordination of services and supports.

*Healthy Minds, Healthy People* asks the following questions: How can we help people — and especially children — develop the skills that they need to lead fulfilling, successful lives? How do we help them become resilient individuals who can deal with life’s challenges in positive, constructive ways? What can we do to better support parents and families, teachers, and others who care for children? How can we support people throughout their lives so that they are equipped to be productive, active, and healthy members of our communities? And how can we best work together to achieve the *Healthy Minds, Healthy People* vision.

**The Healthy Minds, Healthy People Vision**

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.
Taking Action

*Healthy Minds, Healthy People* is a strong first step in not only answering these questions, but also in taking concrete actions that will make a difference. The actions proposed by the plan are based on research and methods shown to be effective in health promotion, harm reduction, illness prevention, care, and recovery. The plan sets goals and milestones that we can use to measure our progress.

Healthy Minds, Healthy People: One Year Later

Released on November 1, 2010, *Healthy Minds, Healthy People* presents a cross-government, multi-system approach to transforming B.C.'s response to mental health and substance use over the next decade. The plan establishes three overarching goals:

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

Milestones will help to mark the plan’s progress at various stages over the course of the next nine years. These milestones serve as indicators of success and ensure we achieve the goals and targets set out in the plan.

Along with outlining clear actions for how the plan proposes to meet the goals and milestones, *Healthy Minds, Healthy People* affirms government’s accountability and its responsibility to report back to the public. To achieve *Healthy Minds, Healthy People*'s goals, collaborative action is needed among individuals, community organizations, local and provincial government leaders. This collaboration will provide additional milestones and actions over the course of the plan in order to maintain the momentum needed to produce positive change.

One year into the 10-year plan, this report provides an overview of work that is being done by everyone involved in supporting the implementation of *Healthy Minds, Healthy People*.

Please note that this report does not include updates for all of the actions outlined in the plan, but rather highlights of actions completed or underway. The descriptions are brief but, wherever possible, we have included links to more detailed information.
Getting More Information

For a comprehensive listing of all the actions from the plan, as well as the current status of each one, please visit the Healthy Minds, Healthy People website at: www.health.gov.bc.ca/healthy-minds.

This website provides ongoing updates, links to more information, and a downloadable copy of Healthy Minds, Healthy People.

Stigma and Language

Public attitudes and beliefs, often based on fear and misunderstanding, can stereotype people living with substance use problems or mental illness. The resulting prejudice and discrimination can isolate people within their own families and communities, making it hard for them to seek help.

Healthy Minds, Healthy People recognizes that careful attention to the language we use can help reduce stigma and makes things easier for people when they are ready to reach out for support. For example, the term “substance use” includes all psychoactive substances – legal and illegal – and can be qualified according to the different outcomes associated with their use (e.g., beneficial or problematic). By contrast, moral labels, such as “drug abuse,” may suggest that those experiencing problems with substances are “bad” people. The term “abuse” in other contexts is commonly associated with violent behaviour of people who harm children, elders, spouses, or animals. If someone is harming themselves through the use of substances, labeling them as an “abuser” will likely discourage them from seeking help. In addition, the phrase “drug abuse” is generally applied to the use of illegal or controlled substances for non-medical reasons. We do not generally think of alcohol or tobacco as “drugs.” And yet tobacco and hazardous alcohol use – and their associated harms and costs – are much more widespread in our society than the use of illegal substances.

There are many different terms used in the mental health and substance use field, with no consensus about preferred language. Nor will widespread adoption of neutral language by itself fully address the profound impact of stigma on individuals and families. However, greater attention to how we describe our own mental health and substance use problems, and those of others, is an important step in reducing stigma and discrimination, and promoting better health for individuals, families and communities.
Milestones

*Healthy Minds, Healthy People* presents an initial set of six milestones for achievement. These milestones provide a way to measure our success and are a key component of the accountability framework. Although many of the *Healthy Minds, Healthy People* commitments are underway, it is still too early to measure their impact on the milestones.

*How are the milestones measured?*

Although this report focuses on the actions taken in the past year, ultimately it will be the milestones where we will need to see progress.

Monitoring of the milestones listed in *Healthy Minds, Healthy People* is based on surveys conducted by health researchers, as well as data collected by government.

In some cases, surveys are conducted only every few years. For example, the Adolescent Health Survey, conducted by the McCreary Centre Society (see inset box on page 14), provides the source for the third milestone, which aims to reduce the numbers of students initiating the use of alcohol or cannabis before age 15. However, this survey is conducted and its results published only once every five years, with the next version to be released in 2014.

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**Healthy Minds, Healthy People Milestones**

*Healthy Minds, Healthy People* proposes the following set of six milestones for achievement:

- By 2018, a 10% increase in the number of British Columbians who report that they have experienced positive mental health.

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

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

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

- 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%.

- By 2018, there will be a 20% reduction in the number of days mental health and substance use patients occupy inpatient beds while waiting for appropriate community resources.
What is a Population Health Approach?

A population health approach is one that 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 social support, housing, income, education and health services.

*Healthy Minds, Healthy People* identifies four population groups and proposes specific actions and priorities for each:

- All British Columbians
- British Columbians vulnerable to mental health and/or substance use problems
- British Columbians with mild to moderate mental health and/or substance use problems
- British Columbians with severe and complex mental disorders and/or substance dependence.

The largest population group is “All British Columbians.” Each of the following groups focus on increasingly smaller numbers of people for whom the risks and impacts of mental health or substance use problems are increasingly greater. Each larger grouping includes the smaller population groupings within.

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**Intervention Approaches Across Specific Population Groups**

![Diagram showing the intervention approaches across specific population groups, with layers for Mental Health Promotion Strategies, Targeted Prevention and Risk/Harm Reduction Strategies, and Therapeutic Intervention (increasing levels of intensity).](image)

- **All British Columbians**
- **People vulnerable to mental health and/or substance use problems**
- **People with mild to moderate mental health and/or substance use problems**
- **People with severe and complex mental disorders and/or substance dependence**
Healthy Minds, Healthy People lists concrete actions for each of the four population groups. For clarity, this report is organized into these same four groups.

**Reporting on Actions**

When describing the status of actions that have been completed or are in progress, this report shows the status in one of two ways:

- **☑️ This** indicates that a significant piece of work relating to the action has been completed, or a new service has been established. This does not necessarily mean that all work on the action is finished, or that a new service is available throughout British Columbia. Most actions involve several different tasks, or ongoing work.

- **☑️ Underway** This indicates that the task being described is not fully complete, but work is started and significant progress has been made, or a key target has been reached.
The actions proposed in *Healthy Minds, Healthy People* for all British Columbians involve strategies that promote mental health across the entire lifespan. Good mental health begins from the time when parents start thinking about having children; through pregnancy and birth; then on to childhood, adolescence, adulthood, and eventually older age. Specific strategies for promoting mental health differ based on the stage of life. Regardless, these actions aim to build the strengths and capacities of all people, improve their ability to cope with adversity, and create supportive family and community environments.

*Healthy Minds, Healthy People* states: “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.”

The four priorities for all British Columbians are:

- Promote mental health in early childhood and across the lifespan
- Reduce harms associated with substance use
- Reduce the stigma and discrimination associated with mental illness and substance use problems
- Inform the health system and educate the public

### Completed Actions and Successes

**Action:** Support full-day kindergarten opportunities for children across the province.

☑ Full-day kindergarten helps children develop strong social, emotional, physical, language and cognitive skills. Research shows that it can also help improve literacy and graduation rates. In 2010, the Ministry of Education began phasing in universal access over two years. Full-day kindergarten is now available for all eligible children in British Columbia. For more information, visit: www.bced.gov.bc.ca/early_learning/fdk.
**Action:** Enhance universal programs that promote social emotional, cognitive development and resilience in children, youth and families such as StrongStart BC and FRIENDS.

- **Underway** StrongStart BC early learning programs give children (birth to age 5) early access to high quality learning, as well as providing parents with the tools to support their child’s learning. Currently, there are 326 StrongStart BC programs across the province. For more information, visit: www.bced.gov.bc.ca/early_learning/strongstart_bc.

**Action:** 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.

- **Underway** Schools want to promote good mental health and well-being for students, as well as reduce substance use problems and their associated harms. The consortium’s document *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives* has guidelines that can help teachers build students’ good mental health. The consortium, with government support, is also finalizing a toolkit to help teachers use these guidelines in their classes.

Both of these resources, as well as substance-use toolkits developed by the Centre for Addictions Research of B.C. in 2009, are being promoted for use in B.C. schools. For more information, visit: www.jcsh-cces.ca.

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**FRIENDS for Life**

FRIENDS for Life is a program delivered in schools that teaches children how to cope with fear, worry and stress. It has been shown to reduce anxiety and promote self-esteem in children. In 2011, the Ministry of Children and Family Development expanded FRIENDS by:

- Delivering training to over 550 grades 4 to 7 teachers from district and independent schools, including 20 Aboriginal teachers.
- Implementing “Fun FRIENDS”: designed for kindergarten and grade one students. Over 600 teachers across B.C. are now trained to deliver the program.
- Enhancing the FRIENDS Parent program to include an online workshop and resources for caregivers.

For more information, visit: www.mcf.gov.bc.ca/mental_health/friends.htm.
**Action:** 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.

✔ Families, communities and people working with children and youth (e.g., school counselors, social workers) benefit from access to the latest, high-quality research relating to children’s mental health.

The Ministry of Children and Family Development and the Children’s Health Policy Centre are continuing their work together to publish the *Children’s Mental Health Research Quarterly*, providing systematic reviews of the latest high-quality research on this subject. In the 20 issues published to date, the Quarterly has included topics such as preventing suicide in children and youth, building children’s resilience, and addressing parental depression. These publications effectively inform parents and others who make decisions that impact the well-being of children, and can be found at: www.childhealthpolicy.sfu.ca.

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**Minors as Agents**

Studies have shown that it is too easy for underage youth to purchase alcohol from liquor outlets. At the same time, without the cooperation of minors involved in a sale, it can be difficult to enforce these laws.

The use of minors as agents is a very effective way to decrease sales of alcohol to children. Similar programs have already been used with great success by a number of American jurisdictions (as well as here in B.C. for enforcement of the Tobacco Control Act). The legislation now provides tools for the Liquor Control and Licensing Branch to ensure violations are met with appropriate enforcement action.

For this reason, government changed the Liquor Control and Licensing Act in 2010 so that the Province could hire minors to act as agents involved in investigations. Minors, accompanied discreetly by two adult inspectors, enter a store and attempt to purchase liquor.

The program was launched in May 2011 and preliminary results from the first six months indicate a significant and positive impact. The compliance rate so far for inspected government liquor stores is 98%, and 82% for inspected licensee retail stores.

As the program continues to roll-out across the province, it is expected to have a further positive impact on preventing liquor sales to minors. For more information on the program, visit: www.pssg.gov.bc.ca/lclb.
**Action:** Strengthen the mental health of seniors by leveraging opportunities within the Age-friendly Communities initiatives to foster cognitive stimulation and community connectedness.

- **Underway** Age-friendly places help older people to stay active and live independently. Through Age-friendly BC, local governments can access grants and other resources to help them improve the quality of life of older residents. Tools are also available to help businesses become more age-friendly. In September 2011, $650,000 in grant funding was made available to local governments in partnership with the Union of B.C. Municipalities. For more information, visit: www.seniorsbc.ca.

**Action:** 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.

- **Underway** Post-secondary students must deal with some major life changes. They may be away from home and family support networks for the first time. Large workloads, lack of rest and strained finances may also cause concern. In response, some turn to alcohol or other psychoactive substances.

The B.C. Healthy Minds/Healthy Campuses Initiative, a B.C. Partners for Mental Health and Addictions Information project funded by B.C. Mental Health and Addiction Services (PHSA), is empowering post-secondary students, faculty, administrators and campus health professionals to work together on mental health and substance use issues. Their goals are to promote good mental health, reduce harmful substance use on campuses, and help improve supports for those who experience problems. In 2010 and 2011, the initiative has facilitated inter-campus dialogue and campus-specific activities across the province. For more information, visit: heretohelp.bc.ca.

**Action:** 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.

- As part of a comprehensive program to provide support for people with lifestyle-related health issues, physicians can now refer their patients to a range of services, including QuitNow Services for those who want to stop using tobacco (www.quitnow.ca).

**Age-friendly BC**

As of 2011, 86 communities have received grants or direct support through the Province to become more age-friendly. One way communities are becoming more age-friendly is by offering resources and programs targeted at seniors, and making sure information about these resources is available in a variety of forms. For example, Revelstoke published a seniors’ resource guide that lists services in 20 different categories, together with contact information and advice on how to access the services.
The smoking cessation program helps people stop smoking or using other tobacco products by assisting with the cost of smoking cessation aids (12 weeks per year for eligible smokers). Prescription smoking cessation medications are covered as benefits under PharmaCare. As an alternative, tobacco smokers can instead choose to receive a non-prescription product, such as nicotine gum or patches, at no cost. In the first seven weeks of the program, over 5,000 people were registered with QuitNow Services. For more information, visit: www.health.gov.bc.ca/pharmacare/stop-smoking.

Given smoking is not permitted in B.C. hospitals, the hospital based cessation program is a pilot project being run at select hospitals in the province. Health authority staff work with those patients who have had to stop their tobacco use after being admitted to help them stay tobacco-free after being discharged. Patients are helped to enroll in QuitNow Services so that they can continue to get support upon leaving the hospital.

**Action:** Implement screening for hazardous drinking, with brief intervention and referral programs within primary care settings.

In 2010, 14.6 per cent of Canadians reported experiencing at least one harm in their lifetime as a result of their alcohol use (Source: Health Canada). Research shows that doctor-based screening programs help reduce hazardous drinking. This can lead to fewer hospital visits, vehicle crashes, and encounters with the law. The Ministry of Health and the B.C. Medical Association have developed new tools to help doctors assess if their patients have problems with alcohol, and to help patients to decrease their drinking. See www.bcguidelines.ca/guideline_problem_drinking.html.
Collaboration is Key

A stated goal of Healthy Minds, Healthy People is to improve the mental health and well-being of all British Columbians. However, this can’t be accomplished by simply passing laws or by setting up a new government program. Good mental health is much more than treating mental illness. It includes providing support for people across the lifespan – at home, at school and at work. It involves helping people to develop basic life skills and personal strengths, overcome difficulties, and ultimately to lead happy and successful lives. These are factors that must be woven into and throughout the very fabric of society.

For this reason, a key focus of Healthy Minds, Healthy People is collaboration among a wide range of partners, including community groups, schools, local government and others. Ultimately, everyone in B.C. has a part to play and a contribution to make to achieve this shared goal.

The Community Action Initiative - Fostering Collaboration and Innovation

The Community Action Initiative (CAI) supports local community agencies in working together to develop innovative solutions that help improve the mental health of their communities.

To foster collaboration within a community, a group of agencies can apply for a convening grant that provides them with seed money to get together and figure out how they might best collaborate in addressing local or regional challenges. They can then apply for a service innovation grant to develop and implement a new program to promote mental health in the community.

At the end of 2011, the amount of grants to community agencies totaled $3.78 million, benefiting remote communities such as Skidegate on Haida Gwaii, as well as urban centres. Some of the clients helped include: young parents, people living in resource communities with struggling economies, immigrants facing issues related to isolation, Aboriginal groups, and pre-teen children in foster care becoming adolescents. Partners and other participants have included non-profit agencies, health authorities, schools, First Nations, Aboriginal friendship centres, Métis communities, local governments, and post-secondary institutions.

CAI community grant recipients as of 2011
More projects will be funded in 2012. In addition, evaluations of all the larger CAI projects in 2012 will create opportunities for translating some of their more successful aspects into other areas of practice. For more information, visit: www.communityactioninitiative.ca

The Community Action Profile Project: Imagine Campbell River

In recent years, the community of Campbell River has experienced extensive layoffs in the local forestry, pulp and paper, and mining industries. Declining fish stocks have meant hardship for the fishing industries. Many families or members of families have moved away to find work, leaving gaps in the community support network. The rate of suicides has increased, and substance use is a growing problem. Children have fewer supports, with a UBC study finding almost a third enter kindergarten without the foundation needed to succeed.

Faced with these challenges, community groups in the city applied for a CAI convening grant to review community-based research relating to substance use and mental health issues, create and distribute a needs assessment survey, organize forums on priority needs, and hold weekly open meetings.

Through this engagement process, the Imagine Campbell River project was born with the goal of enhancing individual and community resiliency and based on evidence that people who are less connected to their community or peers are more at risk of mental health issues and substance use and can experience greater levels of harm. Connection and belonging in a community can have a huge impact on a person’s ability to manage and bounce back from crises, and to make healthy life choices.

The project has two key components: a marketing and outreach campaign to build awareness about how to develop a resilient approach to life’s challenges, and a “train-the-trainer” project to develop community ambassadors who share the resiliency messages throughout the community, and mentor specific vulnerable groups at key transitional and developmental stages.

The training project includes components for health professionals working with at-risk populations, as well as workshops for members of the community. One of these workshops has been designed specifically to train high school students, who in turn host resiliency-based activities at nearby middle schools. These activities teach youth about developing compassionate listening skills, developing and practicing respect, being inclusive, and learning the risk factors for problematic substance use and poor mental health. Just as important, the workshops introduce the middle-school youth to older mentors who will be familiar faces for them the next year when they enter high school. For more information, visit: www.imaginecampbellriver.ca.
**Action:** 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.

- Prior to the introduction of the modified approach to impaired driving in September 2010, on average 113 people were killed and nearly 3,000 injured in alcohol-related motor vehicle crashes every year in British Columbia. Based on preliminary data during the first full year of program operation, there were 40 per cent fewer alcohol-related motor vehicle fatalities than in previous years (October to September five year average). For more information, visit: [www.pssg.gov.bc.ca/osmv/prohibitions/impaired-driving.htm](http://www.pssg.gov.bc.ca/osmv/prohibitions/impaired-driving.htm).

- Drivers with a history of impaired driving must now successfully complete a remedial course for impaired drivers if they want to get their licenses back. Impaired driving remedial programs have been shown to reduce the risk of repeat impaired-related crashes and convictions. In 2011, the number of registrations in the Responsible Driver Program was almost triple as compared to the previous year. For more information, visit: [www.pssg.gov.bc.ca/osmv/improvement/responsible-driver.htm](http://www.pssg.gov.bc.ca/osmv/improvement/responsible-driver.htm).

- Research shows that many impaired drivers continue to drive even when prohibited from doing so. The Ignition Interlock Program helps reduce impaired driving and protect the public by requiring the driver of the vehicle to provide a breath sample before attempting to drive. The sample must register an alcohol-free breath or the vehicle will not start. In 2011, the number of ignition interlock installations increased by over 10 times as compared to the previous year. For more information, visit: [www.pssg.gov.bc.ca/osmv/improvement/ignition-interlock.htm](http://www.pssg.gov.bc.ca/osmv/improvement/ignition-interlock.htm).

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**The McCreary Centre Society and the Adolescent Health Survey**

A number of the actions directed at improving the health of B.C. youth are informed by research conducted by the McCreary Centre Society. Over the past 35 years, the important work of this organization has contributed significantly to improving strategies for dealing with mental health and substance use issues among youth.

A major activity of the McCreary Centre Society is the Adolescent Health Survey (AHS). The 2008 survey — the largest of its kind in Canada — received input from over 29,000 public school students. These perspectives support researchers and policy makers in better understanding the emotional and mental health of our youth. Beginning in 1992, four surveys have now been conducted, making the survey unique in its ability to show key trends among youth over time.

The McCreary Centre Society also conducts important research with youth who do not participate in the AHS, including those in youth custody, street-involved youth, and those involved in alternative education.
British Columbians Vulnerable to Mental Health and/or Substance Use Problems

Certain people within the overall population are at greater risk of developing mental health or substance use problems at different stages in their lives. For example, people who are going through a major life transition — such as new parents, seniors adjusting to retirement, recent immigrants, or persons suffering from a chronic illness or injury — may find themselves under emotional strain or stress that can be difficult to manage. These types of life changes can result in feelings of depression or anxiety, or even — in extreme cases — thoughts of suicide. Transition can also make some people more vulnerable to developing substance use problems.

Other things that can increase a person’s risk include having suffered past violence or trauma, negative social factors, or a genetic predisposition to a mental health or substance use issue.

Much research has been done to identify these population groups and to understand their risk factors. For many people in these groups, it has been shown that targeted intervention is critical to help prevent problems before they occur.

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
Completed Actions and Successes

**Action:** 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.

✓ **Underway** Across B.C., a wide variety of actions are underway to help seniors stay socially connected and engaged in their communities. For more information on these workforce, learning and volunteer opportunities, see *Seniors’ Healthy Living Report on Progress 2011* at www.seniorsbc.ca.

**Action:** 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.

✓ **Underway** The ministries of Health and Children and Family Development are working with B.C.’s five health authorities and other partners to launch the Nurse-Family Partnership Program across B.C. in early 2012. The program will be available to young, low-income, pregnant women who will be mothers for the first time, a group that often faces significant challenges related to healthy parenting. Young mothers in the program will receive frequent supportive home visits from public health nurses early in pregnancy, and continue to receive these visits until their child turns two. The program aims to support healthy infant development, and is known to improve the mental and physical health and well-being of participating mothers and children for years after their participation is completed. For more information, visit: www.healthyfamiliesbc.ca/healthy-start.php.

**Action:** Implement comprehensive, cross-sectoral initiatives to prevent domestic violence and reduce its impact on children, youth, adults and families.

✓ **Underway** Children, youth and families who are impacted by domestic violence rely on many organizations and services to keep them safe. To be effective, these organizations must work closely together. Over the past year, the Ministry of Children and Family Development (MCFD), delegated Aboriginal agencies, police, victims’ services, and Crown counsel have collaborated to improve the coordination and integration of their services. In addition, a partnership between MCFD, the Ending Violence Association of British Columbia, and the B.C. Lions is helping to break the silence on violence against women by providing tools, language and practical ideas about how to be more than a bystander. Lions players will soon be talking to grade 8 to 12 students throughout B.C. about how their choices and actions can contribute to positive social change. For more information, visit: www.domesticviolencebc.ca.
**Action:** Implement gatekeeper training programs to effectively identify and intervene with individuals at risk of suicide across the lifespan.

- **Underway** Vancouver Island Health Authority’s Mental Health and Addiction Services (MHAS) has spearheaded efforts in developing trainers for Applied Suicide Intervention Skills Training (ASIST). ASIST is a method for screening for, and responding to, individuals who are at risk of suicide. MHAS, Children Youth and Family Mental Health, and Youth and Family Substance Use Services have all completed a training of trainers in ASIST. Currently training is underway to train all associated staff in ASIST and it is anticipated that this will be fully integrated into practice by 2013.

- **Underway** MCFD staff trainers provided ASIST training for 120 MCFD practitioners working in child welfare, youth justice, and child and youth mental health over the last year.

**Action:** Implement supports for families with parents who have mental health and/or substance use problems to facilitate healthy family development.

- **Underway** In Richmond, the Ministry of Children and Family Development, Coast Fraser Region, and Vancouver Coastal Health have dedicated a child and youth mental health clinician to provide consultation to child welfare teams about family mental health issues, including support to parents with a mental health disorder. This includes helping these parents to develop a plan, called a Ulysses Agreement that outlines what others can do to support the children and parent(s) if the parent experiences significant mental health problems. For information on developing a Ulysses Agreement, visit: www.bcss.org/2009/12/programs/ulysses-agreement-planning-for-support.
Transforming Research into Action

Research evidence by itself is not enough. We need to use what we’ve learned to solve real world problems – to develop and improve service standards, guidelines, toolkits and programs, and transform them into action. Many of the actions in this progress report support advancing research, as well as applying existing research, to help all British Columbians.

*Healthy Minds, Healthy People* focuses on actions that are shown to improve mental health outcomes and reduce the harms associated with substance use. Many of the actions mobilize research evidence for those working to foster good mental health and address substance use problems in our society. Strong provincial, national, and international partnerships have been built with universities, colleges and individual researchers to improve health and make sure B.C. is a leader in evidence-based health promotion, illness prevention and care.

**Conducting surveys:** Surveys are an important part of research, providing valuable insights that go into improving services and developing education materials. They help answer questions such as: “Are youth using substances more or less than they used to?” and “Who do youth talk to when they need mental health support?” The McCreary Centre Society conducts the B.C. Adolescent Health Survey in most schools across the province every five years and provides analysis that assists in creating policies and programs to enhance protective factors and reduce risk factors related to youth mental health and substance use.

**Creating teaching materials:** What we teach our children about mental health and substance use needs to be based on facts. The Centre for Addictions Research of British Columbia (CARBC) and Directorate of Agencies for School Health, with support from the pan-Canadian Joint Consortium for School Health, have developed tools for teachers, schools and parents to assist in promoting mental health and preventing harmful substance use among school-aged children and youth across the country.

**Designing health services:** Under the leadership of CARBC at the University of Victoria, B.C. is learning more about the effectiveness of Intensive Case Management/Assertive Outreach through an interdisciplinary team care planning approach for youth, adults, and seniors who require assistance in their homes and community with their mental illness and substance use. This research will ensure these services are designed to respond to individual needs and improve quality of life.
Establishing best practices: Best practices are methods or techniques that are widely recognized as being effective in producing positive results. *Healthy Minds, Healthy People* includes several actions that involve reviewing existing best practices in order to develop frameworks that can assist health professionals.

Establishing advanced practices: Advanced Practices are established after research on best practices is completed.

Setting standards: It’s important to ensure that health professionals and facilities throughout the province provide a consistent level of high-quality care, with standards developed based on research. For example, through a partnership with Simon Fraser University and the Ontario Ministry of Health and Long-Term Care, program standards for Assertive Community Treatment (ACT) were developed to ensure any ACT service in the province aligns with the evidence. Evaluations of these services are now underway to ensure individuals with psychotic disorders living in the community are receiving high quality care with their mental health needs, housing, substance use and general health care.

Making research more accessible: Simon Fraser University’s Children’s Health Policy Centre, in partnership with the Ministry of Children and Family Development, provides families and others involved in supporting or working with children and youth with access to the best available research on children’s mental health and substance use topics through the publication of the *Children’s Mental Health Research Quarterly*. This information helps to inform decision-making that impacts the well-being of children and youth in B.C.

Evaluating results: The Michael Smith Foundation for Health Research is one agency who is leading evaluations of B.C.’s integration of primary and community care, as well as evaluating the progress made in *Healthy Minds, Healthy People*. These evaluations will tell us where targets will be achieved and how service improvements have impacted individuals’ lives.
British Columbians with Mild to Moderate Mental Health and/or Substance Use Problems

The majority of children, youth and adults with mental health or substance use problems (or both) experience mild to moderate symptoms that can be effectively treated through low-intensity, community-based services. Despite this, many people in this population do not receive support for their condition.

This is of particular concern since, without treatment, even mild mental health or substance use problems can significantly interfere with functioning at home, school, work and in the community. By providing more support and treatment to this group, we can prevent these problems from becoming worse, 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.

Completed Actions and Successes

**Action:** Enhance the use of telemental health services for mental health and substance use problems.

**✓ Underway** Telehealth uses video and other means to support improved access to services where distance is a barrier. The ministries of Health and Children and Family Development are working with the University of British Columbia eHealth Strategy Office to identify the best evidence-based telehealth approach to provide mental health and substance use clinical care and supports. This will result in opportunities to improve access to services from psychiatrists and specialists, as well as improve care partnerships with family physicians.

**✓ Underway** Access to specialty mental health services can be especially challenging for people in B.C.’s remote and rural communities. A partnership between B.C.’s health authorities and the Ministry of Children and Family Development is connecting children and youth in Northern B.C. to psychiatry consultants in Vancouver through the use of telehealth videoconferencing. This results in reduced travel costs and allows children, youth and their families to receive this specialty consultation in their own community.
**Action:** 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.

✓ Some families struggle with supporting their child to manage their behaviour. Parents can now ask their family doctor for a referral to a new pilot program called Strongest Families that provides phone support and education with flexible day, evening and weekend hours. Strongest Families is offered by the Canadian Mental Health Association and funded by the B.C. government. For more information, visit: www.cmha.bc.ca/how-we-can-help/children-families/strongestfamilies.

**Action:** Develop and implement an action plan for the delivery of evidence-based Eating Disorders services across the continuum.

✓ *Underway* Eating disorders are serious conditions that benefit from early intervention. The Provincial Eating Disorders Action Plan outlines eleven actions to improve services delivered across the health care system. Completed actions include: development of Woodstone Residence, established by B.C. Mental Health and Addiction Services (BCMHAS, PHSA) of the B.C. Eating Disorders Network and Community of Practice; development and promotion of health literacy materials through the BCMHAS Kelty Mental Health Resource Centre (www.keltymentalhealth.ca); and a report outlining the ideal continuum of care. For a copy of the action plan, visit: www.health.gov.bc.ca/library/publications/year/2010/ED-services-action-plan-master.pdf.

**Action:** Continue to develop guidelines for physicians for assessment and treatment of people with mental health and/or substance use problems.

✓ *Underway* Physicians need clear, easily accessible and up-to-date information to support good care. The Ministry of Health is working with ImpactBC, physicians, experts and health authorities to update the *Family Physician Guide for Depression, Anxiety Disorders, Early Psychosis, Eating Disorders and Substance Use Disorders*. Additions to the guide include new information on eating disorders, smoking cessation, problematic drinking and child and youth depression and anxiety disorders. As well, a survey among physicians is being planned to obtain feedback so that an effective dissemination strategy can be designed.
**Action:** Develop, implement, and evaluate shared care models for services to children, youth and adults experiencing mental health and/or substance use problems.

✔ The Ministry of Health conducted a review of best practice models of integrated mental health and substance use care with family physicians as partners. The review revealed nine potential models of integrated care for mental health and substance use problems, with different levels of service provided dependent upon the severity of needs.

**Action:** Establish opportunities to support physicians to take the time to establish individual care plans for patients with mental health and/or substance use problems.

✔ *Underway* The enhancement of the physician fee codes have allowed General Practitioners (GPs) to spend the time necessary to develop care plans with those in need. As of March 31, 2010, GPs developed a mental health plan for 65,701 patients.

**Action:** Enhance the availability of evidence-based community mental health and substance use services for children, youth and adults by improving provider training and supports.

✔ At Vancouver Island Health Authority (VIHA), all practitioners working with youth and family substance use services have completed (or are in the process of completing) Core Addiction Practice training. VIHA provides annual training for providers and other professionals who work with youth and families, such as school counselors and social workers. Similar training is being put in place in all health authorities.

✔ Over the last year, MCFD child and youth mental health practitioners across the province have received evidence-informed training in specialized therapeutic approaches. These include cognitive behavioral therapy for anxiety, trauma focused cognitive behavioral therapy, interpersonal psychotherapy, recognizing and responding to suicide risk, and infant mental health.

✔ *Underway* Evidence indicates there is a relationship between trauma and mental health and substance use problems. Service providers need to know how to identify signs of trauma, how trauma impacts an individual’s wellbeing and when and how to consider trauma when working with individuals. The Trauma Informed Practice project, established in 2011, is developing guidelines to help service providers better meet the needs of people accessing services.
**Underway** Based on the understanding of how trauma impacts attachment and development, the MCFD Interior region is piloting the Complex Care and Intervention Project that provides ways of working with children and youth who have experienced significant maltreatment and who have complex mental health needs and attachment problems. The project involves an assessment and support plan for adults who provide care and support to the youth, and helps youth build resilience and strengthen areas of weakness.

**Underway** Finding a way to make sure that best practice evidence is translated into changes in care approaches requires committed attention. The Ministry of Health is implementing an Advanced Practice, beginning with early psychosis intervention and assertive community treatment.

**Action:** 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.

**Underway** The Ministry of Health is working with the McCreary Centre Society to conduct focus groups with specific, vulnerable youth populations, such as street-involved, Aboriginal and LGBT2SQ1 youth, to better understand their unique challenges, strengths and insights. This work will result in youth-driven recommendations that will help health professionals provide them with services they feel comfortable accessing and help de-stigmatize their health care needs. For more information, visit: www.mcs.bc.ca.

**Underway** Interior Health has piloted a program in the Central Okanagan through specialist services to provide urgent psychiatric support on site for marginalized youth. Youth are connected to these services through a network of street-based outreach youth workers.

**Underway** For some, receiving services in an office-based environment is not appropriate or welcoming, and services are better provided in the community, on the street, or in homes. Intensive Case Management/Assertive Outreach is a model of care that responds to these needs. The ministries of Health and Children and Family Development and the University of Victoria will develop program standards that will serve the needs of these youth, adults and seniors.

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1 Lesbian, Gay, Bisexual, Transgender, Two-Spirited, Queer
Action: 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.

✓ Underway  B.C.’s General Practice Services Committee has a number of initiatives that support shared care, including Practice Support Program training modules for physicians that address adult, child and youth mental health. There are several key partners for the provision of self-management programs, such as the Canadian Mental Health Association.
People with Severe and Complex Mental Disorders and/or Substance Dependence

A small proportion of people experience severe and complex mental health or substance use problems, and often a combination of both. 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 or substance dependence are also more susceptible to chronic health conditions. Although they make up 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 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 the 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 and can affect all aspects of daily life — leading 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.

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.
Completed Actions and Successes

**Action:** Implement evidence-based forms of assertive community case management.

✓ **Underway** For persons with the most serious and persistent mental illnesses, Assertive Community Treatment (ACT) aims to provide clients with the individualized, multidisciplinary support of a residential facility, while allowing them to live independently in their own home and community. Three of the five health authorities have developed ACT programs for individuals with the most severe forms of mental illness and substance dependence, and new teams are being considered. In addition, an ACT Advanced Practice is being developed that will help ensure fidelity to the model of care and that the expected outcomes are achieved. It will include web-based training for staff, support implementation of the ACT evaluation framework (previously developed by the Ministry of Health), provide consultation, and provide access to relevant research information.

**ACT in BC**

Assertive Community Treatment (ACT) is an evidence based, client-centered, recovery-oriented mental health service delivery model. It provides 24/7 care to persons who have the most serious mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs. ACT supports the facilitation of community living, psychosocial rehabilitation and recovery.

Eight ACT teams exist in B.C., with new ones under consideration. Consistent with the fidelity of the model, early outcomes are showing decreases in hospital use, improvements in housing status, and greater ability to live successfully in the community.

**Action:** 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.

✓ The Homelessness Intervention Project (HIP) helps homeless British Columbians – and in particular those with mental health or substance use problems – connect quickly and effectively to services they need. Since 2009, HIP has housed over 2,000 homeless people. Approximately 1,000 of those people live in Vancouver, with the remaining in Victoria, Surrey, Kelowna and Prince George. For more information, visit: www.housingmattersbc.ca.
**Action:** Implement early psychosis intervention programs utilizing provincial standards and guidelines.

**Underway**  
All B.C. health authorities are operating Early Psychosis Intervention (EPI) programs and considering the provincial EPI standards and guidelines. As part of this, they are working together to create an Advanced Practice for clinicians and managers to ensure best outcomes are achieved by providing web-based training for staff and physicians, quality improvement initiatives (such as guidelines to undertake program peer reviews), and access to the latest EPI research information. For more information, visit: www.epitrainingbc.org.

**Action:** Conduct a province-wide satisfaction survey of adults and youth who have received services in inpatient psychiatric and substance use residential facilities.

**✓** In 2011, the Ministry of Health and health authorities conducted the first B.C. Mental Health and Substance Use survey. With a response rate of 65 per cent, feedback was provided by 6,615 people who were recently discharged from one of 102 short-term mental health or substance use facilities in B.C. While there are some areas for improvement, 87 per cent of mental health patients and 95 per cent of substance use clients rated the overall quality of their care as good, very good or excellent. For survey results, see www.health.gov.bc.ca/socsec/surveys.html.

**Action:** Implement optimal evidence-based medication treatments.

**✓** In July 2011, Fraser Health implemented the Psychosis Treatment Optimization Program to improve the care and health outcomes of patients with treatment-resistant psychosis, and to support general practitioners in managing and treating their stable patients with chronic psychosis. The project includes a central regional clinic to support the region in improving the clinical management of patients with treatment-resistant psychosis. In addition, three psychosis collaborative care teams, each with a psychiatric nurse and psychiatrist, work closely with primary care physicians to support them in the care of their patients.

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**Early Psychosis Intervention**

When Early Psychosis Intervention (EPI) is done right the results are impressive!

EPI programs have been shown to decrease the duration of untreated psychosis, decrease hospitalization, decrease police involvement in admissions, lower medication use, improve functional outcome, lower relapse rates, improve treatment adherence and lead to greater patient satisfaction.

These programs have been shown to be cost-effective in other jurisdictions and are now being provided in B.C. according to a set of best practice program standards and guidelines. These standards and guidelines reinforce British Columbia’s position as a leader across Canada and internationally in advancing clinical services in early psychosis.
**Action:** Implement British Columbia’s *Children and Youth with Special Needs Framework for Action and the Transition Planning Protocol for Youth with Special Needs*.

**✔️ Underway** The *Children and Youth with Special Needs Framework for Action and the Transition Planning Protocol for Youth with Special Needs* continue to guide the partner ministries in the coordinated delivery of services and supports for children and youth with special needs and their families. Over the past year, *Inter-ministerial Protocols for the Provision of Support Services to School-Aged Children* have been reviewed and updated (posted on the Ministry of Education website at: www.bced.gov.bc.ca/specialed), to support and guide co-ordinated delivery of effective-services to school-aged children. In addition, the Ministry of Children and Family Development, Ministry of Social Development, and Community Living BC have led the cross-ministerial/organizational collaboration to improve planning process for clients who are likely to transition to adult services. This protocol can be found at: www.mcf.gov.bc.ca/spec_needs/pdf/transition_planning_protocol.pdf.

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**INSITE Successful at the Supreme Court of Canada**

September 2011, the Supreme Court of Canada ruled in favour of allowing the continued operation of Vancouver’s Insite and similar supervised consumption services (SCS), as a way to protect the health of people who inject or otherwise use drugs for non-medical purposes.

Insite was originally opened as a scientific research project, to study the effectiveness of SCS in Canada. The research clearly shows that SCS reduce the harms associated with injection drug use (e.g., fatal overdoses and risk of contracting HIV or hepatitis C), engage people in other health services (e.g., primary care, withdrawal management, treatment for substance dependence), and do not increase crime or public disorder.

With the success of Insite at the federal Supreme Court, the door is now open to expanding the reach and range of supervised consumption services to other regions of the province where they may be needed.
**Action:** 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.

- Last year, with funding from Health Canada, the Ministry of Health and B.C.’s health authorities worked together to develop a service model and standards for adult and youth residential services. The standards apply to residential treatment and supportive recovery facilities funded by health authorities.

**Action:** Implement evidence-based models for crisis intervention including suicidal crises.

- B.C. Mental Health and Addiction Services (Provincial Health Services Authority) collaboratively developed an evidence-informed Provincial Suicide Clinical Framework that provides clinical and administrative leaders across B.C. with the information and steps needed to align their services with a standardized strategy. The framework responds to the unique needs of specific patient populations (child, youth, adult and senior) and addresses all types and levels of service. The framework was endorsed by all five health authorities and the B.C. government. To view the framework, visit: www.bcmhas.ca/Research/TheProvincialSuicideClinicalFramework.htm.

- **Underway** Interior Health, through the collaboration of Aboriginal services and mental health and substance use services, is launching Canada’s first interconnected network of crisis lines. This will expand and connect the services through a single contact number and provide valuable services for communities across Interior Health.
Our Future

*Healthy Minds, Healthy People* is intended to be a living document that over time will include additional milestones and actions. In the coming years, partners will continue implementing the actions listed in the plan, while at the same time refining and improving strategies where necessary.

As we move forward into 2012, British Columbia will continue to take steps to:

- Mobilize public systems, in collaboration with community partners, to promote positive mental health; prevent mental illness and problematic substance use; intervene earlier and more effectively when problems occur; and support recovery, well-being and quality of life.

- Enhance health promotion efforts across the lifespan, with particular emphasis on addressing determinants of health and building resilience.

- Promote and support mental health and substance use services that are evidence-based, accessible and effective.

- Raise public awareness and increase knowledge in families and communities about how they can contribute to healthy social and emotional development in children.

- Integrate mental health and substance use care into primary health care.

- Explore opportunities to improve service planning and delivery by consulting with individuals who have experienced mental health or substance use issues, and who can provide insight into the experience of receiving these services.

- Make accessible information about the impacts of mental health and substance use, as well as information about what resources are available to help.

- Publicly report on the progress of *Healthy Minds, Healthy People*.
How do we know the plan is making a difference? (Measuring Success)

To bring about the changes described in *Healthy Minds, Healthy People*, the Province is committed to transforming the current system. More than this, we are committed to bringing about change that will have a measurable impact on the mental health of the people in our province. To this end, we will continue to develop performance measures and implement tools for tracking our progress. Continually monitoring our progress will help us learn what works best, and to make changes to policies, programs, and services as needed.

Ultimately, the plan will be evaluated based on the extent to which it fulfills its vision that states:

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.

How do we work together? (Governance)

In addition to the actions described in this progress report, the past year has included work to put in place the supports needed to implement *Healthy Minds, Healthy People*. This includes the Healthy Minds, Healthy People Directorate, which is responsible for helping coordinate efforts between the many partners involved in the plan and preparing ongoing progress reports.

In 2012, these partners, including leaders from both government and non-government organizations, will further develop the collaborative approach proposed by *Healthy Minds, Healthy People*. This collaboration will be instrumental in developing a unified approach in achieving the plan’s goals.

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