Healthy Minds, Healthy People
A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia

Monitoring Progress:
2012 Annual Report

Year Two
Ministry of Health
Ministry of Children and Family Development

www.health.gov.bc.ca/healthy-minds
Moving Forward: A Whole Systems Approach to Mental Health and Substance Use

*Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* was released in November 2010. The plan signalled a shift to a whole systems and whole population approach with concern for the well-being of all British Columbians. Based on a population health approach, it emphasizes the broader social determinants of health and those factors affecting mental health and substance use across the lifespan. The plan identifies a range of priorities and specific actions to foster good mental health and safer use of substances. It addresses prevention and early intervention strategies for specific vulnerable populations, commits to expand the range of, and access to, proven services and supports for people experiencing mental health and substance use problems as well as ensuring specialized supports are in place for those individuals with the most severe conditions.

*Healthy Minds, Healthy People* commits the provincial government and its partners to achieve a number of goals and milestones over the next decade. Making progress on these commitments requires engagement and action from everyone involved in the implementation of the plan, including government and non-government organizations in the areas of health, education, child welfare, social services, employment, housing and criminal justice. These efforts will also be informed by the input of people with lived experience and their families. Collective action toward common goals has transformative potential and can lead to positive mental health and a fewer problems associated with substance use.

### Transforming the System: What we have learned

In the past, the focus of mental health care has been almost exclusively on the treatment of those suffering from severe mental illness, typically involving dedicated hospital beds and direct mental health services. There was little emphasis on prevention, few strategies for building the mental health of our children and youth, and a limited approach to dealing with problematic substance use.

*Healthy Minds, Healthy People* can transform our approach to mental health and substance use to include a broader perspective, and to ensure that our strategies are based on practices that have been shown to make a difference. Through accumulated research and experience we now know that:

- Health promotion builds strengths, capacity, and resilience.
- Prevention can reduce mental illness and substance use problems.
- Early intervention can lessen and delay symptoms.
- Appropriate treatment can lead to recovery.
- Reinvestment in what works will ensure sustainability.
This second annual progress report profiles activities and achievements in the last year through the work of government, health authorities, non-government organizations, local communities, and business. In addition, the report highlights how these developments are transforming our approach to mental health and substance use in British Columbia.

Transforming Systems

Although we commonly talk about the health care system, in fact many systems such as education, child welfare, social services, employment, housing and criminal justice contribute to promoting mental health and preventing problematic substance use. A Systems Transformation Framework has been developed to foster a coherent, consistent implementation approach among all partners responsible for implementing Healthy Minds, Healthy People. As part of this framework, six governance and stewardship levers have been identified; adjustments to these levers are believed to effect change in systems performance. Below we define these levers and provide an example of each to illustrate their application.

**Leadership:** A clear vision and direction will ensure our actions advance progress to achieve the milestones and goals of Healthy Minds, Healthy People. Leadership is not the sole domain of government, it can be provided by many different partners, including health authorities, business, non-government organizations, advocacy groups, professional associations, the research community, citizens, families and clients.

Healthy Minds, Healthy People strives to ensure that clients and families have timely and equitable access to the “right service at the right time.” In support of this, each health authority is working with partners and community leaders to position the health sector to better meet changing population needs and continue to deliver quality, sustainable health services. For example, Vancouver Coastal Health (VCH) has strengthened its collaboration and planning to enable a shared vision and direction for the mental health and substance use system that is more responsive to the increasing demand for services. Using a population-based approach, VCH’s new program matrix model supports system change and an integrated, region-wide approach that ensures services are available when and where they are needed.
Partnerships: As a province, we can enhance our capacity to effectively address mental health and substance use if citizens, service providers, government and business are all involved. Healthy Minds, Healthy People promotes collaboration and collective action through a shared vision and joint action on plan priorities.

The B.C. Alliance on Mental Health/Illness and Addiction is a coalition of 21 health, social service and criminal justice organizations that act as key partners in implementing Healthy Minds, Healthy People. Member groups are dedicated to ensuring every citizen has timely access to the full range of services and that opportunities exist to achieve optimum mental health and community inclusion. The alliance advocates for systemic change, education, awareness raising and efforts to challenge stigma around mental illness and addiction. www.bcalliance.org

Regulatory Framework: Healthy Minds, Healthy People recognizes that the laws, regulations, policies, and standards that govern and regulate services, supports and individual actions are key to a progressive societal response to mental health and substance use.

Effective approaches to reducing harms associated with alcohol use include enhanced regulation. Changes to drinking and driving laws from last year have dramatically reduced alcohol-related vehicle crashes, and new Liquor Control and Licensing regulations were introduced in 2012. Specifically, the current moratorium on new licensee retail stores was extended until July 1, 2022. These measures reflect evidence-based policy linking alcohol availability and alcohol consumption.

Systems, Structure, Culture: Going forward, systems and supports need to be oriented towards a population health perspective, a lifespan approach, and efforts further upstream to prevent mental health and substance use problems before they develop. Looking downstream, organizational structures and practices must be arranged and aligned to ensure timely access to service and improved health outcomes.

An integrated system of primary and community based health care will improve care for patients, with more complex needs. Integrated Primary and Community Care (IPCC), driven by the Ministry of Health’s innovation and change agenda aims to increase access to family doctors and coordinate and link family doctors to other community services such as home care and community mental health and substance use care. Based on best practice models of care, IPCC programs focus on improving access to and quality of care at the community level for the benefit of patients and their families and caregivers.
**Knowledge:** The generation and use of knowledge to ensure best practices and inform systems transformation is a central tenet of Healthy Minds, Healthy People. The plan acknowledges different types of knowledge, including Indigenous knowledge, research evidence, expert consensus, and the lived experience of individuals and families.

*Through the Ministry of Children and Family Development, child and youth mental health practitioners across B.C. continue to receive evidence-informed training in specialized therapeutic approaches. These include cognitive behavioural therapy, trauma focused cognitive behavioural therapy, interpersonal psychotherapy, addressing suicide risk, infant mental health, dialectical behaviour therapy, dual diagnosis, and early psychosis intervention.*

**Accountability:** Healthy Minds, Healthy People commits to measuring and reporting on progress toward the plan’s milestones, priorities and actions. Annual reports like this one and other accountability mechanisms help government and stakeholders determine if results are being achieved and where adjustments need to be made.

*The Office of the Provincial Health Officer released Methadone Maintenance System Performance Measures 2011/12 in December 2012. The report provides information on key health system indicators relating to methadone maintenance, including numbers of patients, prescribers and pharmacists, treatment duration and retention, and hospitalization and mortality trends. The report provides health authorities, the College of Physicians and Surgeons, the College of Pharmacists, patient advocates and other health system partners with up-to-date information about the strengths and challenges of methadone maintenance treatment services. Accordingly, the report is an accountability mechanism for health system transparency, ensuring that stakeholders are aware of the current state of the system and can work cooperatively to improve outcomes for opioid dependence through methadone maintenance treatment.*
Vision, Goals and Approach

*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.

*Healthy Minds, Healthy People* established three over-arching goals:

- To improve the mental health and well-being of the population.
- To improve the quality and accessibility of services for people with mental health and substance use problems.
- To reduce the economic costs to the public and private sectors resulting from mental health and substance use problems.

These goals will be achieved by agreement on priorities, focused actions and measurement against objectives. Formal monitoring through annual reports and other mechanisms verify that our work is on track and point to areas where we must step up our efforts.
Within *Healthy Minds, Healthy People*, discrete priorities and actions are identified in relation to four population strategies illustrated below. In this document, we report on selected actions associated with priorities under each of these strategies that illustrate progress during 2012. For a comprehensive listing of the current status for all the actions and targets in the plan, please visit: [www.health.gov.bc.ca/healthy-minds](http://www.health.gov.bc.ca/healthy-minds).
All British Columbians

Promoting good mental health at the population level requires centering our efforts on building strengths and capacities in children and families. A solid foundation in childhood reduces the need to respond to problems later on. There is good evidence to suggest that investments in early childhood reap returns at the individual and societal level. At the same time, we must work to support and maintain well-being for people of all ages across the lifespan and to take action to minimize alcohol and other drug related harms.

*Healthy Minds, Healthy People* established four priorities to effectively address mental health and substance use for the benefit of all British Columbians:

- 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.

**Promoting mental health in early childhood and across the lifespan**

**Action:** Screen women in the perinatal period for mental health and substance use risk factors and provide appropriate follow-up.

✔ Healthy Start, launched in 2012, outlines the provincial services to be routinely offered during pregnancy and up to the age of two, as well as the enhanced services for families in greater need. Included in the program is screening for perinatal depression and other conditions that create vulnerabilities for families. As a next step, work is underway to establish a prenatal care pathway that supports public health practitioners to provide consistent quality services to pregnant women and families within an integrated continuum of care.

**Measuring Our Success**

**Early Childhood Development**

By 2015, the proportion of B.C. women and girls who smoked during pregnancy will have decreased by 20 per cent.

**Success:** On track (based on data from the PHSA Perinatal Services B.C. Perinatal Registry).
✓ An effective approach for detecting perinatal depression is now available throughout British Columbia. The Edinburgh Postnatal Depression Scale, an effective tool to screen for depression in women during pregnancy and after their child is born, has been translated into 13 languages and is available to health care providers on the Perinatal Services B.C. website. www.perinatalservicesbc.ca

✓ Universal prenatal screening in the Vancouver Island Health Authority now addresses social isolation, depression and tobacco use, allowing for referral to the B.C. Healthy Connections project for needed support. www.childhealthpolicy.sfu.ca

**Action:** Enhance universal programs that promote social emotional, cognitive development and resilience in children, youth and families such as StrongStart BC and FRIENDS.

✓ FRIENDS for Life is an evidence-based program delivered in schools by educators that teaches children how to cope with fear, worry and stress. In 2012, the Ministry of Children and Family Development enhanced the program to include online resources, providing parents with information to reinforce coping skills in their children. Since the launch of the parent website, thousands of people have visited the site and downloaded resource materials, newsletters and online workshops. www.friendsparentprogram.com

**Measuring Our Success**

**FRIENDS for Life**

By 2012, over 1,000 more B.C. school educators from district and independent schools and 100 more Aboriginal educators from the First Nations Schools Association have been trained to deliver the FRIENDS for Life program to children in grades 4 to 7.

**Success:** Over 1,200 teachers have been trained to deliver the FRIENDS For Life program to children in grades 4 to 7 and 1,200 more have been trained to deliver Fun Friends to children in kindergarten and grade 1. Over 120 teachers from the First Nations Schools Association have been trained to deliver FRIENDS in K-7 classrooms.

**Action:** Promote mental health within schools and post secondary institutions through comprehensive school health activities that improve health and educational outcomes, and encourage the development of lifelong skills, attitudes and healthy behaviours.

✓ To support a positive shift in the culture of substance use in British Columbian colleges and universities in September 2012, Health Minister Margaret MacDiarmid announced $500,000 of funding over the next two years to advance the work of B.C. Healthy Minds/Healthy Campuses. This program involves students, campus professionals, faculty and administrators in efforts to promote mental health and reduce problematic substance use. The program is made possible through partnerships between the B.C. Partners for Mental Health and Addictions Information, the Canadian Mental Health Association B.C. Division, and the Centre for Addictions Research of British Columbia. www.healthycampuses.ca
Over 250 teachers, school counselors, administrators, parents, students and mental health professionals came together in August 2012 to exchange ideas on school connectedness and mental health at the third annual Summer Institute: Promoting Mental Health in B.C. Schools. The institute featured presentations on topics including social emotional learning, anxiety, healthy body image, immigrant youth, substance use, and suicide prevention. The institute has helped raise awareness of the critical role of educators and school communities play in student mental health and well-being.

**Action:** Continue to implement Mental Health Promotion and Prevention of Mental Disorders – a core public health program.

Living Life to the Full is a program that promotes a positive outlook towards life. The Canadian Mental Health Association (CMHA) B.C. Division holds Canadian license to deliver the Living Life to the Full program. The program, created by Dr. Chris Williams (psychiatrist and expert in cognitive behavioural therapy), helps people cope with life’s challenges and adopt positive strategies to maintain positive mood and adjustment. Living Life to the Full is a structured 12-hour, eight-week course offered in a group format. To date, courses have been implemented across B.C. by trained facilitators throughout CMHA’s branch network and strategic partners. [www.lttf.ca](http://www.lttf.ca)

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**Levers of Change: Systems, Structure, Culture**

**FAMILIES MATTER: A FRAMEWORK FOR FAMILY MENTAL HEALTH IN BRITISH COLUMBIA**

An important shift in the culture of how we view and respond to mental health and substance use problems as a society is the recognition of the critical role of families. In 2012, Families Organized for Recognition and Care Equality Society (F.O.R.C.E) released Families Matter: A Framework for Family Mental Health in British Columbia. The framework, supported by the Ministries of Health and Children and Family Development, acknowledges the profound relationship between families and mental health and prioritizes whole family approaches to research, policy and practice. [www.forcesociety.com](http://www.forcesociety.com)
Reducing harms associated with substance use

**Action:** Take action to prevent and reduce health, social and fiscal costs associated with hazardous alcohol consumption.

- The Vancouver Stanley Cup riot in June 2011 demonstrated that public safety may be at risk when excessive alcohol consumption takes place in connection with large public events. As part of the response to the riot review, the Liquor Control and Licensing Branch led development of an integrated strategy that will serve as the basis for planning future events, such as large concerts and sporting events.

- The B.C. government, in collaboration with the B.C. Healthy Communities Society, is supporting the development of municipal alcohol policies to reduce health, social and fiscal costs associated with hazardous alcohol consumption. In December 2012, these partners released a guide to help local governments and First Nations communities better plan for events involving alcohol to create safer and healthier settings for event-goers and the community. Local governments and First Nations can apply for small grants to develop a policy through B.C. Healthy Communities Municipal Alcohol Policy program. [bchealthycommunities.ca](http://bchealthycommunities.ca)

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**Levers of Change: Systems, Structure, Culture**

**HEALTHY MINDS/HEALTHY CAMPUSES**

Since 2004, Healthy Minds/Healthy Campuses has worked to address mental health and substance use on campuses by leveraging knowledge mobilization among campuses and other key stakeholders in British Columbia. The program supports students as they deal with major adjustments associated with college life that may contribute to anxiety, depression or reliance on alcohol or other psychoactive substances. The program has helped campuses to work together to improve early detection and care, to promote stigma-free environments, and to develop policies and influence norms that impact student mental health every day.

For example, Simon Fraser University (SFU) has made progress in realizing a vision of a healthy campus community by addressing classroom wellbeing, identifying healthy campus community champions, while undertaking research into how classroom environments can play a role in enhancing student wellbeing. Knowledge produced by the work at SFU will benefit other campuses within the Healthy Minds/Healthy Campuses network. [students.sfu.ca/content/sfu/healthycampuscommunity.html](http://students.sfu.ca/content/sfu/healthycampuscommunity.html)
The risks of alcohol-related harms resulting from high school graduation parties and associated events are significant. In 2012, the Ministry of Health, the Liquor Control and Licensing Branch, and the Liquor Distribution Branch developed Life Starts Now!, a guidebook to support dry grad planning from start to finish. The guide incorporates learnings from previous dry grad organizers and provides information on relevant B.C. legislation. [www.healthyschoolsbc.ca/program/333/dry-grad-guidebook-for-bc](http://www.healthyschoolsbc.ca/program/333/dry-grad-guidebook-for-bc)

### Reducing stigma and discrimination

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

- As part of efforts to address stigma and discrimination, the Community Action Initiative (CAI) is awarding grants to eligible community agencies to promote social inclusion for adults with severe and persistent mental health problems or chronic problematic substance use. In 2012 and early 2013, the CAI expects to fund up to ten community projects that can demonstrate innovative solutions to increasing social inclusion among groups of people who experience marginalization. [www.communityactioninitiative.ca](http://www.communityactioninitiative.ca)

- The Canadian Mental Health Association’s (CMHA) B.C. Division and Centre for Addictions Research of B.C. (CARBC) led Beyond the Blues: Depression Anxiety Education and Screening Day on behalf of the B.C. Partners for Mental Health and Addictions Information. This annual provincewide education and screening event held each October helps youth and adults learn more about depression, anxiety and risky drinking and to find help in their communities. This past season, CMHA and CARBC supported 55 public-sector, non-government organizations, Aboriginal and school/campus groups to run more than 80 local events. Approximately 6,000 people are helped each year and over the past 18 years, Beyond the Blues has assisted more than 60,000 British Columbians. [www.heretohelp.bc.ca/events](http://www.heretohelp.bc.ca/events)

- Reduction of stigma and discrimination against people with substance use issues is one of the priority areas for B.C.’s Strengthening Treatment Systems project that is funded through Health Canada’s Drug Treatment Funding program (DTFP). Clinical training is an example of stigma reduction work being incorporated in drug treatment programs. In addition, several stakeholder consultations have been held that have resulted in multi-level, long-term strategies for dealing with stigma.
Reducing stigma and discrimination

**Action:** Continue implementation of B.C.'s Integrated Provincial Strategy to Promote Health Literacy in Mental Health and Addictions.

- Mindcheck.ca, launched in January 2012, is a web resource for youth and young adults to help them identify and understand a variety of mental health and substance use issues they may be experiencing, and link them to sources of help. The site also helps increase public awareness and reduce stigma. With support from Coast Capital Savings, Speak Up offers a dedicated social medium for youth to engage with one another around mental health and substance use issues. [www.mindcheck.ca](http://www.mindcheck.ca)

**Action:** Strengthen leadership to increase the rapid application of new knowledge and drive change throughout the prevention and treatment continuum.

- Vancouver Island Health Authority conducted a study with the University of Victoria and the Alzheimer Society of Canada on grief and loss in caring for loved ones with dementia, examining interventions which make a difference for caregivers. Findings have been translated into a workbook and an educational DVD that is available at [www.viha.ca/multimedia](http://www.viha.ca/multimedia). The DVD received the gold award for best health awareness video this year at the international QUESTAR corporate video competition in New York. [www.mercommawards.com](http://www.mercommawards.com)

### Speaking Up About Depression

Social misconceptions about depression may lead to symptoms being interpreted as laziness, apathy, or weakness. One of the most powerful ways to change this kind of stigma is through the stories of people affected by depression.

The Vancouver Canucks are using the Speak Up platform at mindcheck.ca to share their experiences in relation to the 2011 death of teammate Rick Rypien who lived with depression. The website includes Kevin Bieksa's personal story about his friend Rick, and his struggle to overcome his illness.

Through the stories of well-known community members, the public learns that depression is an illness which can afflict anyone and that we all have a role in helping those affected get help.
**Action:** Apply B.C. Human Early Learning Partnership results to promote healthy child development during preschool years and reduce childhood vulnerability.

✓ Through an information sharing agreement with the B.C. government, the Human Early Learning Partnership (HELP) research unit at UBC is helping us to better understand readiness to learn in B.C. kindergarten students. HELP summarizes early development indicators that map the vulnerability of populations of B.C. children at the provincial, school district and neighbourhood levels. This helps governments, communities and schools provide better supports and services for families and young children where they are needed. [www.earlylearning.ubc.ca](http://www.earlylearning.ubc.ca)

**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.

✓ In 2012, the Ministry of Children and Family Development renewed their partnership with the Children’s Health Policy Centre. The centre synthesizes the best available research evidence on the prevention and treatment of children’s mental disorders to inform policy and practice within child and youth mental health services and provides valuable information to community partners. For example, recent work by the centre examines how foster care can help vulnerable children and interventions to support children to overcome family trauma. [www.childhealthpolicy.sfu.ca](http://www.childhealthpolicy.sfu.ca)
Levers of Change: Partnerships

COLLABORATING WITH NON-GOVERNMENT ORGANIZATIONS

Healthy Minds, Healthy People recognizes that fostering strong mental health across the entire population and working to reduce the harms associated with substance use means broadening our approach and working collaboratively. We all have a stake in promoting health and well-being. All levels of the public and private sectors must work together with community partners to promote and sustain a mentally healthy population.

The B.C. government has established partnerships with a number of non-government organizations to enable collective action on priorities in Healthy Minds, Healthy People. Listed below are just some of the partnerships in place.

- Community Action Initiative (CAI). The CAI was created through a $10M grant from the provincial government in 2008. The initiative provides funding opportunities that allow the non-government, not-for-profit sector to more actively and innovatively participate in the continuum of response to mental health and substance use, thus furthering the goals of Healthy Minds, Healthy People and advancing efforts to address the specific mental health and substance needs among British Columbians, including Aboriginal people. [www.communityactioninitiative.ca](http://www.communityactioninitiative.ca)

- B.C. Partners for Mental Health and Addictions. The partners represent seven leading mental health and substance use non-profit agencies. Since 2003, they have been working together to help people better prevent and manage mental health and substance use problems. Their work is funded and managed by B.C Mental Health & Addiction Services, with funding from the Ministry of Children and Family Development for the child and youth focused programs. The group sponsors the Here to Help website, which offers information and resources to individuals and families. [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

- B.C. School Based Mental Health Coalition. Bringing together teachers, school counselors, school administrators, parent groups, researchers, government and the non-profit sector, the coalition seeks to promote mental health literacy and mental health-promoting school environments throughout the province.
British Columbians Vulnerable to Mental Health and/or Substance Use Problems

Certain groups of people within the overall population are more susceptible to developing mental health or substance use problems. Vulnerability stems from many factors, including one’s genetic makeup, socio-economic status, early experiences, and stress associated with major life transitions. School transitions, parenthood, retirement, graduation, immigration, and chronic illness/disability are just a few examples of challenging transitions.

Much research has been done to identify vulnerable populations and to understand associated risk and protective factors. Targeted interventions and supportive environments can help prevent problems before they occur.

*Healthy Minds, Healthy People* addresses vulnerability in the following groups:
- Parents and families,
- Children and youth,
- Adults,
- Seniors, and
- People with chronic physical disease or compromised health.

**Vulnerable Parents and Families**

**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.

✓ The B.C. Healthy Connections project (BCHCP) aims to help the most vulnerable families get the best start in life. The BCHCP will scientifically evaluate the effectiveness of B.C.’s new Nurse-Family Partnership (NFP) program. NFP is a public health nurse-led home visiting program designed to help young, low income pregnant women who will be first time mothers, and their children. As of early 2012, public health nurses in all health authorities have received specialized education and have begun to work with guiding clients. Over 100 families are currently being seen throughout the province.
**Action:** Implement FASD prevention strategies as outlined in the *Fetal Alcohol Spectrum Disorder: Building on Strengths 10 Year Plan for British Columbia*.

- The Ministry of Health works collaboratively with key partners to ensure that accurate, broad based FASD prevention messaging is available to the public. In support of International FASD Awareness Day and Support Month 2012, the ministries of Health and Children and Family Development worked with the Public Health Agency of Canada to develop a FASD prevention toolkit (www.health.gov.bc.ca/women-and-children/pdf/fasd-toolkit.pdf), including an online FASD awareness interactive quiz for health care professionals and women. The FASD awareness materials are available for download and can be used by any organization or business.

- The brochure *Alcohol & Pregnancy Don’t Mix* was developed by the BC Liquor Distribution Branch in collaboration with the ministries of Children and Family Development and Health, BC Women’s Hospital and Health Centre, and the Public Health Agency of Canada. Additionally, the Ministry of Health and the University of Victoria participated in the development of the Canadian low-risk drinking guidelines. Released in 2012, these guidelines support health care providers to discuss alcohol use and related risks with all women of childbearing age. www.heretohelp.bc.ca

- The Ministry of Health provides information on alcohol use in pregnancy to the public and health care professionals in *Baby’s Best Chance: Parent’s Handbook of Pregnancy and Baby Care* and online at www.bestchance.gov.bc.ca. Baby’s Best Chance is provided in sufficient quantity for health authorities to distribute to every family across the province on an annual basis.

**Action:** Expand the reach of programs to prevent, identify and respond to perinatal depression as described within *Addressing Perinatal Depression: A Framework for B.C.’s Health Authorities*.

- The Ministry of Health is working with agencies of the Provincial Health Services Authority, including the B.C. Reproductive Mental Health program, Ministry of Children and Family Development and health authorities, to determine priorities for actions to assist health authorities in addressing education, prevention, screening and diagnosis, as outlined in *Addressing Perinatal Depression: A Framework for B.C.’s Health Authorities*. The focus is on consistent messaging to assist health care providers in screening, referral and collaboration when working with women experiencing perinatal depression and their families.
Vancouver Coastal Health, in partnership with Providence Health Care, has developed a perinatal depression action plan, components of which include education and prevention, screening and diagnosis, treatment and self-management, and the development of coping and support networks. The action plan also includes professional education for public health nurses, mental health and substance use clinicians, physicians and midwives. In 2011 and 2012, over 400 staff were trained. [www.vch.ca](http://www.vch.ca)

### Vulnerable Children and Youth

**Action:** Implement Strong, Safe and Supported – A Commitment to B.C.’s Children and Youth.

- Improvements to Child and Youth Mental Health services is one of three priorities for the Ministry of Children and Family Development over the next several years. Examples of areas for action include strategies to address the social/emotional and mental health needs of children and youth in care and approaches to enhance the cultural relevance of services for Aboriginal children, youth, families and communities.

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

- Until 2012, there were no services in downtown Victoria dedicated to helping new and expectant mothers struggling with substance use or mental health issues. HerWay Home is a community-based program modeled after SheWay in Vancouver’s downtown eastside and the Maxxine Wright Centre in Surrey. The program offers a wide range of health and social services for mothers and their babies and will eventually be expanded to include housing services. Community partnerships with local groups are the backbone of the program. [www.viha.ca/children/pregnancy/herwayhome.htm](http://www.viha.ca/children/pregnancy/herwayhome.htm)

- The Ministries of Health and Children and Family Development are partnering with the regional health authorities to identify and support families experiencing parental mental health and substance use problems. This work has been initiated as part of the government’s cross-ministerial response to the Representative for Children and Youth’s report, *Honouring Kaitlynne, Max and Cordon: Make Their Voices Heard Now*. Tools and processes are being developed to better screen for mental health and substance use and domestic violence when people enter into health and child serving systems and two pilot sites have been identified (one rural and one urban) for implementation. Better screening will also ensure referrals to appropriate services to better support families. [www.rcybc.ca](http://www.rcybc.ca)
Vulnerable Adults

**Action:** Collaborate with employers and unions to develop and implement workplace supports such as self-care resources, opportunities for early identification of problems, and linkages to appropriate interventions.

- The Canadian Mental Health Association’s B.C. division (CMHA) offers workshops, presentations and training opportunities to help B.C. workplaces address issues related to mental health. Mental Health Works, a national program of the CMHA, helps people in various roles in the workplace provide effective support to employees struggling with mental health issues. In 2012, workshops were delivered to workplaces in Vancouver, Victoria, Cranbrook and Kelowna. Larger employers such as the Regional District of East Kootenay, UBC, and SFU have held in-house training. With the help of funding from the B.C. Mental Health Foundation, CMHA-BC has also developed a unique workshop, “Safe and Sound – building and sustaining psychologically safe and healthy workplaces,” that has been piloted in Kelowna and Vancouver. This workshop addresses organizational factors affecting overall workplace mental health, including bullying and harassment with an emphasis on creating healthy work environments. [www.cmha.bc.ca](http://www.cmha.bc.ca)

**Levers of Change:**

**The Regulatory Framework**

**BILL 14 – WORKERS COMPENSATION AMENDMENT ACT**

On May 31, 2012, the B.C. government passed Bill 14, which revises the *Workers Compensation Act* as it relates to compensation for mental disorders. The bill entitles a worker to compensation where a mental disorder is a reaction to traumatic events arising in the course of employment or a significant work-related stressor, including bullying or harassment, occurring at work. In addition, the Minister Responsible for Labour requested that WorkSafeBC develop an occupational health and safety policy on workplace bullying and harassment, as well as a toolkit to assist employers and workers. [www.worksafebc.com](http://www.worksafebc.com)
**Action:** Implement comprehensive, cross-sectoral initiatives to prevent domestic violence and reduce its impact on children, youth, adults and families.

- The Provincial Office of Domestic Violence was created in March 2012 to serve as the B.C. government lead on the services and supports available for children and families affected by domestic violence. This office is accountable for ensuring that all domestic violence policies, programs and services are effective and delivered in a comprehensive and unified way across government. The office led the development of *Taking Action on Domestic Violence in British Columbia*, released in October 2012. This action plan is the B.C. government’s response to the findings and recommendations made in the Representative for Children and Youth’s report, *Honouring Kaitlynne, Max and Cordon: Making Their Voices Heard Now* (2012). The office is currently developing a three-year plan, inclusive of an Aboriginal strategy, to address domestic violence that will continue to strengthen the response to domestic violence. [www.mcf.gov.bc.ca/podv](http://www.mcf.gov.bc.ca/podv)

**Action:** Implement gatekeeper training programs as described within the Provincial Framework and Planning Template for Suicide Prevention, Intervention and Postvention, to effectively identify and intervene with individuals at risk of suicide across the lifespan.

- In 2012, the Ministry of Children and Family Development (MCFD) provided advanced clinical training to over 80 child and youth mental health practitioners in Recognizing and Responding to Suicide Risk (RRSR). Through this action, practitioners are better prepared to respond to at-risk children and youth and their families. Over the last five years, MCFD has trained over half of its practitioners in RRSR (a total of 376 in all, including some from contracted agencies). [www.mcf.gov.bc.ca/suicide_prevention](http://www.mcf.gov.bc.ca/suicide_prevention)

- The development of *The Provincial Suicide Clinical Framework*, led by the BC Mental Health and Addiction Services in 2011, has been implemented in all regional health authorities and was acknowledged by Accreditation Canada as an appropriate response to the required organizational practices related to suicide assessment and prevention. [www.bcmhas.ca/Research/TheProvincialSuicideClinicalFramework.htm](http://www.bcmhas.ca/Research/TheProvincialSuicideClinicalFramework.htm)

**Measuring Our Success**

**Suicide Risk Assessment**

By 2016, most B.C. health authorities and key partners will have introduced gatekeeper training programs for suicide prevention and intervention.

**Success:** On track for completion in 2016.
**Action:** Where appropriate, expand the reach and range of harm-reduction services that prevent and reduce the health, social and fiscal impacts of illegal drug use.

✓ Toward the Heart, an online portal to support harm reduction practices in B.C., was launched in April 2012. This website allows British Columbians to easily access harm reduction information sources, a catalogue of harm reduction supplies, naloxone pilot program information, and referrals to other health services. Other social media resources include an electronic magazine, email distributions, Facebook, and Twitter to facilitate easily accessible knowledge exchange between the BC Centre for Disease Control’s harm reduction program and others in the health care system. The site was visited 2,662 times in the first five months. [www.towardtheheart.com](http://www.towardtheheart.com)
Vulnerable Seniors

**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.

✔ Vancouver Island Health Authority’s Seniors at Risk Integrated Health Network partnered with the Alzheimer Society of B.C. to support the development of the Minds in Motion program for families of persons with dementia. The program offers fitness and social sessions for people with mild cognitive impairment to attend with their family, spouse or caregiver. It is now offered by the Alzheimer Society at ten recreational centers on Vancouver Island. [www.alzheimerbc.org](http://www.alzheimerbc.org)

**Action:** Implement a coordinated provincial initiative to prevent elder abuse so that seniors will be less vulnerable to emotional, psychological and physical abuse.

✔ In early 2012, the Ministry of Health held regional consultations and focus groups with seniors, caregivers and stakeholders around the province to help guide the development of an elder abuse prevention, identification and response strategy to be released in early 2013. In addition, the B.C. government invested $1.4 million in the formation of more community response networks across the province. The networks work to promote a coordinated community response to adult abuse and neglect. [www.gov.bc.ca/elderabuse](http://www.gov.bc.ca/elderabuse)

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**British Columbia Psychogeriatric Association**

In 2012 the British Columbia Psychogeriatric Association sponsored the development of the resource document, *Meeting Seniors’ Mental Health Care Needs in British Columbia*. This resource is for those involved in providing care to seniors, including planners, program managers, policy makers, mental health and other health professionals. It provides evidence-based practices for enhancement of the quality of seniors’ mental health services, and addresses the implications of new trends and initiatives for the mental health care of seniors by reflecting emerging best practice. [tinyurl.com/bcpga2012](http://tinyurl.com/bcpga2012)
British Columbians with Mild to Moderate Mental Health and/or Substance Use Problems

For those individuals who require treatment for mental health or substance use issues, *Healthy Minds, Healthy People* places priority on evidence-based interventions that prevent escalation of symptoms and minimize the impact on daily living. Given that a very small proportion of the population suffers from serious and complex disorders, we must increase our capacity to respond to the much larger numbers of people with mild to moderate problems through low-intensity programming. Key strategies include expanding the range of community-based services and supports known to be effective as well as ensuring that the primary care system is equipped to identify and respond to common mental health and substance use problems in the context of routine individual family medical care.

The priorities for this group of people are:

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

Enhance the role and effectiveness of primary care

**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.

- The B.C. Practice Support program offers focused training sessions for physicians. Two training modules have been developed to build capacity to address common mental health problems in primary care, resulting in a reduced reliance on specialized mental health services. The adult mental health module provides family doctors with tools to screen and treat patients for depression and other mental health issues.

**Measuring Our Success**

**Physician Training**

Eight hundred family physicians and their teams will be trained in mental health and/or substance use assessment and treatment modules by 2015.

**Success:** To date, over 1400 GPs and 19 psychiatrists have participated in the adult mental health module. In addition, approximately 100 family physicians have been trained in the child and youth mental health module.
conditions based on cognitive behavioural therapy. The child and youth mental health module helps physicians identify, assess, manage and treat children and adolescents with mild to moderate mental health disorders and work with families, mental health services, school counselors, psychiatrists and pediatricians. www.gpscabc.ca

**Action:** Develop, implement, and evaluate shared care models for services to children, youth and adults experiencing mental health and/or substance use problems.

- The Vancouver Island Health Authority Shared Care project, also known as the Collaborative Psychiatry Outreach service, exemplifies how enhancing relationships among family physicians, psychiatrists, and community mental health and addiction resources can deliver improvements in client care. Success indicators include increased psychiatric consultations in communities, increased educational sessions directed to family physicians and community care providers, increased number of integrated treatment plans developed, and increased client and community provider satisfaction. www.viha.ca

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

- Eating disorders are serious conditions that can result in significant emotional or psychological trauma for patients and families, and in some instances premature death. In 2008, 60,000 British Columbians were diagnosed with an eating disorder. Work continues on the implementation of the provincial action plan for eating disorders to improve the system of care for children, youth and adults with eating disorders. System planning actions completed or significantly underway over the last year include:
  - An evidence-based model for the continuum of eating disorders services, from promotion of healthy eating and prevention of disordered eating through to tertiary care for people with severe or persisting illness.
  - An inventory of all eating disorder services in British Columbia.
  - Multidisciplinary clinical guidelines and protocols for early intervention and treatment of eating disorders will be completed by March 2013.
B.C. Mental Health & Addition Services (BCMHAS) has developed the B.C. Centre for Excellence in Eating Disorders to increase knowledge and build capacity among hospitals, clinicians, community providers, patients and families in the province. The centre works with the Provincial Specialized Eating Disorder program (located at B.C. Children’s Hospital and St. Paul’s Hospital), extending specialized services throughout the province. Eating disorders health literacy continues to be a focus with new resources such as the Eating Disorders Meal Support video, now publicly accessible through BCMHAS’ Kelty Mental Health Resource Centre. www.keltymentalhealth.ca

**Levers of Change: Knowledge**

**INVESTING IN RESEARCH AND TRAINING**

Perhaps our most powerful tool in fostering positive change is the development and sharing of knowledge. One of the ways we do this is through conducting research, using the results to develop evidence-based policies and practices, creating educational resources, and engaging in educational activities not only with health practitioners but also the public. For this reason, a key action in *Healthy Minds, Healthy People* pledges to “enhance availability of evidence-based community mental health and substance use services for children, youth and adults by improving provider training and supports.”

In 2012, some of the knowledge-related work that is changing how we approach mental health and substance use care included:

- Establishing degree programs. The Certificate for Interprofessional Substance Use Practice project involves developing a new post-baccalaureate substance use certificate through Thompson Rivers University’s schools of Social Work and Human Services, Nursing, and B.C. Open Learning. A second, related mental health certificate program development is being lead by Interior Health.

- Surveying at-risk populations. To be more responsive to the needs of vulnerable youth populations, health care providers need to understand these youths and the challenges they face. The McCreary Centre Society (MCS) has engaged over 70 youth from around the province in focus groups and interviews to better understand their unique challenges, strengths and insights. These interviews serve as the basis for MCS reports that include youth-driven recommendations. www.mcs.bc.ca

- Developing standards. With the recent release of the service model and standards for adult and youth residential substance use services, the Ministry of Health and B.C.’s health authorities (led by Fraser Health), are supporting implementation through knowledge exchange activities. These activities include: identifying and sharing evidence-informed practices within B.C. residential programs, the creation of a training DVD to assist service providers in incorporating the principles of the standards into their daily practice, regional workshops and a provincial knowledge exchange event. The standards apply to residential treatment and supportive recovery facilities funded by health authorities.
Enhance the capacity of community-based mental health and substance use services

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

- The Core Addictions Practice (CAP) curriculum is a provincially-shared resource designed to introduce information, theories and concepts about dependence on alcohol and other drugs. It is also used to develop strategies and skills needed for identifying, assessing, counselling or referring clients with substance use issues. CAP is delivered to substance use service providers within the health authorities.

**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.

- Many people who are affected by mental health and substance use problems that are mild to moderate in severity can be helped by low-intensity interventions that do not involve one-to-one therapy with a specialist. New technologies involving web-based and telephone delivered programs are expanding our service reach by providing access to education, self-help resources, and guided treatments for individuals and families who may not otherwise receive help. Health authorities, and non-government organizations have developed several programs that expand the options for people with mild to moderate problems.

Examples of these low-intensity intervention programs include:

**Help for Families of Children aged 3 to 12 with Behaviour Problems**

The Strongest Families program, delivered by the Canadian Mental Health Association B.C. Division and supported by the Ministry of Children and Family Development, is an evidence based program that addresses mild to moderate behavior problems in pre-school and school age children. These issues often present challenges at home, school and in social or recreational settings. The program has demonstrated behavior improvements in children whose parents have participated. The program is delivered at no cost by trained coaches to parents and/or caregivers via telephone in the comfort and privacy of their own homes at times that work for family life. [www.cmha.bc.ca](http://www.cmha.bc.ca)
Help for People with Depression
An interactive, online resource for youth has been developed by B.C. Mental Health & Addiction Services. This resource is based on the *Dealing with Depression: Antidepressant Skills for Teens* workbook, originally created through a grant from the Ministry of Children and Family Development. www.dwdonline.ca

The Bounce Back program, funded by the Ministry of Health and delivered by Canadian Mental Health Association branches throughout the province, offers telephone coaching in a structured self-help program for adults affected by low mood. A self-help DVD is also available. www.cmha.bc.ca

Help for Early Psychosis
Early detection of psychosis in youth or young adults greatly increases the chance of a successful recovery. Many families struggle to make sense of the symptoms associated with the onset of psychosis. A new *Dealing with Psychosis* toolkit, developed by Fraser Health, provides families with information on early identification and optimal interventions. The toolkit has been disseminated provincewide and is available through www.psychosissucks.ca

Action: Enhance the use of tele-mental health services for mental health and substance use problems.

✓ Over the last year, the use of videoconferencing has been expanded to provide psychiatric services to children, youth and their families in several northern communities in British Columbia through a partnership between the Ministry of Children and Family Development and psychiatrists in Children’s and Women’s Mental Health program. Through this telehealth project there has been an increase in consultations and follow-ups, with psychiatrists seeing an average of one to three new children and youth per week; and new opportunities for psychiatrists to engage in case discussions and education with local clinicians. Feedback indicates high satisfaction for clients and providers, with increased accessibility, reduced wait times, reduced travel for families, reduced costs, and an ability to provide urgent consultations within several days. This form of telehealth is also being used in a small, remote Vancouver Island community to respond to children and youth dealing with mental health challenges. www.bcwomens.ca

Measuring Our Success
Coping With Depression
By 2015, over 50,000 British Columbians will have access to Bounce Back, a program designed to help people cope with mild to moderate symptoms of depression though education materials and phone support.

Success: As of September 2012, over 100,000 people have received Bounce Back DVDs or telephone coaching.
Vancouver Island Health Authority’s Seniors Health program has instituted geriatric psychiatry telehealth video conferencing for clients in the rural regions of the North Island. This service is supplementing outreach visits and providing ongoing team consultations for challenging cases. Mental Health and Addiction Services (MHAS) is working with VIHA’s telehealth department to expand telehealth and its linkage to MHAS services and contracted services in the region. www.viha.ca/seniors_health

In cooperation with Simon Fraser University’s eHealth department, the Ministry of Health has conducted a best-practices review on the use of telemental health and substance use services, including emerging technologies. This knowledge, along with a review of existing practices in health authorities will guide the province in identifying opportunities to appropriately move technology forward in mental health and substance use care.

**Levers of Change: Accountability**

**MEASURING SUCCESS**

*Healthy Minds, Healthy People* outlines a vision for transformed mental health and substance use systems in British Columbia. In order to monitor our progress towards achieving this vision, a number of targets and performance indicators have been developed in the form of milestones, what this will mean statements, and priorities. Ongoing monitoring and reporting on achievement of these targets and indicators is a key commitment of the B.C. government.

In addition to monitoring through *Healthy Minds, Healthy People*, a number of other mechanisms are in place to gauge our progress. The Ministry of Health sets provincewide goals, standards and performance agreements for health service delivery by the health authorities through general letters of expectation. Specific accountability for *Healthy Minds, Healthy People* is outlined in the letters. Additionally, ministries produce three-year service plans. These plans outline the strategic priorities and goals that ministries are required to report out on annually. Within these plans, the Ministry of Health has identified the implementation of *Healthy Minds, Healthy People* as a key strategy and the Ministry for Children and Family Development has outlined increased access to child and youth mental health services as a key objective.
People with Severe and Complex Mental Disorders and/or Substance Dependence

In their severe forms, mental illness and substance dependence are highly debilitating. In B.C., approximately 130,000 adults are estimated to be affected by one or more of these disorders. Additionally, we know that seventy-five percent of disorders will begin in children and youth before the age of 25. Severe and/or concurrent disorders affect the ability to function independently and contribute to social isolation, physical illness, unemployment and in some cases, homelessness. Intensive treatments through community and residential settings as well as on-going services are required to support the management or recovery process for these individuals. *Healthy Minds, Healthy People* outlines strategies to improve therapeutic interventions and support community living through opportunities for rehabilitation or illness management and meaningful participation in society.

The priorities for people with severe and complex mental disorders and substance dependence are to:

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

Enhance evidence-based community interventions across the lifespan

**Action:** Implement integrated evidence-based primary and community care practices for people with severe and complex mental disorders and/or substance dependence.

The Ministry of Health conducted a best practice literature review on the integrated models of primary and mental health and substance use care in the community to assist in the development of new evidence-based approaches. Nine core models were identified as best or emerging practices. The following are a few examples of how that knowledge has been translated into service delivery.
Rapid access clinics in White Rock, Chilliwack, Mission, Abbotsford, and Langley provide timely access to psychiatry consultations for general practitioners (GP) in local mental health centres. The consultation process includes an opportunity for information and knowledge exchange during a follow-up conversation between GP and psychiatrist.

Northern Health is developing integrated primary care for clients in communities across the north. In 2012, Northern Health identified three prototype communities (Prince George, Fort St. John and Fraser Lake) to focus on the integration through hiring primary care leads to help develop models of care. This project will create stronger attachments to primary care providers, increase the rate of post hospital follow up, and reduce emergency department visits and hospital admissions.

With funding from Shared Care, a joint BC Medical Association and Ministry of Health committee, the Rapid Access to Psychiatry program was developed to expedite access to psychiatric assessment, effective intervention, and follow-up for patients with depression, anxiety, bipolar disorder, concurrent problematic substance use issues and/or co-morbid psychiatric conditions. Staff at the Mood Disorders Association of B.C. in Vancouver provide assessments and care for approximately 1,500 new patients a year, while maintaining a follow-up cohort of 2,000 patients (a traditional psychiatrist working full time might see 150 new patients every year).

The integration of community mental health and substance use services and primary care will be increased in nine locations across Interior Health over three years. This will mean the addition of physician services to work more effectively with complex mental health and substance use clients with health problems who have no regular family doctor. Kamloops, Vernon and Cranbrook sites are scheduled to open in early 2013.

The University of Victoria is working with health authorities and the Ministry of Health to develop program standards and guidelines for the intensive case management model of care. This model serves very hard to reach individuals with severe substance use problems and mental health needs through an outreach, community based approach and is an integrated model for primary care.
Levers of Change: Knowledge

STRENGTHENING TREATMENT SYSTEMS IN B.C.: B.C.’S DRUG TREATMENT FUNDING PROGRAM

Funded by Health Canada, led by Mental Health & Addiction Services and supported by the Ministry of Health and regional health authorities, B.C.’s Drug Treatment Funding program Strengthening Treatment Systems project targets complex systems change to support knowledge exchange and evidence-informed practice across substance use services and supports. The program has contributed to deepening understanding for different types and sources of evidence that inform practice, including Indigenous knowledge, practice knowledge, client and family experience, and research knowledge.

Action: Implement optimal evidence-based medication treatments.

✔ Individuals who have a poor response to treatment for their psychosis experience poorer quality of life, longer hospital stays, lost years of activity that is meaningful to them and possible premature death. Fraser Health launched the Psychosis Treatment Optimization program, in which a person’s primary care physician, psychiatrist, and other health care providers work collaboratively to improve health outcomes, including a reduction in emergency visits and admissions to hospital. In 2012, this program was extended to include all communities within Fraser Health.

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

✔ Assertive Community Treatment (ACT) provides clients who have serious and persistent mental illness with intensive, individualized, multidisciplinary support focused on rehabilitation, recovery or illness management, while allowing them to live independently. In 2012, Fraser Health implemented a new ACT team in Surrey and a second team is being planned for New Westminster and Tri-Cities. In Vancouver Island Health Authority, there are five ACT teams currently in place - four in Victoria and one in Nanaimo – and two more teams are currently being organized in Port Alberni and Campbell River. Existing teams in Prince George and Vancouver (two) continue to provide high quality care to those communities’ most vulnerable populations.

Measuring Our Success

Assertive Community Treatment (ACT)

680 British Columbians with severe mental illness, including those with co-existing substance use problems, will receive ACT services in the community by 2013.

Success: As of 2012, over 500 clients in B.C. are receiving ACT services.
**Action:** Implement evidence-based rehabilitation services, including employment, education, leisure and wellness.

- In 2012, Fraser Health offered wellness recovery action plan (WRAP) classes throughout the region. WRAP guides participants through the process of identifying and understanding their personal wellness tools and resources, and helps them to develop individualized plans to use these tools in their day-to-day lives to manage their mental illness. The classes instruct participants in the key concepts of recovery (hope, personal responsibility, education, self-advocacy, and support). WRAP also assists participants to create advance directives that guide the involvement of family members or supporters when appropriate action on their own behalf is no longer possible and supports participants to develop individualized post-crisis plans for return to wellness.

**Enhance housing with supports**

- **Underway** Through the provincial housing strategy, Housing Matters BC, the B.C. government has partnerships with eight communities to build more than 2,200 units of supportive housing for those who are homeless or at risk of homelessness, many of whom live with mental health challenges and/or problematic substance use. To date, construction of over 1,100 units has been completed at more than half of the 32 supportive housing developments, with the remaining buildings to be completed over the next several years.

- **Underway** Early findings of the Mental Health Commission of Canada’s (MHCC) At Home/Chez Soi research study suggest that having adequate and affordable housing alongside assertive community care is integral to the overall health and mental health care of individuals experiencing homelessness and mental illness or substance use disorders. As a research study site, Vancouver is learning about the particular needs of those living on the inner city streets. Vancouver Coastal Health will ensure the ongoing care for these clients continues after MHCC funding ceases in April 2013. The overall learnings from the study will help guide planning for appropriate housing options across the province.

www.mentalhealthcommission.ca
Strengthen community residential treatment options

**Action:** Enhance appropriate access to evidence-based community placements and community residential therapeutic options for children and youth with mental disorders.

- The Ministry of Children Family Development (MCFD) completed its Residential Review project, which seeks to improve the experience and outcomes for children and youth who require residential care. The review included intensive consultations with stakeholders throughout the province and from all aspects of the community services sector. The *MCFD Operational and Strategic Directional Plan 2012/13-2014/15* is addressing the recommendations from the review. [www.mcf.gov.bc.ca/pdf/resrevproject_final_report.pdf](http://www.mcf.gov.bc.ca/pdf/resrevproject_final_report.pdf)

- The MCFD Coast Fraser Region is implementing complex care intervention, a promising practice originally developed in the Interior Region, to support foster parents and others involved in the care of children and youth with complex and challenging behaviours. This model combines recent developments from the trauma, neurodevelopment, emotional regulation and attachments fields to help youth build on their strengths and develop greater skills and resiliency. [www.mcf.gov.bc.ca/foster](http://www.mcf.gov.bc.ca/foster)

Ensure appropriate access to hospital and specialized bed-based treatment

**Action:** Establish provincial health and safety policy requirement for specialized mental health facilities.

- In alignment with the Mental Health Commission of Canada’s strategic direction and requirements under the *Mental Health Act* to ensure health and safety of certified individuals receiving inpatient care, a best practices literature review has been completed to guide the development of standards and guidelines for the use of secure rooms across all designated facility sites, from observation units through tertiary and specialized facilities.
**Action:** Complete the Riverview Redevelopment Project.

☑ Riverview Hospital, established in Coquitlam in 1913 has closed. As of July 2012, the remaining Riverview Hospital patients were transferred to regional health authorities. Government has supported ongoing efforts to transfer patients from Riverview Hospital to new or renovated facilities in communities throughout the province. The new facilities being built, in partnership with the health authorities, provide supportive, home-like environments and facilitate community ties, making rehabilitation and reintegration easier. All health authorities have developed new facilities, with work completed in Fraser, Interior and Northern Health authorities, and substantially complete in other regions.

**Measuring Our Success**

**Riverview Redevelopment Project**

Access to appropriate bed-based acute psychiatric, provincial specialized or tertiary care will occur with the final beds of the Riverview Redevelopment Project opening in community settings in the regions in 2013.

**Success:** As of December 2012, 715 beds have been completed provincewide with another 172 beds, or bed equivalents (e.g., Choice in Supports for Independent Living), due to be opened in January 2013.

**Action:** Continue to develop the Burnaby Centre for Mental Health and Addiction as a centre of excellence for treatment, research and knowledge exchange.

☑ The Burnaby Centre for Mental Health and Addiction is a residential treatment facility for clients who live in any region of British Columbia where highly specialized treatment is not available or who are unable to benefit from local treatment and service options. The centre also assists community mental health and substance use services in each of the health authorities to improve their capacity to serve this challenging, high-needs population. Ongoing discussions with stakeholders will continue to address referral pathways, treatment and transition to community services, the management of access, and post-discharge community supports.
Develop improved, coordinated responses for people with complex challenges

**Action:** Ensure appropriate access by children, youth and adults with developmental disabilities and mental illness to integrated community-based treatment and support services.

- The Ministry of Health is supporting an advanced practice for health authorities, the Ministry of Children and Family Development and Community Living BC. The advanced practice explores a collaborative approach to providing standardized training and education, access to research and clinical guidance, and a community of practice for caregivers to individuals with a developmental disability and mental illness. While in its developmental stages, Fraser Health is leading this work to bring the necessary providers together to consider improvements in collaborative practice, and is in alignment with the recommendations of the Deputy Ministers’ Review of Community Living British Columbia. www.eia.gov.bc.ca/pwd/isst.html

**Action:** Develop guidelines to ensure that youth and adults with a mental illness and/or problematic substance use who are in contact with the criminal and youth justice system have access to appropriate transition and support services.

- Through an inter-ministry partnership between the Ministry of Health and the Ministry of Justice, work is underway to improve continuity of care for adults with mental health and substance use problems who are in contact with Adult Custody and Community Corrections. Intended outcomes of the work are to improve integrated planning for clients, to improve service linkages to better support transitions between corrections and community health resources, and to facilitate appropriate information sharing between the two systems. The development of a transition protocol for corrections clients with mental health and substance use problems is nearing completion, further work will include a provincial service framework and information-sharing protocols between the health and justice systems.
Looking Ahead to 2013

In the first two years since the release of *Healthy Minds, Healthy People*, the focus has been on establishing partnerships and collaborative approaches to plan priorities. Cross-government efforts, as well as cross-sector planning teams, are in place and increased collaboration and coordination within government and across sectors has already begun.

Knowledge exchange events sponsored by the Healthy Minds, Healthy People Directorate in 2012 have helped identify areas in need of more focused and coherent action. These needs include strategies to address stigma, discrimination, and social exclusion associated with mental illness and/or problematic substance use. Other focus includes working more collaboratively with families, improving integration of services for individuals struggling with concurrent disorders, and developing guidelines to support better understanding of privacy legislation and the appropriate sharing of information amongst service providers and families. In early 2013, the directorate will finalize a knowledge exchange strategy that will broaden its role to one that helps galvanize and coordinate efforts around recognized knowledge gaps.

A major project in the next year will involve work with the academic community to map mental health and substance use policy, relevant research in the province, and to stimulate interest and proposals on systems transformation evaluation research. This work will help us determine whether the systemic changes and shifts in culture envisioned in *Healthy Minds, Healthy People* are being realized. At the same time, this will improve our ability to monitor plan performance, allowing more precise measurement and reporting on results.

Finally, through the past year we have sought the input of stakeholders regarding the scope of the Healthy Minds, Healthy People website (www.health.gov.bc.ca/healthy-minds). In 2013, the website will see significant improvements. To provide a single-point of access to current information on all of the resources available, we are developing an integrated provincial listing of mental health and substance use information and services to better meet the needs of individuals and their families across the lifespan.