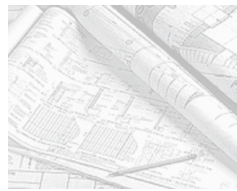
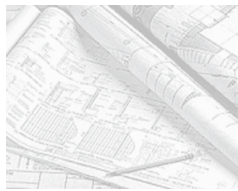
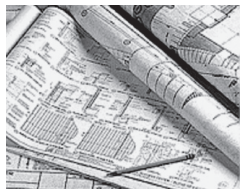


# a blueprint for results > updated



book 1

APRIL 2010



**BC ALLIANCE**  
on Mental Health/Illness  
and Addiction

# did you know...

An estimated 130,000 people, more than double the number accommodated at a Lions game in BC Place, will suffer a mental disorder so severe and persistent so as to make "normal" functioning impossible.

Of those living with mental illness and/or addiction in BC, between 8,000 and 15,500 are street homeless and another 26,500 are at imminent risk of homelessness.

1 in 5 adults and 1 in 7 children will experience mental illness in their lifetime and 2 out of 3 will not seek help.

More than 25% of Indigenous people recognize substance use as problematic in their families and communities. Suicide rates for Indigenous people are over twice the national average and 3 to 4 times higher for Indigenous youth.

Prisons have become the asylums of the 21<sup>st</sup> century, with almost 90% of their population suffering a mental or substance use disorder at some time in their life.

Over 500 British Columbians will die by suicide, a number equal to the full load capacity of a Boeing 747 Jumbo jet. And this disaster recurs every year. Suicide is also the second leading cause of death in young people.

As many as 15–30% of all police contacts are with people who suffer a mental or substance use disorder.

**...and two thirds of all these people do not receive treatment!**

The recent formation in 2007 of the Canadian Mental Health Commission has brought mental health and substance use issues into the mainstream public health sphere. In November 2009 the Commission released its report, *Towards Recovery and Well-Being*, outlining a seven-point framework that will be used as a foundation for a national mental health and substance use plan. This recovery-based model highlights the shift to community inclusion, empowering individuals to make informed choices about their own wellness. The report underlines that, "what generally exists is a fragmented patchwork of programs and services, many of which face a constant struggle to meet ongoing demands."

Has de-institutionalization failed, or have we failed the promise of de-institutionalization? Why has it worked in some jurisdictions and not in others? Is it because we have closed institutions without providing alternative services and without re-investing in our communities? And if we do re-invest, how can we ensure we will get results? Perhaps by modeling programs on the best "evidence-based practice" worldwide.

Over the past decade, a number of studies—including one in British Columbia in 2002—have examined "best" or "evidence-based" practice in mental health and addiction systems—programs that were achieving results in terms of improved quality of life and harm reduction.

## What do these programs do in order to get better results?

If a mental health and addictions system is to operate as a system, with all parts working together, evidence-based practice dictates the following **system essentials**:

- A clear vision and mission
- Explicit policies
- Measurable targets
- Coordinated inter-government and inter-sectoral partnerships
- A coordinated single "envelope" of funding for mental health and addiction services
- Integration of mental health and addiction services
- The involvement of stakeholders, including those receiving service and their families
- Linked services for children and adults
- The inclusion of family physicians
- Police frontline training and reassessment of mental health and addictions in the criminal justice system

If mental health and addictions services are to be effective, evidence-based practice dictates the following **core services**:

- Prevention strategies
- Medical inpatient/outpatient services in a general hospital setting
- Medical detoxification
- Comprehensive assessments
- Service (case) management such as assertive community treatment
- Harm reduction strategies
- Crisis response and Assertive Community Treatment (ACT) teams



- Family and peer self-help/mutual aid
- Educational accommodations
- Multiple types of supported housing built around a matrix of needs
- Consumer initiatives
- Social and recreational opportunities
- Cultural awareness and culturally specific services
- Employment accommodations

Some of these services exist in some communities in British Columbia, but programs are patchy and inconsistent between health authorities and indeed even within some health authorities. A provincial “template” to guide regional service delivery is desperately needed.

### So where do we go from here?

Over the past seven years, the government of British Columbia has made several attempts to improve services to children and adults and we applaud developments such as the Burnaby Center for Mental Health and Addiction and The Crossing at Keremeos. However, there has never been a comprehensive plan modelled on evidence-based practice. This is a time of opportunity.

- When mental health and addiction services are unavailable or incomplete, people end up in cycles of hospital readmission or in the criminal justice system—the most expensive services. It is time to demonstrate the most judicious use of resources.
- It is said that a society is judged by the manner in which it deals with its most disadvantaged and disabled citizens. We know that the BC 10 year Mental Health and Substance Use Plan has been developed to serve these people but we are still waiting for its release.

### The ‘BC ALLIANCE’

The British Columbia Alliance on Mental Health/Illness and Addictions, a coalition of organizations, is dedicated to ensuring that every citizen has timely access to services that are preventative, that reduce harm and that provide the best opportunity to achieve optimum mental and physical health and community inclusion.

It is the collective view of these stakeholders that BC is at a critical juncture; that this is a time for immediate and urgent action. It is also a time of opportunity; a time for stakeholders and the government to work in partnership; and a time to implement and showcase a results-based system of care.

To that end, the BC ALLIANCE respectfully makes the following recommendations to the Premier and the government of British Columbia:

## the recommendations >>

- The inclusion of prevention, promotion and early intervention—across the lifespan and across the mental health/illness and addictions spectrums
- The development of a province-wide seamless continuum of care through cross Ministry integration, improved information sharing systems and better integration of services
- The development of a comprehensive mental health and addiction housing initiative
- The development of a system for quality improvement and public accountability
- To formulate a comprehensive implementation plan with dedicated appropriate resources and in consultation with health authorities, community agencies, consumers and other stakeholders
- The immediate development of an Indigenous mental health and addiction plan that is inclusive, community-driven and occurring in conjunction with the First Nations Health Plan

The Ministry of Health’s “BC Mental Health Project,” detailed on Aug. 31<sup>st</sup>, 2007, could serve as foundational to these recommendations—if appropriate consultation processes are integral to the plan.

**// It is not the services in isolation, but the delivery system as a whole that determines outcomes. //**

—US Surgeon General, 2004

**// Our problem is that there is a disconnect between knowledge and service. In other words, we are not applying what we know to what we do. //**

—Dr. Jean Moore,  
Chair, BC ALLIANCE, 2007



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*The BC ALLIANCE is solely funded by its member organizations*

## bc alliance members >>

The current BC ALLIANCE membership

- > Association of Addiction Specialists and Allied Professionals (ASAP) of BC
- > BC Association of Clinical Counsellors
- > BC Association of Social Workers
- > BC Psychiatric Association
- > BC Psychogeriatric Association
- > British Columbia Psychological Association
- > British Columbia Schizophrenia Society
- > Canadian Mental Health Association, British Columbia Division
- > CMHA Consumer Development Project, Kelowna
- > Community Legal Assistance Society (CLAS)
- > Federation of of Community Social Services
- > First United Church Mission
- > From Grief to Action
- > John Howard Society of British Columbia
- > Keeping The Door Open
- > Mood Disorders Association of BC
- > Psychosocial Rehabilitation BC
- > Royal Canadian Mounted Police – “E” Division
- > The FORCE Society for Kids’ Mental Health
- > Vancouver Police Department
- > Vancouver & Surrey FASD Collaboration Roundtables

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