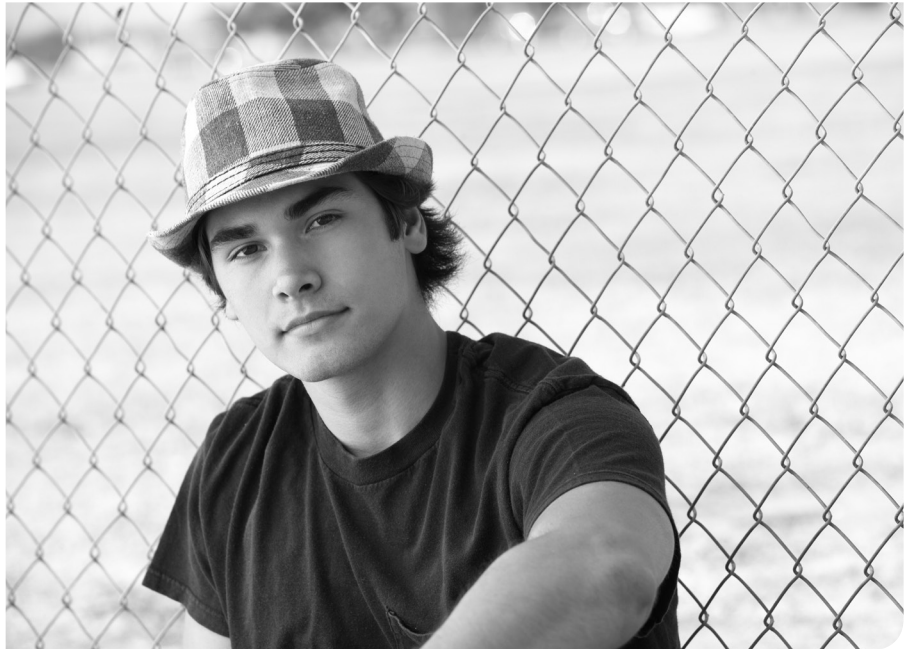


MAKING A DIFFERENCE TOGETHER
Realizing the Vision of Mental Health for All



**Canadian Mental
Health Association**
British Columbia
Mental health for all

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Foreword

“All we need is leadership by people who recognize the fact that we are in the oxcart stage of development. In Amsterdam, they haven’t built a mental hospital in years because their mental health workers are working in the community, where they should be working, and where the real job’s to be done.” —C.M. Hincks, Founder, Canadian Mental Health Association, 1964

Closer-to-home and community-based mental health services and supports have been central to the work of the Canadian Mental Health Association throughout its 100-year history. The Canadian Mental Health Association has long held the view that people experience recovery from mental illness and substance use problems with the right blend of medical, psychosocial, and rehabilitation services and supports. The Canadian Mental Health Association has also recognized that community-based resources go a long way in helping loved ones, friends, and supporters walk alongside someone living with mental health and substance use problems. All of this aligns with the conclusions of experts who have determined that we see better outcomes for people when services and supports are community-based and responsive to the full experience of illness, and not just the symptoms.¹

Last year, the Canadian Mental Health Association served over 100,000 British Columbians in over 100 communities across the province. This expansive reach puts the Canadian Mental Health Association in a unique position to support recovery and provide opportunities for social inclusion of people at risk of developing—or living with—a broad continuum of mental health and substance use problems. This support extends to loved ones, family members, and supporters.

Given the premises above, the Canadian Mental Health Association continues to play a critical and integral role in achieving the goals of BC’s *Healthy Minds/Healthy People – A Ten Year Plan to Address Mental Health and Substance Use in British Columbia*² and *A Path Forward: BC’s First Nations and Aboriginal People’s Mental Wellness and Substance Use—10 Year Plan*.³ Our work is well-aligned with recently released strategic policy documents like *Setting Priorities for the BC Health System*⁴ and *Primary and Community Care in BC: A Strategic Policy Framework*.⁵

Over recent years, the Government of British Columbia has made significant investments in community-based services and supports and these investments are

producing positive results. In fact, the Canadian Mental Health Association has been responsible for delivering a range of government-funded programs and initiatives in communities across BC for over 60 years. We provide services across the province—from Prince George to Port Alberni to Victoria to the Kootenays.

We have often been the first organization in communities that people call on when they are first struggling with their mental health and/or substance use problems. The Canadian Mental Health Association has a long history of supporting people living with mental health and substance use problems to experience recovery. Whether it is through advocacy, navigation, direct service, or bridging the gaps between complex systems, the Canadian Mental Health Association is responsive and nimble in meeting community need.

With our strong track record in community, we have identified an important opportunity to tell the story of how we touch thousands of British Columbians each year, and how we are *your* partner in striving toward mental health for all.



JM Moore.

Judith Moore,
CMHA BC
Board Chair



B Gutray

Bev Gutray,
CMHA BC
Chief Executive Officer

May 5, 2015

About the Canadian Mental Health Association in BC

OUR VISION: mentally healthy people in a healthy society

OUR MISSION: As the nation-wide leader and champion for mental health, the Canadian Mental Health Association (CMHA) facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness.

OUR MANDATE AND SCOPE

In BC, mental health, substance use and addictive behaviours are within scope of the Association.

OUR KEY VALUES AND PRINCIPLES

- Embracing the voice of people with mental health issues (in BC includes people with substance use problems and addictive behaviours, e.g., problem gambling)
- Promoting inclusion
- Working collaboratively
- Influencing the social determinants of health (e.g., housing, justice)
- Focusing on the mental health needs of all age groups
- Using evidence to inform our work
- Being transparent and accountable

CMHA BRANCHES IN BC*

CMHA has a network of 14 branches and a provincial office in BC that are separate legal entities that provide services to over 100 BC communities:

- Cariboo Chilcotin (Williams Lake)**
- Cowichan Valley (Duncan)**
- Kamloops
- Kelowna
- Kootenays (Cranbrook)**
- Mid-Island (Nanaimo)**
- North and West Vancouver (North Vancouver)**
- Port Alberni
- Prince George
- Shuswap-Revelstoke (Salmon Arm)**
- South Cariboo (100 Mile House)**
- South Okanagan Similkameen
- Vancouver-Fraser
- Vernon

The CMHA BC office covers areas of the province where there is no local branch, for example, the Greater Victoria Regional District.

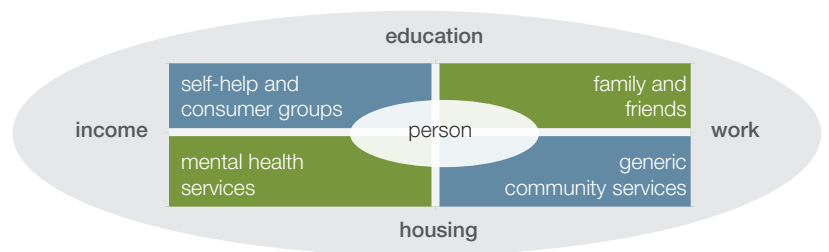
FRAMEWORK FOR SUPPORT

The Framework for Support is the central philosophy guiding the activities of the Canadian Mental Health Association. This philosophy holds that the person experiencing mental illness is at the centre of any supportive mental health system.

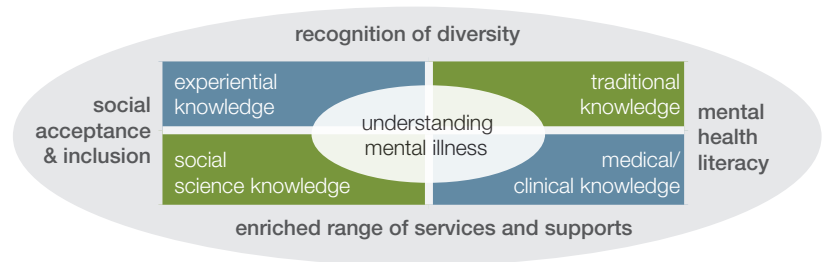
The Community Resource Base outlines a range of possible resources in addition to the formal mental health system that can provide support to a person with mental illness. Housing, income, work, and education represent four basic elements of citizenship.

The ultimate goal of the Framework is to ensure that people with serious mental health problems live fulfilling lives in the community. The Framework for Support is referred to as the most comprehensive model for mental health planning by federal and provincial governments, as well as by the Centre for Community Change in the US and the Government of Ireland.

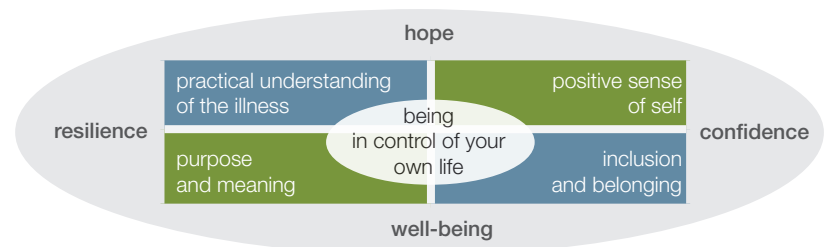
COMMUNITY RESOURCE BASE



KNOWLEDGE RESOURCE BASE



PERSONAL RESOURCE BASE



* Contact information for each branch can be found at the end of this document

** Location of branch office

Objectives of Policy Paper

There are several objectives framing this policy paper.

First, it is important to understand the underlying context of the provincial health system and the current and future pressures being exerted upon it. These pressures have had and will continue to have significant impacts upon access to appropriate and timely care for people living with mental health and substance use problems and addictive behaviours. To enhance understanding of the current and future state of the BC health system, this paper includes a brief analysis of identified pressures, their associated implications, and a description of the importance of the community sector in sharing care.

Second, given the current fiscal reality, it has become imperative to demonstrate best value for taxpayer investment. It is well known that in addition to the human and social costs of mental health and substance use problems, there is a demonstrable and significant economic cost. For example, there is a growing evidence base that demonstrates the lifetime economic implications of identified mental health and substance use problems like conduct disorder. Cross-jurisdictional findings, which can foreseeably be applied to the BC context, have also shown that business as usual in our health system is not sustainable. It is clear that investments and efforts in community need to be shored up to prevent significant costs to public services in the emergency department, acute hospital setting, and justice system. To emphasize the case for change, this paper includes explanations of the economic justification for high-quality, evidence-based community-based services and supports for people living with mental health and substance use problems.

Third, there is sometimes a perception that interventions for people living with mental health and substance use problems are confined to the health system. This perception tends to obscure the critical role of community-based services and supports in helping people (a) recognize they may be experiencing a problem and (b) experience recovery. This paper realizes an important opportunity to increase stakeholder (e.g., elected officials, policy-makers, the general public) understanding of the impact of community-based services and supports for people living with mental health and substance use problems and how these activities fit within a shared continuum of care.

The Canadian Mental Health Association is committed to delivering services and supports that have a demonstrated evidence base. This paper will demonstrate how the Canadian Mental Health Association innovates in the community sector, supporting people of all ages to improve their mental health, while empowering people to help themselves. We deliver programs that are very effective in improving outcomes and good value for money. In fact, we are confident that many of the programs we offer support savings in subsequent costs to public services, especially when we help people to help themselves.

There is a final objective to this policy paper. We want you to know that striving toward mental health for all British Columbians is an opportunity we share with you. The Canadian Mental Health Association is your partner in realizing this important goal. To help illustrate this opportunity, this policy paper will conclude with key proposals for how we can work together to deliver the best services and supports for people of all ages living with mental health and substance use problems closer-to-home and in their communities.

Understanding Mental Health in the Context of Pressures on Tomorrow’s Health System in BC

SECTION OVERVIEW

This section of the paper is designed to provide a brief but concrete analysis of current and future pressures on BC’s health system. There is unmet need in the system. This is demonstrated by the statistics that show up to 70% of children and youth who have clinically significant symptoms do not receive treatment.⁶ Further, the available data paints an unsustainable picture due to the impact of growing children, youth, and older adult populations upon the prevalence of mental health and substance use problems.

It is clear that the health system cannot bear the sole responsibility for responding to this complexity. A balanced approach is needed where informal and formal community-based services blend with hospital and more acute treatment settings to better meet community need. This balanced approach also includes equipping the population with skills that can be helpful in improving their own mental health.

This section will discuss:

1. the prevalence of mental health problems in BC;
2. gaps in access to timely care (and how this ends up costing more money); and
3. what we can predict about future need for mental health and substance use care in BC given population trends—and what this means for health systems planning.

PREVALENCE OF MENTAL HEALTH AND SUBSTANCE USE PROBLEMS

Our province leads the country and the world when it comes to overall health, which is significant when you factor in BC as one of the lowest per-capita spending provinces on health care. In fact, BC is the healthiest province in Canada and is ranked 3rd in the world behind Switzerland and Sweden, according to research published in February 2015.⁷ This is a great accomplishment and something the Government of BC, the health sector, non-profit organizations, and communities across BC can be very proud of.

Self-Reported Mental Health Status, Provinces and Territories, 2013

(per cent of population aged 12 and over reporting their mental health as “excellent” or “very good”)

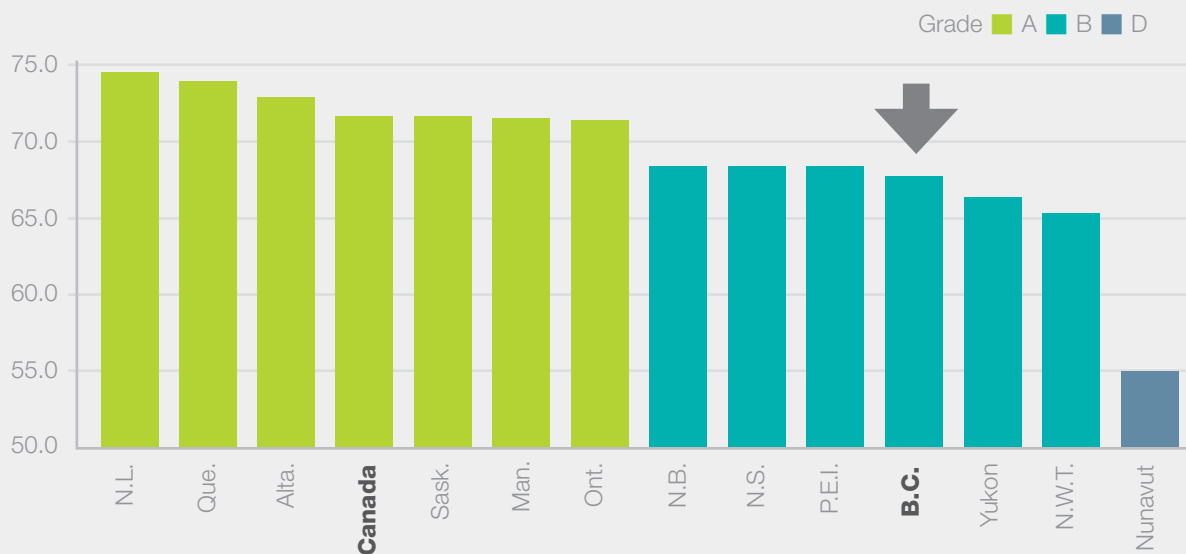


Figure 1. BC among lowest rated provinces self-reported mental health status⁸

The same research tells a different story when it comes to self-reported mental health. BC is fourth from the bottom, just ahead of the Yukon, Northwest Territories, and Nunavut. Newfoundland and Labrador beat BC as the top-ranking province on self-reported mental health in Canada.

THE MAGNITUDE OF THE PROBLEM IN BC

By the time we reach 40 years of age, half of us will have had or will develop a mental health problem.⁹

Over any 12-month period, “one in five Canadians will experience a mental health and/or substance use problem that leads to personal suffering and interference with life goals.”¹⁰ Further, it is important to note that of the people living with a mental illness, up to one quarter have co-occurring substance use problems.¹¹ The BC Ministry of Health has reported that:

- Between 19.6% and 26.2% of British Columbians will experience a mental illness each year. At the upper end of the scale, this means over one million people are affected in BC each year. Between 4.0–9.8% of this population will experience a substance use disorder.¹²
- These data do not include the significant number of British Columbians who experience symptoms that could be defined as “sub-clinical” with the potential for worsening into more severe problems.
- Recent research suggests that an estimated 84,000 children and youth are living with mental health and/or substance use problems in BC¹³ and this number is growing at an average rate of 2.9% per year.¹⁴ Without intervention and support many of these children will not complete school and will have life-long consequences for their future. We can do better.

The BC Ministry of Health uses a framework to categorize the BC population according to their major health care needs in any particular year. The four major categories are (i) staying healthy; (ii) getting better; (iii) living with illness or disability; and (iv) coping with end of life.

According to the Ministry of Health, the living with illness or disability category accounts for over 40% of the population and almost 50% of annual health system expenditures (\$5.4B).¹⁵ People with mental health and substance use problems are included in this category, accounting for 2% of the population and 5% of health system expenditures.¹⁶

It is important to remember that these facts and figures presented are not static. The fact that mental health and substance use problems have an early age of onset and become exacerbated by complex physical health problems later in life means that the numbers presented will increase—rather than decrease—as the population ages.

FIRST NATIONS AND ABORIGINAL PEOPLES’ MENTAL HEALTH

As stated in *A Path Forward*,¹⁷ “For too many Aboriginal peoples, the wellness continuum has been seriously disrupted. Individuals and communities wage a daily battle with adverse conditions in their physical, social, and emotional environments. For many the outcomes can mean chronic unemployment, violence, addictions, and suicide.”

While recent research has shown some encouraging improvements in First Nations’ and Aboriginal peoples’ health outcomes, other indicators give significant cause for concern. For example, poverty, higher rates of children in government care, higher rates of First Nations and Aboriginal people in the criminal justice system, low infant birth weights, and low rates of high school completion all add up to a complex picture of unacceptable health disparities.¹⁸

Research shows that First Nations and Aboriginal people are more likely to be hospitalized for mental health problems than the rest of the population.¹⁹ First Nations and Aboriginal youth aged 10–19 are four to five times more likely to die by suicide than non-First Nations and non-Aboriginal people.²⁰ Further, this population is five times more likely to be hospitalized due to psychoactive substance use.²¹

Mental health for all means understanding and acting upon the health disparities that exact such a disproportionate toll on First Nations and Aboriginal populations.

PHYSICAL AND MENTAL HEALTH LINKED

Mental health and substance use problems not only affect mental well-being, but also impact physical well-being as well. We know that people with mental health and substance use problems are at greater risk of physical health problems and they are more likely to engage in behaviours like smoking that affect long-term physical health.²² Further, there is significant evidence to show that physical health conditions can have a reciprocal effect on mental health.

Research has found that chronic health conditions can increase the risk of mental health problems by between two and six times.²³ Depression increases the risk of mortality by 50%²⁴ and doubles the risk of coronary disease in adults.²⁵ People living with schizophrenia or bipolar disorder die on average 16–25 years sooner than the general population.²⁶

Evidence suggests that improvements in the mental health of British Columbians would also impact their physical well-being, and thus help ease cost pressures in other areas of the health system. Promoting mental health, preventing mental illness and substance use problems, and intervening early when problems arise all help to delay the onset of multiple chronic mental and physical health problems later in life.

ACCESS TO CARE

Barriers to Mental Health and Substance Use Care

Almost 30% of people aged 15 or over with a mental health problem said there was a time they needed mental health care, but did not receive the care that was needed.²⁷ Amongst children and youth, 70% of those with a mental health problem do not get access to needed specialized care.²⁸

High Rates of Hospitalization for Mental Illness

In part as a result of lack of access to timely care, hospitalizations rates are high.

In British Columbia, in-patient hospitalization rates for mood disorders, substance use disorders, and schizophrenia and delusional disorders fall within the top ten reasons for hospitalization,²⁹ setting BC apart from other provinces across Canada. In fact, 6.3% of BC in-patient hospitalizations fell into these three categories of health conditions, with an average length of hospital stay of just under two weeks for a person admitted with a mood disorder.³⁰

Deinstitutionalization has been an important movement in the care of people living with mental health and substance use problems. We have shifted away from forever care in institutions. Our future vision, however, is not forever homelessness—where people are left on their own to navigate a complex array of services and supports. Our experience tells us that people with the most complex mental health and substance use problems can and do recover in community when supported. Unfortunately, the level of matched investment in communities to provide the full continuum of resources required has not fully materialized. This too often leaves people in communities to recover and survive without safe housing, income to participate, funds to travel to medical and recreational programs and, sadly, not enough to eat at the end of the month.

Access to Culturally Safer Care

First Nations and Aboriginal peoples often face unique challenges accessing culturally safer mental health and substance use services. This is reinforced by the contrasting frameworks of Western biomedically-centred conceptualizations of health and holistic ideas of health and wellbeing within Indigenous ways of knowing, doing, and being.³¹ Practicing without using a culturally safer lens and accounting for the powerful socio-historical and contextual factors that impinge upon the health of First Nations and Aboriginal people can do harm. Studies have shown that Aboriginal women have often experienced “racialized and gendered stereotyping and discriminatory attitudes when accessing routine health care, with the unfortunate result that many Aboriginal people waited until their health conditions were severe before accessing primary care.”³² These experiences are compounded by existing stigma toward mental health and substance use problems.

It is important that access to care is framed by an understanding that one size does not fit all populations. A sustainable health system, designed to meet the needs of a diverse and growing population, needs to be responsive and safe for all people who access it. A lens of cultural safety can help increase access for First Nations and Aboriginal people before mental health and substance use problems require emergency help.

We Are Paying for Mental Health Care in the Most Expensive Way Possible

Some would say that we pay for mental health care in the most expensive way possible. Individuals with mental health problems are increasingly being taken care of by our acute care system, criminal justice system, and local police. In our BC criminal justice system alone, 60% of individuals have a mental health and/or substance use problem.³³

There are choices when it comes to where dollars are invested. By not providing support early, we inevitably end up paying more later. We also fail to give people the best chance at recovery, and this has immeasurable human and economic costs in the long-run.

Figure 2 below reflects US data, but shows how we could spend a similar amount of money on arresting and incarcerating a person with mental illness for 94 days, OR provide emergency room services and hospital care for 19 days, OR provide a **full year** of housing, income supports, and community-based mental health care. Not only is the latter option the most affordable, but it is by far the most likely to have a positive long-term impact—both on the individual, and on the community.

The US data presented below is echoed in findings from the Mental Health Commission of Canada's *Housing First/Chez Soi* project. Housing First provides immediate access to permanent housing with needs-based community supports.³⁴ In the Canadian project, participants were provided with an apartment of their own, a rent supplement, and either Assertive Community Treatment or Intensive Case Management. According to the final project report, the Housing First intervention cost \$22,257 per person per year for people receiving Assertive Community Treatment and \$14,177 per year for people receiving Intensive Case Management. Over the two years of the project, every \$10 invested in Housing First services resulted in an average savings of \$9.60 for higher-needs participants and \$3.42 for lower-needs participants. For those with the highest needs at the start of the project, the Housing First intervention resulted in an average savings from other public services of \$21.72 for every \$10 invested.

This is an impressive diversion of costs from other areas of the public system, especially when some participants were incurring annual costs of \$225,000 to the system per year at the outset of the project.

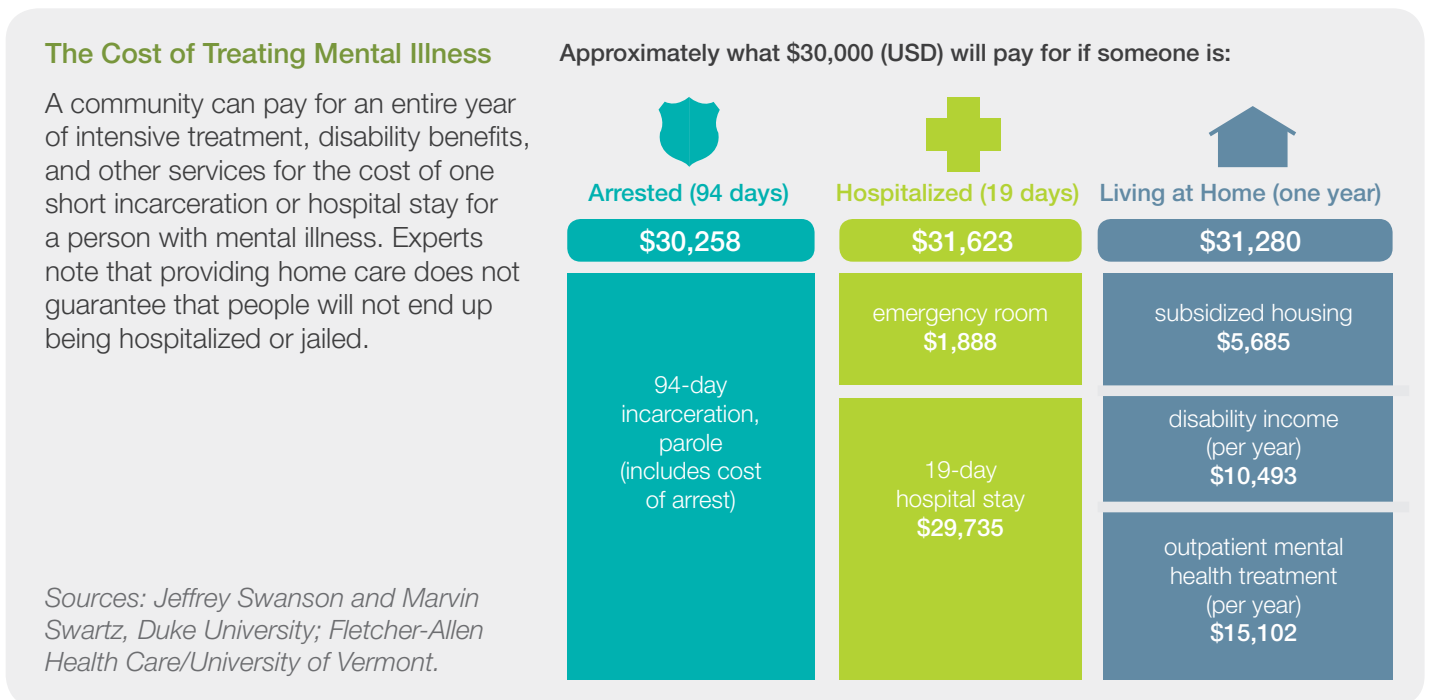


Figure 2. Spending Choices in Treating Mental Illness³⁵

THE FUTURE OF MENTAL HEALTH IN BC

What Do Demographics Tell Us About

The Future of Mental Health in BC?

In early 2015, the BC Ministry of Health released a cross-sector policy discussion paper that presents a strategic policy framework for primary and community care in BC.³⁶

A key section of this policy discussion paper focuses on understanding population and patient health care needs in BC. While there are limitations to the completeness of the data, the figures included in this report help to paint an important picture of the demands mental illness and substance use place on the province's health care system. When we think about mental health and substance use problems, it is important to understand some of the demographic changes affecting the BC population:

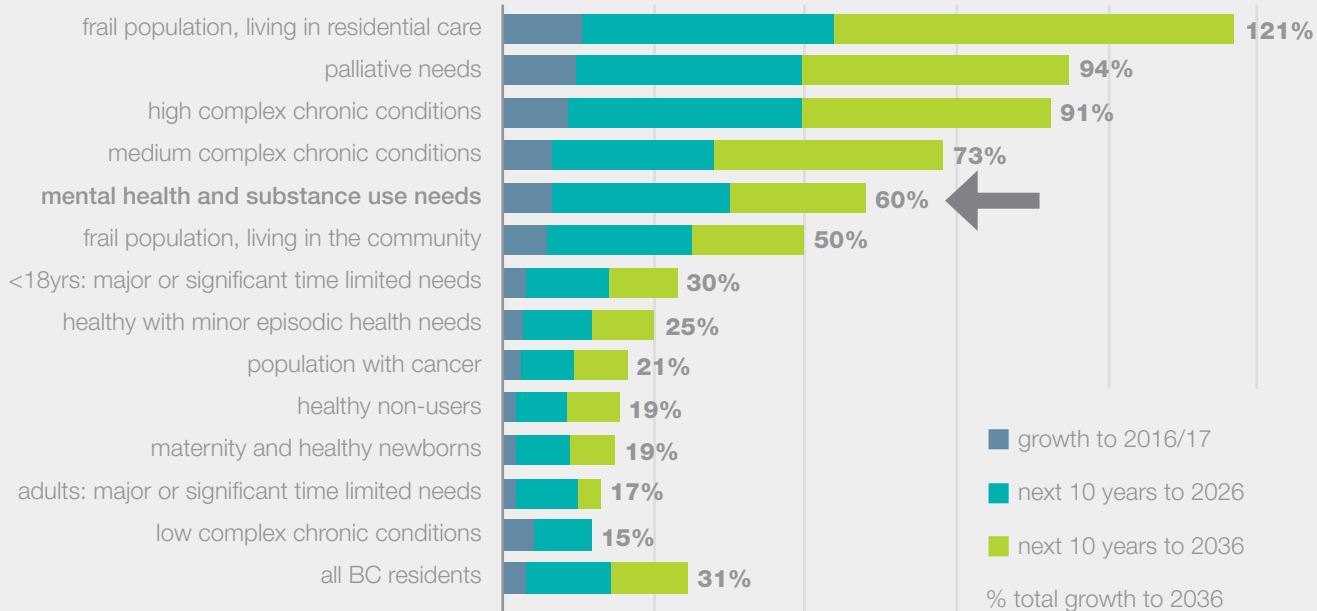
- Currently, one third of BC's population is 50 years or older and approximately 25% of the population is under 25 years of age.
- It is expected that the younger and older populations will grow the fastest over the next two decades.

- In the next seven years, one in five British Columbians will be over 65 years old.
- The Aboriginal population in BC is growing at a rate of almost two times as fast as the rest of the BC population. It is anticipated that this population will grow at a rate of 29% from 2001 to 2026.

Any increase in the number of children and youth with mental health and substance use problems will also increase longitudinal demand for services and supports. Recent Ministry of Health data indicates the Child and Youth Mental Health And Substance Use Cohort has grown at an average rate of 2.9% per year between 2009/10 and 2013/14, and it is expected that this rate of growth will contribute to increasing pressures on the system over time.³⁷

This data and Figure 3 below paint an important picture. Inevitably, demand on the health system will continue to grow at key points in the age span. Figure 3 shows there is expected to be a 60% projected growth in the number of individuals with mental health and substance use needs in BC.

Projected Growth in Population by Health Status Groups



Source: Health System Matrix 5.0, BC Ministry of Health. Based on BC Residents' use of publicly funded health care services in 2012/13 and reported to Ministry, and population projections PEOPLE38 from BC Stats.

Figure 3. Projected Growth in Population by Health Status Groups³⁸

INVESTMENTS IN MENTAL HEALTH IN BC

Increasing demand and systems pressures have been recognized, and indeed there have been significant investments in mental health in BC. In 2013, \$1.38B was spent on mental health care by the Government of BC.³⁹ Provincial and municipal governments, alongside regional health authorities, are all allocating dollars in their budgets for mental health.

However, there is significant variability across BC in the proportion of dollars allocated to mental health and substance use care in healthcare budgets.⁴⁰

Funding is not keeping pace with increasing demand, and in some cases has been reduced considerably. In particular, it has been noted that the Ministry of Children and Family Development—which provides child and youth mental health and substance use care, among many other services and mandates—has had its budget significantly reduced. Since 2008/09, the Ministry of Children and Family Development budget has been reduced by \$100 million dollars. This is particularly troubling given that evidence suggests that many mental health problems begin in childhood or adolescence, and that early intervention and access to timely care is crucial. Without care, symptoms worsen and youth may end up with more severe problems.

SECTION SUMMARY

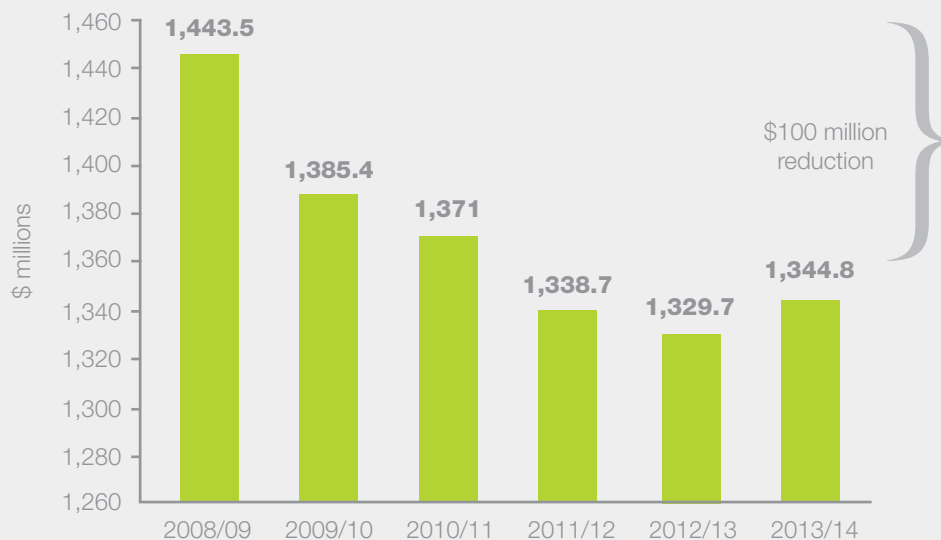
A number of conclusions can be drawn based on the findings of this section:

- BC could do more to be a mentally healthy province.
- The number of people experiencing mental health and substance use problems will continue to increase, and without systems change many individuals may end up in the emergency room or the justice system.
- The complexity of an individual's physical and mental health needs, if untreated, will continue to increase. This will also have impacts on their physical health.
- Early intervention and supports can help individuals with mental health needs manage symptoms and access care outside of the emergency room or justice system.

These conclusions raise three important questions:

- Can the present health system meet current demand?
- Will the future health system be able to meet this increasing demand?
- And perhaps most importantly, how can we spend smart to make the most of the funds available?

The next sections will show how BC can address growing demand, access problems, and costly pressures on other systems by investing in community-based programs—without spending a lot of money.



Note: 1. Figures are based on MCFD Service Plans, Restated Estimates (BC Budget 2009–2013)
2. Adjusted budget are based on BC Stats, Consumer Price Index (CPI) for BC (2008/09 to 2013/14)
3. Figures are adjusted based on 2013/14 base dollars

Figure 4: Ministry of Children and Family Development Budget Adjusted for Inflation (2008/09 to 2013/14)⁴¹

What are Community-Based Mental Health and Substance Use Services and Supports?

SECTION OVERVIEW

This section of the paper is designed to define and explain community-based services and supports. Historically, mental health and substance use interventions have been confined to health settings like hospitals and other acute care facilities. As the strategic policies of government continue to shift away from a disorder-focused medical orientation, the significance of the frameworks of care illustrated below will increase and the role of community will be strengthened.

UNDERSTANDING COMMUNITY-BASED SERVICES AND SUPPORTS

Comprehensive mental health care has been defined as including “a range of hospital and community-based treatment and support options for people living with mental illness, including acute care, inpatient/outpatient care, consumer and family initiatives, housing, income supports, and assertive case management.”⁴² Hospitals and other acute settings provide a critical service in helping to stabilize people experiencing a mental health or substance use emergency, providing comprehensive psychiatric assessments and/or the medical requirements of substance use treatment. Effective and accessible community-based services and supports can help keep people well in community, preventing an initial or a subsequent admission to hospital. “Community-based” means the setting in which services and supports are delivered and can imply underlying values of participant-centred, participant-driven, and recovery-oriented approaches to care. Experts point out the important distinction that not all community-delivered services and supports adhere to community-based values of care.⁴³

The range of community-based services and supports discussed in this paper include:

- Housing related supports
- Self-help, guided self-help, and peer support
- Crisis line and counselling services
- Employment and education resources
- Supports for loved ones, family members, supporters, and caregivers
- Information, mental health and substance use literacy, and advocacy
- Leisure, recreational, and vocational services

Over the past two decades, there has been considerable debate about the role of hospitals and the role of community organizations in providing comprehensive care to people with mental health and substance use problems. At the community service level, the emphasis has often been upon primary care mental health services, specialized community clinics, specialized community mental health teams, and alternatives to acute hospital admission like home treatment and crisis resolution teams.⁴⁴ Arguably, this emphasis is limiting.

As stated earlier in the introduction, one of the objectives of this paper is to shine a light on the Canadian Mental Health Association’s integral role in the community fabric of care for people with mental health and substance use problems that is not disorder specific and spans the full continuum—from mental health promotion to psychosocial rehabilitation in community. This will be discussed further after consideration of a framework of care that helps to further define community-based services and supports for people living with mental health and substance use problems.

HOW DO COMMUNITY-BASED SERVICES AND SUPPORTS FIT INTO A FRAMEWORK OF CARE?

The World Health Organization has developed a *Service Organization Pyramid for an Optimal Mix of Services for Mental Health*⁴⁵ that integrates mental health services with general health care. According to the World Health Organization, integrated primary mental health care is key to this model of care, supported by community-based and hospital services. Integrating mental health services with general health care is an important step towards parity, or providing equivalent care regardless of whether individuals have a physical or mental health and substance use problem.

There are several other key tenets of this model:

- An entire population's health needs cannot be served by one setting. Mental health and substance use services and supports cannot be confined to hospitals and acute care settings.
- Cross-cutting support, supervision, collaboration, information-sharing, and education are required at all levels of the model.
- People with mental health and substance use problems need to be involved in their own recovery
- There must be effective use of resources and an emphasis on human rights and community-based services and supports.
- Self-care is fundamental throughout each level of service.

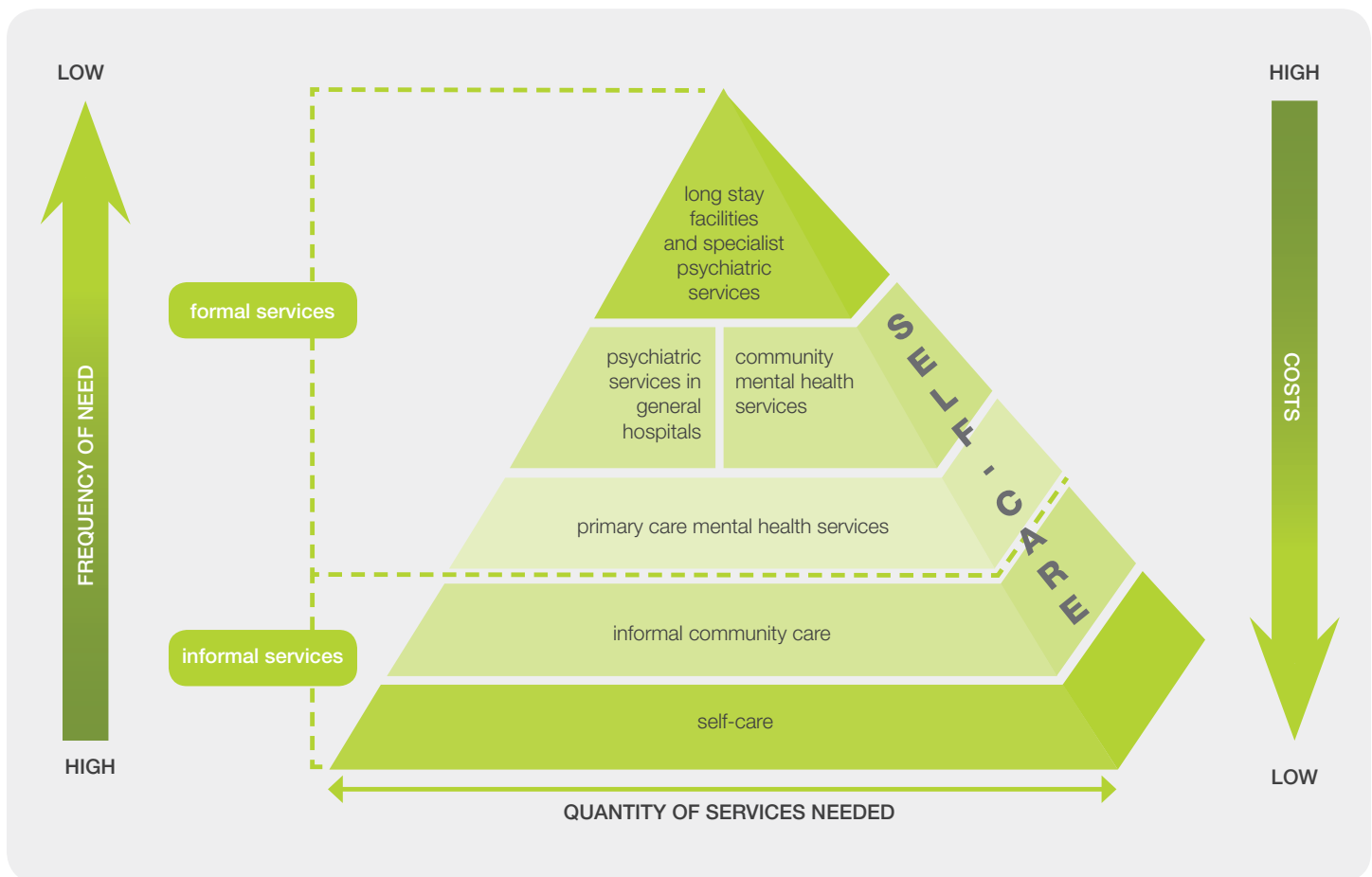


Figure 5. World Health Organization Service Organization Pyramid for an Optimal Mix of Services for Mental Health⁴⁶

The Canadian Mental Health Association in BC provides community-based services and supports across both of the bottom two layers of the pyramid: throughout the lifespan—regardless of diagnosis—and along a continuum that includes mental health promotion through to rehabilitation after release from hospital. The Canadian Mental Health Association places an emphasis on the whole population and the potential of learning skills to improve mental health early on, before mental health and substance use problems develop. Importantly, the Canadian Mental Health Association provides upward support to the primary care layer of the pyramid by mitigating and absorbing demand. For example, primary care providers refer people experiencing mild to moderate symptoms of depression, anxiety, or stress to Bounce Back: Reclaim Your Health™, a community-delivered program offered by the Canadian Mental Health Association. With support from Bounce Back™, individuals are able to receive guidance and support in community, freeing up capacity in primary care for people experiencing more severe symptoms.

The Canadian Mental Health Association recognizes that mental health starts where you work, live, learn, and play. The Canadian Mental Health Association’s work across these layers of the pyramid includes a focus on employment, housing, educational settings, and leisure and recreational opportunities. All of this is done in

partnership with individuals, loved ones, family members, and supporters with direct experience of mental health and substance use problems, primary healthcare services providers, and other organizations.

The community mental health services featured within the “formal services” category higher up on the pyramid will typically feature primary care mental health services, specialized community clinics, specialized community mental health teams, and alternatives to acute hospital admission like home treatment and crisis resolution teams. Organizations like the Canadian Mental Health Association sometimes support, align with, or participate in these kinds of formal services. For example, a Canadian Mental Health Association branch may operate a supported housing unit that interfaces with a community-based Assertive Community Treatment team. We also provide formal community mental health care services for people experiencing severe mental illness who have not responded to treatment in community. For example, the Canadian Mental Health Association Vernon Branch operates a 14-bed licensed adult psychiatric residential facility, where 50% of the beds are designated as Tertiary Specialized Residential. Program components include life skills, rehabilitation, longer-stay, and preparations to return to community as part of a recovery process from severe mental health problems.

We Are Your Partner: A Shared Opportunity for Strengthening Mental Health in Community

SECTION OVERVIEW

The Canadian Mental Health Association in BC has become an integral part of the continuum of care for people living with mental health and substance use problems across BC. As your partner, we have a proven track record of supporting people with mental health and substance use problems to live fully in community. This section of the paper covers three main points. First, we present a brief analysis of the strategic policy context and its influence on community-based services and supports. Second, we identify a number of fundamental barriers that impact people living with mental health and substance use problems. Finally, as your partner in community, we share our story of how we touch the lives of thousands of British Columbians in striving with you toward mental health for all.

HOW OUR WORK ALIGNS WITH PROVINCIAL GOVERNMENT PRIORITIES

The Government's strategic policy context for mental health and substance use in BC has increasingly started to recognize and prioritize the role of community in meeting the complex health needs of British Columbians.

In 2014, the BC Ministry of Health⁴⁷ established a series of priorities for the health system:

1. Provide patient-centred care;
2. Implement targeted and effective primary prevention and health promotion through a coordinated delivery system;
3. Implement a provincial system of primary and community care built around inter-professional teams and functions;
4. Strengthen the interface between primary and specialist care and treatment;
5. Provide timely access to quality diagnostics;
6. Drive evidence-informed access to clinically effective and cost-effective pharmaceuticals;

7. Examine the role and functioning of the acute care system, focused on driving inter-professional teams and functions with better linkages to community health care; and
8. Increase access to an appropriate continuum of residential care services.

Priorities #1, #2, #3, and #7 all amplify the importance of coordinated, integrated services that follow person-centred and self-management approaches. These priorities recommend that services are delivered in community by organizations like the Canadian Mental Health Association—in concert with the primary healthcare system and other service providers and, importantly, in partnership with people living with mental health and substance use problems.

In 2015, the BC Ministry of Health released another strategic policy paper focused on primary and community care.⁴⁸ One particularly relevant recommendation is to:

Systematically and opportunistically establish community and residential care services practices for patients with moderate to severe mental illnesses and/or substance use issues.

Given the current strategic policy context, which emphasizes the role of community in providing care, and the fact that the health system cannot do it alone, partnership is needed.

The Canadian Mental Health Association is your partner in community.

The Canadian Mental Health Association in British Columbia is uniquely positioned to continue to work with government to achieve many of these strategic policy priorities to help realize the vision that people living with mental health and substance use problems “must move beyond being ‘patients’ and become people living life in their community.”⁴⁹

THE CANADIAN MENTAL HEALTH ASSOCIATION IN BC

Each year, the Canadian Mental Health Association touches thousands of lives across British Columbia. In fact, in 2013–14, the Canadian Mental Health Association's community branches and the provincial office served over 100,000 British Columbians, 9,000 who were experiencing a crisis situation, in over 100 communities. We are trusted in urban and rural communities to make a difference in the lives of people living with mental health and substance use problems.

On average, the Canadian Mental Health Association receives about 75-80% of our revenue from various levels of government (municipal, provincial, federal) or its designated agencies. The remaining revenue comes from individual and corporate donations and fundraising activities. In fact, almost 8,000 individual donors made contributions to the Association last fiscal year. This means that for every dollar, the Canadian Mental Health Association is bringing 20 cents to the table to realize its mission. With an annual operating budget of \$40M, this translates to \$8M per year.

To accomplish the full scope of our work, the Canadian Mental Health Association, in addition to hundreds of staff across the province, has attracted a total of over 1,700 volunteers.

All of these resources help the Canadian Mental Health Association to deliver high-quality, evidence-based, and effective community-based services and supports to British Columbians living with a continuum of mental health and substance use problems. During this next section of the paper, we turn to a closer look at the kinds of programs we deliver in community, and how we can help as your partner in striving toward mental health for all.

HELPING PEOPLE FIND THE RIGHT DOOR

The Problem

The mental health and substance use systems for children, youth, and adults are challenging to navigate. A number of reports, including research completed by BC's Representative for Children and Youth,⁵⁰ have demonstrated difficulties in making sense of the system. Individuals, parents, caregivers, loved ones, supporters, and advocates have cited the difficulties in finding and accessing mental health services. Even professionals working within the system have described the complexity of identifying services, understanding referral and access, and figuring out inclusion and exclusion criteria. Unfortunately, these systems are not designed to be fully assertive. Instead, they wait for people in varying levels of distress to come and knock on the door to gain access—if they can find the right door. Trying to find the right door, while experiencing crisis or distress, is immensely challenging. The Canadian Mental Health Association in BC helps thousands of British Columbians to find that right door.

Your Partner in Community

When people first sense that something might not be right (perhaps they are experiencing symptoms of a mental health problem themselves, or maybe they notice something concerning with a loved one) often the first step is calling a family doctor. For many British Columbians, the second step is walking through the door, phoning, or visiting the website of their local Canadian Mental Health Association. It might also be calling the crisis line for support late at night or reaching out because of worry that someone might be suicidal. Or sending an email to find out about local resources that can help with childhood anxiety. Or visiting the Here to Help website to learn more about schizophrenia. Or needing a real person to actually help them navigate the system. Regardless of how they come knocking, we help people find the right door. Each year, the Canadian Mental Health Association staff across British Columbia sit across from people, listen to them on the phone, or respond to their emails to let them know they are not alone. In fact, this year, we expect over one million people to visit heretohelp.bc.ca, a project coordinated by the Canadian Mental Health Association. One million people knocking on the door to find information they can trust.

SECURING A SAFE AND AFFORDABLE PLACE TO CALL HOME

The Problem

Good mental health really does start with where you live. It is impossible to sustain good mental health if your home is under a bridge, in a tunnel, on a park bench, or in precarious circumstances. Almost 1.3 million Canadians have experienced homelessness or extremely insecure housing at some point in the past five years. 200,000 Canadians experience homelessness in a year, and there may be 30,000 homeless on a given night. Homelessness costs the Canadian economy \$7B per year.⁵¹

We have known for a long time, and it has been proven by countless studies, that a lack of safe, secure, and affordable housing is likely the most significant barrier to maintaining mental health or recovery from mental health and substance use problems.⁵² People living with mental health and substance use problems are disproportionately homeless, living in precarious housing situations, and unable to access the necessary housing options or supports.⁵³ A lack of shelter takes a profound toll upon physical and mental health, significantly impacting a person's quality of life, and even reducing life expectancy. A person's ability to move out of poverty, seek out employment, and experience social connection and inclusion are all seriously impacted. In addition to the human and social toll, there is an economic reality too.

According to Canadian research,⁵⁴ it costs approximately the following to respond to and house one person who is homeless:

- \$1,464 in annual emergency room visits
- \$1,932 in a shelter bed for one month
- \$4,333 in a provincial jail for one month
- \$10,900 in a hospital bed for one month

This is in contrast with:

- \$701 in rental supplements for one month
- \$199 in social housing for one month

This problem looks like it is going to become worse. For example, the present average monthly rent in Greater Vancouver plus utilities is \$1,054 with 45% of residents spending more than 30% of their income on rent.⁵⁵ Notably, almost 25% of residents are spending over half of their income on rent. This is coupled with a vacancy rate for the whole city of just 0.5%. Increasing real estate costs will also drive down availability and affordability.⁵⁶ With little to no increase in wages, more and more British Columbians will experience critical affordability issues.

Your Partner in Community

Last year, the Canadian Mental Health Association helped provide housing and housing support services to over 15,000 people. This security afforded an opportunity to support people to address their experience of mental health and substance use problems, maintain housing with supports, achieve housing stability, and ultimately experience an enhanced quality of life.

The Canadian Mental Health Association provided housing-related services to 8,640 people last year. Homeless outreach is another important community service provided by the Canadian Mental Health Association branches that collectively reached 4,409 people last year. Another 2,045 people received other kinds of housing supports.

The Canadian Mental Health Association branches have a proven track record in providing critical housing and housing supports to people living with mental health and substance use problems. The math supporting the cost savings to public systems is compelling: every person diverted from an emergency room visit, lengthy hospital stay, emergency shelter, or a prison cell reduces spending in public services. Having the security of a roof overhead is an important foundation towards maintaining mental health and recovery, but it is one factor amongst several that can have a significant impact. Access to good, nutritious food is another key component of mental health that starts where you live.

HEALTHY MEALS—A BUILDING BLOCK FOR GOOD MENTAL HEALTH

The Problem

Large-scale research projects have found that four million Canadians have experienced some level of food insecurity during their lifetimes, including nearly 1 in 6 children.⁵⁷ We know that going without food can have serious impacts upon both physical and mental health. In fact, research has shown that depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger.⁵⁸ Extending this further, once mental health and substance use problems develop, one in five people report problems finding adequate food.⁵⁹ Adults who do not have regular access to nutritious food report poor mental, physical, and oral health and are at increased risk of developing chronic health conditions like diabetes, heart disease, hypertension, depression, and fibromyalgia.⁶⁰ Further, inadequate food supplies impact people's ability to manage chronic health conditions.⁶¹ It goes without saying that nutritious food is a critical building block for mental health, and without it the likelihood of deteriorating health and the need to access the health system increases.

We know a lot of people experience recovery from mental health and substance use problems, or live with mental health and substance use problems, in poverty. Approximately 50% of British Columbians receiving the Persons with Disability (PWD) Benefit live with a diagnosis of mental illness.⁶² If unable to work, a single person receiving PWD receives \$906 per month in disability assistance.⁶³ In Greater Vancouver, people in this income bracket pay on average \$618 plus utilities (heat, hot water, electricity) for a studio apartment.⁶⁴ This leaves very little money for food.

Your Partner in Community

By listening to people with direct experience of mental health and substance use problems, the Canadian Mental Health Association has long understood the importance of healthy, nutritious meals in maintaining good mental health. Last year, branches across the province served

479,981 meals to youth, adults and older adults with mental health and substance use problems. Operating 40 different kinds of meal programs in BC, the Canadian Mental Health Association helped people access food through clubhouse meals, meals for people in housing services, breakfast programs, community kitchens, community gardens, learn to cook programs, budgeting skills programs, and programs that offer free or low-cost fruit and vegetables. The Canadian Mental Health Association's food programs are an excellent example of addressing another important building block of good mental health—ensuring people have better access to food, closer to home. Providing meals is also an opportunity for people to develop support networks and to work together to learn new skills such as gardening, harvesting, meal preparation, and enjoying meals together. We all know the benefits we enjoy in our family when we prepare and eat together. For many, the Canadian Mental Health Association is their extended family.

REMOVING BARRIERS TO EDUCATION

The Problem

Mental health really does start with where you learn, especially given that education is such a key dimension of health. Research has shown that young people experiencing mental health and substance use problems can encounter significant interruptions in school, leading to long absences⁶⁵ that can result in young people not finishing school or not being able to achieve the necessary marks to move on to college or university. We know that completing high school, college, and/or university is a tremendously important protective factor for mental health. Not being able to finish schooling can affect a person's ability to secure employment and attachment to the labour force.

We also know that young adulthood is a time when mental health and substance use problems can start to emerge, resulting in difficulties in managing the obligations of post-secondary education. In fact, recently released data suggest that college and university students are self-injuring at a worrying rate.⁶⁶

Your Partner in Community

The Canadian Mental Health Association has been committed to maximizing the educational opportunities for people living with mental health and substance use problems for decades. Through the Canadian Mental Health Association branch network, supported and clubhouse-based educational programming helps young people to build upon their existing strengths, find good-fit opportunities, and enroll in educational programs that will help secure a future with more possibilities. Last year, the Canadian Mental Health Association awarded over \$10,000 in scholarships and bursaries to people wanting to go to trade school, college, and university. The quality of applications was outstanding and all applications included compelling stories of overcoming adversity, experiencing recovery, and wanting to make a difference in the world. Scholarships have been awarded to young people with lived experience who want to go on to be social workers, psychiatrists, counsellors, and other professionals working in mental health and substance use. It is important to note that the scholarship and bursary programs have been made possible by the generosity of individual donors. Lorne Fraser and the Lee family have both made significant donations to enable the Canadian Mental Health Association to support people in their dreams of accessing further education. This is a good example of the value-add the Canadian Mental Health Association brings to the table in supporting people in community.

The Canadian Mental Health Association has innovated in the provision of services and supports to young people in communities across British Columbia. *BikeWorks* offered by the Cowichan Branch promotes social inclusion amongst youth while offering space, tools, parts, and adult role models in order to help young people fix bikes. Young people have the opportunity to connect, learn, and develop practical skills in a safe space. The Kelowna Branch *Connected by 25* project helps support successful transitions to adulthood for vulnerable young people in the Central Okanagan. Focusing on the needs of youth aged 16–24, this program helps to build capacity at individual, community, and policy levels to help lower the risk of young people falling through the cracks as

they transition to adulthood. And *Living Life to the Full for Youth*, a low-intensity, community-based cognitive-behavioural program—adapted by youth for youth—has helped young people across BC to learn better self-management skills for meeting life’s challenges. *Living Life to the Full* helps participants learn about worry, depression, low motivation, isolation, healthy thinking, problem solving, confidence, and anger management.

Beyond the individual, the Canadian Mental Health Association has made a significant difference at local, provincial, and national levels in helping colleges and universities get better at improving student mental health. Supported by the Ministry of Health, the Canadian Mental Health Association has interfaced with all of the publicly-funded colleges, institutes, and universities in BC as part of Healthy Minds|Healthy Campuses, helping change the environment of campuses to promote mental health.

All of these efforts help young people to build a base of support that helps them overcome the difficulties they are facing and get back to school and training.

HELPING PEOPLE TO HELP THEMSELVES

The Problem

There are a number of mental health problems that, left unchecked, can deteriorate into high-risk and serious concerns. When things become really serious, there are limited options remaining for help, and those available resources are often the most expensive (e.g., the emergency room or acute treatment resources). Conduct disorder and attention deficit hyperactivity disorder (ADHD) have been linked to increased risk of offending and subsequent involvement with the criminal justice system.^{67, 68} Estimates show that 85,000 Canadian children experience a conduct disorder. If proven programs were to prevent just 10% of these cases, \$3.1B in potential lifetime savings would be diverted from other public services (e.g., the criminal justice system, health system) and increased lifetime earnings.⁶⁹ Depression is now the second leading cause of disability, costing the Canadian economy more than \$5B per year.⁷⁰ Luckily, there are low-barrier, low-intensity, evidence-based interventions that help address negative behaviors before they worsen.

Your Partner in Community

With the support of the BC Ministry of Health, the Canadian Mental Health Association in BC has delivered Bounce Back: Reclaim Your Health™ since 2008. Over 120,000 BC adults have received self-guided support and almost 30,000 referrals have been sent by over 1,700 primary care clinics across the province. Bounce Back™ is a telephone-based, low-intensity cognitive-behavioural program shown to significantly reduce the severity of depression, significantly reduce the symptoms of anxiety and depression, and improve life enjoyment and physical activity for participants. Designed to support people experiencing mild to low-end severe symptoms of mood problems, Bounce Back™ helps to free up capacity in the primary healthcare system. Bounce Back™ provides relief and helps people to get their life back on track—on their terms. The effectiveness of the program has been proven. Reduction in symptoms is significant and people report getting their energy and their life back through supported self-management.

Recent additions to the program allow new mothers to participate in an “Enjoy Your Baby” module either on the telephone or at an in-person community-based course. This particular module is designed to help mothers adjust to the transition to parenthood.

To support the parents of young children experiencing mild to moderate behavioural difficulties, Confident Parents: Thriving Kids will reach hundreds of parents across BC. This telephone-delivered, low-intensity, applied program teaches parents the necessary skills that can help prevent, improve, or reverse behavioural difficulties in young children age 4–12. In studies of other program implementations, this intervention has been shown to reduce youth arrest rates and improve maternal mental health for extended periods of time after the program.

As your partner in community, each of these evidence-based interventions is designed to save costs to public services. It is another example of how we can work together to sustain our invaluable health system.

ADDITIONAL HIGHLIGHTS

The story of the Canadian Mental Health Association’s contribution to community-based services and supports for people experiencing mental health and substance use problems is deep and broad.

The Canadian Mental Health Association in BC offers life-saving crisis line support and counselling. Last year, CMHA BC delivered Living Life to the Full classes in communities across BC with close to 40,000 resources being distributed; helped 30,000 British Columbians access support, social rehabilitation, and recreation programs; employed almost 500 people in 11 social enterprises; served over 7,000 children and youth; provided advocacy services to almost 6,000 people; and helped over 800 people secure part- or full-time employment.

The Canadian Mental Health Association in BC has become an integral part of the continuum of care for people living with mental health and substance use problems across British Columbia. As your partner, we have a proven track record of supporting people with mental health and substance use problems to live a full life in community.

We think there are other ways we can strengthen and build upon this partnership. The next section concludes this paper with three proposals for the next steps in our work together.

Could an Expanded Partnership Between Government and the Canadian Mental Health Association in BC be Part of the Answer?

KEY PROPOSALS

Proposal One

Get loud with the Canadian Mental Health Association in asking the federal government to create a dedicated mental health transition fund to help provinces like BC improve access to community-based mental health care including addictions.

In February 2015, the Canadian Mental Health Association commissioned a national poll of 1,000 Canadians on three questions focused on mental health.

- Of five potential health care priorities, mental health is the second most likely to be ranked first (33%) after cancer (36%). Heart disease (17%) is the next most selected.
- Residents in British Columbia are most likely (41.4%) to identify mental health as a funding priority when compared to the rest of Canada.
- More Canadians think mental health problems should be given a higher (27%) rather than lower (4%) funding priority as compared with physical health problems. The majority (67%) would treat them the same.
- An overwhelming 94% of Canadians support the federal government in putting new money into a dedicated mental health transition fund that would help provinces and territories improve access to community-based mental health and addictions care.

Of note, British Columbians are particularly supportive of mental health as a funding priority and the majority of Canadians want to see parity between mental health and physical health. And encouragingly, the majority of Canadians see an important role for the federal government in supporting provinces in their efforts to bring greater parity between physical and mental health care.

We recognize that provincial funding is only one part of the equation for sustainable health system funding. The federal government has an important role to play.

The Canadian Mental Health Association as a national organization is putting forward a proposal to the federal government to create a \$500M per year, for each of ten years, transition fund to support increased access to community-based mental health care, including addictions. A key component of the proposal is that this fund be distributed back to the provinces and territories for community-based services and supports. As has been documented, a new investment is critical to support youth, families, and adults to not only survive in communities but to THRIVE. This is our shared vision.

Proposal Two

We propose expanding a BC Government program that already makes a difference to help more people with mental health and/or substance use problems secure a safe and affordable home.

Based on the information included in this report, and the latest available evidence, we know that access to housing is a fundamental building block of good mental health and results in cost avoidance for other public services.

The Canadian Mental Health Association has a strong track record in providing housing and housing supports to thousands of British Columbians. We have also been impressed with the success and applicability of the Shelter Aid for Elderly Renters (SAFER) program, which has helped countless seniors maintain and sustain ongoing shelter.

We would like to propose a pilot adaptation of SAFER for people living with mental health and/or substance use problems in a targeted community in BC which is likely to experience increased pressures on housing supply in the next two years. We know this will make a difference. The government already has an infrastructure that works and that can be built on.

Proposal Three

We invite you to work with us to build a coordinated effort to provide stronger community-based services and supports for young people who are in government care and leaving care and who are living with mental health and/or substance use problems.

BC's Representative for Children and Youth⁷¹ has found through a systematic inquiry that youth in care experience, and can continue to experience, challenging circumstances that have the potential to instigate or worsen mental health and substance use problems. There is a growing call to action in BC to focus on child and youth mental health and substance use. In addition, there is a need to identify and support the unique needs facing young people who are in care of the system or transitioning out of care so they are not left behind.

This paper has emphasized our role as your partner in community in striving toward mental health for all British Columbians. With our strong track record, our presence in communities across BC, and our understanding of the complexity of mental health and substance use problems, we can help you with supporting vulnerable young people.

We think an expanded partnership between Government and the Canadian Mental Health Association can be part of the answer to better supporting this vulnerable population. Below are some starting ideas:

- Invest in the Ministry of Children and Family Development up to 2008/09 funding levels with a targeted emphasis on child and youth mental health. This will help more young people and their families with complex needs receive timely support.
- Work with us to develop a plan to enhance the ability of community-based organizations like us to support young people who are in government care and leaving care

CONCLUSION

As the healthiest province in Canada, BC is well positioned to build on its successes to make sure mental health is not left behind and that all British Columbians have a fair chance at good mental health. We can take an important step together to meet this goal.

We have a shared problem—and a shared opportunity.

The Canadian Mental Health Association is your partner in community and we look forward to the work ahead.

Resources for You

CMHA BRANCHES IN BC—LISTINGS AND CONTACT INFORMATION

Cariboo Chilcotin Branch

51 4th Ave. South, Williams Lake, BC, V2G 1J6
Phone: 250-398-8220
E-mail: williamslake@cmha.bc.ca
www.williamslake.cmha.bc.ca

Cowichan Valley Branch

371 Festubert St., Duncan, BC, V9L 3T1
Phone: 250-746-5521
E-mail: cmhacvb@cmha.bc.ca
www.cowichanvalley.cmha.bc.ca

Kamloops Branch

857 Seymour St., Kamloops, BC, V2C 2H6
Phone: 250-374-0440
E-mail: kamloops@cmha.bc.ca
www.kamloops.cmha.bc.ca

Kelowna Branch

504 Sutherland Ave., Kelowna, BC, V1Y 5X1
Phone: 250-861-3644
E-mail: kelowna@cmha.bc.ca
www.kelowna.cmha.bc.ca

Kootenays Branch

39 13 Ave. South, Cranbrook, BC, V1C 2V4
Phone: 250-426-5222
E-mail: jbradshaw@cmhakootenays.org
www.kootenays.cmha.bc.ca

Mid-Island Branch

437 Wesley St., Nanaimo, BC, V9R 2T8
Phone: 250-244-4042
E-mail: midisland@cmha.bc.ca
www.mid-island.cmha.bc.ca

North and West Vancouver Branch

300-1835 Lonsdale Ave.
North Vancouver, BC, V7M 2J8
Phone: 604-987-6959
E-Mail: sandra.severs@cmha.bc.ca
www.northwestvancouver.cmha.bc.ca

Port Alberni Branch

New Horizons Centre, 3178 2nd Ave.
Port Alberni, BC, V9Y 4C3
Phone: 250-724-7199
E-mail: bob.hargreaves@cmha.bc.ca
www.portalberni.cmha.bc.ca

Prince George Branch

1152 3rd Ave., Prince George, BC, V2L 3E5
Phone: 250-564-8644
E-mail: reception@cmhapg.ca
www.princegeorge.cmha.bc.ca

Shuswap-Revelstoke Branch

Mailing: Box 3275
Physical address: 433 Hudson Ave.
Salmon Arm, BC, V1E 4S1
Phone: 250-832-8477
E-mail: info.sr@cmha.bc.ca
www.shuswap-revelstoke.cmha.bc.ca

South Cariboo Branch

Box 876, 100 Mile House, BC, V0K 2E0
Phone: 250-395-4883
E-mail: southcariboo@cmha.bc.ca
www.southcariboo.cmha.bc.ca

South Okanagan Similkameen Branch

2852 Skaha Lake Rd., Penticton, BC, V2A 6G1
Phone: 250-493-8999
E-mail: cmha_sos@shaw.ca
www.sos.cmha.bc.ca

Vancouver-Fraser Branch

110 - 2425 Quebec Street, Vancouver, BC, V5T 4L6
Phone: 604-872-4902
E-mail: info.vb@cmha.bc.ca
www.vf.cmha.bc.ca

Vernon Branch

3100 28th Ave., Vernon, BC, V1T 1W3
Phone: 250-542-3114
E-mail: vernon@cmha.bc.ca
www.vernon.cmha.bc.ca

Victoria Office (program managed by CMHA BC)

Victoria, BC
Phone: 250-858-1505
E-mail: victoria.branch@cmha.bc.ca
www.victoria.cmha.bc.ca

British Columbia Division

1200-1111 Melville St., Vancouver, BC, V6E 3V6
Phone: 604-688-3234
E-mail: info@cmha.bc.ca
www.cmha.bc.ca



heretohelp

Mental health and substance use
information you can trust

HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information.

They are a group of seven leading mental health and addictions non-profit agencies:

- AnxietyBC
- British Columbia Schizophrenia Society
- Canadian Mental Health Association, BC Division
- Centre for Addictions Research of BC (University of Victoria)
- The F.O.R.C.E Society for Kids' Mental Health
- Family Services of the North Shore
- Mood Disorders Association of British Columbia

Since 2003, they have been working together to help people live well and better prevent and manage mental health and substance use problems.

BC Partners work is funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority. They also receive some additional support from the Ministry of Children and Family Development.

www.heretohelp.bc.ca

bcpartners@heretohelp.bc.ca

BounceBack™

reclaim your health

Bounce Back: Reclaim Your Health™ is an evidence-based program designed to help adults experiencing symptoms of mild to moderate depression, low mood, or stress, with or without anxiety.

Bounce Back: Reclaim Your Health™ offers two forms of help:

- Living Life to the Full DVD—Bounce Back™ offers a free DVD providing practical tips on how to recognize and deal with depressive symptoms. The DVD is available in English, Mandarin and Cantonese.
- Telephone coaching and workbooks—trained Bounce Back™ community coaches assist in the teaching of problem-solving and other skills to overcome difficulties such as inactivity, unhelpful thinking, worry, and avoidance. As the participants progress through workbooks, telephone coaching provides additional support and helps keep participants on track. Coaching is available in English, French, Cantonese, and Punjabi. Access to the coaching component requires a doctor's referral.

www.bouncebackbc.ca

1-866-639-0522 (toll-free)

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Dr. Nancy Hall Speaking Up Speaking Out Fund

MAKING A DIFFERENCE BY INFORMING PUBLIC POLICY

Nancy Hall was a health researcher, educator, mediator, writer, presenter, and most importantly a friend and a voice with and for people with a mental illness. She had the courage and conviction to expect governments and communities to do the right thing for their citizens.

Nancy was a longtime friend and advocate of the Canadian Mental Health Association and with encouragement from us and others she applied for the position of Mental Health Advocate. She was the first and only advocate appointed by a Minister of Health in BC. Nancy took the 18 month position in August 1998 and the position ended in 2001.

When Nancy passed away in 2011, the Canadian Mental Health Association created the Dr. Nancy Hall Speaking Up Speaking Out Endowment Fund. It is named in her honour for the voice she brought to the Canadian Mental Health Association by speaking out on issues, assisting with policy papers, presenting at inquiries and just being available as a trusted advisor. Her energy was tireless and her enthusiasm was infectious. Over the last decade Nancy had worked on many projects for the Canadian Mental Health Association and her contribution will live on in this endowment.

The Association has committed to growing the endowment to \$1 Million. The Fund will support the Canadian Mental Health Association's continued work in public policy and systemic advocacy at the provincial level and provide an informed independent voice on the impact of the public mental health system on the lives of people with mental illness and substance use problems and their families.

The Canadian Mental Health Association also established an annual provincial award—the Dr. Nancy Hall Award for Public Policy Leadership. The award recipient is honoured at the BC Division annual meeting and a \$500 gift designated for the recipient's charity of choice.

You can read more about Dr. Nancy Hall's work and legacy at www.cmha.bc.ca/nancy-hall



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