

BUILDING AN EQUITABLE FOUNDATION:

Removing barriers to access for people with
mental health and substance use-related disabilities



EXECUTIVE SUMMARY

SEPTEMBER 2019

Building an Equitable Foundation: Removing barriers to access for people with mental health and substance-use related disabilities

September 2019

Written by: Kendra Milne and Amelia Hamfelt

Legal research support by: Raji Mangat and Kate Feeney

Designed by: Justyna Krol



This report is dedicated to the people who shared their stories for this project. Thank you for being so willing to share your experiences of illness and recovery in an effort to create positive change. We would also like to acknowledge the Law Foundation of BC for funding this work.

In addition, thank you to those who acted in an advisory capacity, reviewed or provided feedback on this report: Jennifer Alsop, Amanda Berg, Martin Bohdal, Prairie Chiu, Anita David, Jael Emberley, Mira Farrage, Anna Harcourt, Jeannine Glowaki, Naaz Grewal, Sarah Irving, Ed Lui, Jenny Lush, Melinda Markey, Annette Murray, Amber Prince, Amy Taylor, Ryan Teraverst, and Laura Track. Your thoughts and expertise are invaluable.

The opinions in this report, and any errors, are those of Canadian Mental Health Association, BC Division. The opinions expressed do not reflect the views of the funders of this report.

© Canadian Mental Health Association, BC Division, 2019

The contents of this report may not be commercially reproduced, but any other reproduction with attribution to Canadian Mental Health Association, BC Division is encouraged.

This report explains international and provincial law in general, and has been published for the purposes of education and discussion only. It is not intended to provide and should not be relied upon as specific legal advice on individual legal problems.

Information is current as of September 2019.



905 – 1130 West Pender Street,
Vancouver BC, V6E 4A4
Tel: 1-800-555-8222
www.cmha.bc.ca

The CMHA BC office is located on the traditional, unceded lands of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and sə̌ilwətaʔt (Tseil-Waututh) Nations

SUMMARY

We know that mental health begins where people work, live and play, but all too often conversations about mental health focus on hospitals and healthcare for people who are experiencing a crisis. What would it take for each and every person to have an equal chance at being mentally well? How do we move from illness to wellness?

People need more than access to healthcare to achieve positive mental health.

International human rights and health research tells us that we need a solid foundation of basic necessities such as income, housing, food and meaningful employment to enjoy mental wellness.

Without this foundation, people experience higher rates of mental health and substance use-related illness, requiring access to more intensive health and social services.

International human rights agreements acknowledge that our right to basic necessities and our right to health are related to and dependent on each other—you cannot enjoy one right without the other. This foundation of mental well-being is recognized all over the world in international human rights law as key to our overall health.

Research on what determines health outcomes for people with mental health and substance use-related conditions similarly lays out the relationship between having basic needs met and experiencing good health.

Multiple factors from housing to income to employment influence the ways a person can experience either the health promoting effects of social inclusion or the harmful effects of exclusion.

If a person has friends and healthy relationships, feels they are a part of a community and can meet their basic needs, they are less likely to experience anxiety, depression or problematic substance use. Conversely, people in recovery who are living with mental illness or addiction are deeply impacted by barriers they face getting and keeping the resources and relationships they need to feel included. In other words, social inclusion and the factors that either promote it or deny it are important to having an equal chance at mental wellness.

People already experiencing some form of exclusion or marginalization, including people who experience discrimination on the basis of indigeneity, gender, race or disability, face additional barriers to inclusion that overlap to worsen and add to unequal conditions. This

International human rights and health research tells us that we need a solid foundation of basic necessities such as income, housing, food and meaningful employment to enjoy mental wellness.



These basic necessities also influence the ways a person experiences either the health promoting effects of social inclusion or the harmful effects of exclusion.

Our right to basic necessities and our right to our best possible health are related to and dependent on each other.



is especially true for Indigenous people in BC, who have experienced dislocation from land, culture, family and community as a result of historic and ongoing colonization. Such dislocation shows up as insecure income, housing and employment. Dislocation excludes and isolates them from their communities and society at large, and contributes to inequitable health outcomes.

Unfortunately, the very systems in place to support those impacted by mental illness and problematic substance use—like income, housing and employment supports—can exclude the people they are supposed to help. The communication and organization skills needed to access services are the same skills that are often impacted by mental illness and problematic substance use.

Confusing application procedures and overly strict eligibility criteria can exclude people from BC public services because of their mental illness or substance use-related symptoms and other aspects of their disability. People who are unable to apply because of their health-related limitations never get a chance to access such services unless they have someone else to help them. People who do access services such as affordable housing or income supports may not be able to maintain them because of their symptoms of illness and the ways services are designed.

People living with a mental illness or substance use-related disability require access to fair and equal services that respond to their disability-related needs. They need

assistance to overcome any barriers they face. BC public service providers, including the provincial government, are required to provide services that are accessible to people with disability-related needs, unless there is a justifiable reason they cannot. To fail to give equal and fair access to services or meet the needs of people with disabilities without an adequate reason is discrimination.

That's why CMHA BC is committed to improving access to our public services and promoting social inclusion. In this report, we focus on subsidized and supported housing, disability assistance and WorkBC employment supports because of how important they are for building a foundation for wellness.

This focus is supported by our community research with BC residents, who have lived and living experience of a mental health or substance use-related health issue. We asked them whether they had access to public services and, if they did not, how it impacted their mental health, well-being and use of substances. Many people very clearly told us that barriers to accessing services impacted their ability to build a solid foundation for improving their health, or relationship with substances.

Unfortunately, the system in place to support those impacted by mental illness and problematic substance use can exclude the people they are supposed to help. The communication and organization skills needed to access services are the same skills that are often impacted by mental illness.



They reported that while some service providers went above and beyond to meet their disability-related needs, the majority did not because the system does not create conditions for providers to respectfully respond to and help the people who access their services. Many felt that being unable to access these services created health set-backs, not only curbing their desire for and ability to achieve independence, but also keeping them tied to a system that causes them shame and further worsens their already poor health.

CMHA BC used what we learned from the expertise of people with lived and living experience, combined with research, to develop practical recommendations to better support the foundation of mental wellness for people with mental health and substance use-related disabilities in our province.

The 12 recommendations that follow outline necessary steps for BC to continue its recent progress and achieve accessible public services for those in need:

HUMAN RIGHTS

- 1 The BC Human Rights Commission should audit the laws and policies governing the provision of social services** to identify and eliminate accessibility barriers that prevent or dissuade people with mental health and substance use-related disabilities from obtaining the supports and services they are eligible for.
- 2 Alternatively, the Ministry of Mental Health and Addictions should establish an independent Mental Health Advocate to monitor the performance of public services** that impact people with mental health and substance use-related health issues, receive and act on systemic disability-related complaints and protect the human rights of people living with illness who access services.
- 3 The Ministry of Social Development and Poverty Reduction should ensure that its commitment to develop and pass comprehensive accessibility legislation will go beyond physical notions of accessibility** and ensure that people with invisible disabilities, in particular people with mental health or substance use-related disabilities, can fully participate in their communities.

- 4 Relevant public bodies should continue to build additional affordable housing that offers a flexible and progressive range of supports** specifically designed for people with mental health or substance use-related disabilities. For example, a person should have the option to move from a group home with on-site staff to an apartment managed by a local mental health non-profit as their health improves and if they chose to do so.
- 5 The Ministry of Municipal Affairs and Housing should develop a neutral, easy-to-use process for tenants to identify and voice their tenancy and assistance needs**, with a focus on clients that might experience disability-related barriers doing so on their own (for example, clients in supportive housing arrangements). The service should be contracted out to be delivered by a low-barrier community-based organization where people with disabilities already access services.
- 6 The Attorney General should create a legal means to consider tenancy and anti-discrimination rights** under the BC Human Rights Code when they are raised before the Residential Tenancy Branch. This could include a process for the BC Human Rights Tribunal to issue interim orders once a human rights complaint has been filed, and amendments to the Residential Tenancy Act that allow for an interim delay in a residential tenancy dispute when such an interim order has been issued.

DISABILITY ASSISTANCE

- The Ministry of Social Development and Poverty Reduction should implement changes to BC's social assistance programs and access centres**, and increase funding to non-governmental agencies to provide or considerably enhance advocacy and support services that assist people with mental health or substance use-related disabilities in completing applications, including:
- 7 Continue steps to simplify and improve the income and disability application processes** with the Ministry's own disability-related "daily living activities" (e.g., decision-making or communicating effectively with others, etc.) in mind. In particular, the application should only collect information that is necessary and relevant; avoid asking for the same information twice; and not focus solely on

deficits, but allow applicants to identify positive qualities, abilities or activities such as volunteering without impacting eligibility.

- 8 Train frontline Ministry workers in trauma-informed service provision to ensure people who access services are treated with compassion, patience and understanding.** The training may include education on mental health-related barriers and stigma reduction provided by people with lived or living experience of illness and of accessing assistance.
- 9 Provide funding for case managers and peer navigation staff in community organizations that serve people with mental health and substance use-related disabilities** and complex issues such as homelessness to help them gain access to the system. Trained people with lived or living experience should fill these roles wherever possible to ensure low barrier, empathetic and responsive services.

WORKBC EMPLOYMENT SERVICES

- 10 The Ministry of Social Development and Poverty Reduction should align the provision of WorkBC's customized employment (CE) program with the Individual Placement and Support (IPS) model** that prioritizes strengths-based, rapid job search and placement, and reduce barriers to entering the program for people living with mental health or substance use-related disabilities, such as repeat information gathering and skills assessments.
- 11 The Ministry of Health in partnership with health authorities and the Ministry of Social Development and Poverty Reduction should integrate the modified CE program within primary care networks** and specialist mental health teams to ensure clients receive wrap-around supports that meet their needs.
- 12 The Ministry of Social Development and Poverty Reduction should include mental health and substance use-related accommodations in accessibility guidelines** given to WorkBC service providers such as varying levels of privacy and openness in waiting or self-serve areas, flexibility in pace and frequency of programs, and mental health literacy training for all staff.



If a person has friends and healthy relationships, feels they are a part of a community and can meet their basic needs, they are less likely to experience anxiety, depression or problematic substance use.

People in recovery who are living with mental illness or addiction are deeply impacted by barriers they face getting and keeping the resources and relationships they need to feel included.

In other words, social inclusion and the factors that either promote it or deny it are important to having an equal chance at mental wellness.