

SUPPORTING MENTAL HEALTH AND WELL-BEING:

Best Practices for Local Governments

International human rights law articulate the ‘right to the highest attainable standard of physical and mental health.’¹ Municipalities have an important role to play in achieving this standard by promoting the mental health and well-being of their residents, preventing mental illness and problematic substance use, and improving the quality of life for residents living with mental illness and/or substance use challenges.

With the upcoming 2022 municipal election in mind, the Canadian Mental Health Association BC Division (CMHA BC), has developed **5 best practices for local policy leaders, including local elected officials, municipal staff and advocates**, to best support mental health and well-being in their communities.

At a glance:

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| <p>1</p> <p>Consider your language on mental illness and substance use</p> | <p>2</p> <p>Center the voices of people with lived and living experience in decision-making</p> | <p>3</p> <p>Use research and evidence to inform municipal policy and decision-making</p> | <p>4</p> <p>Consider the social determinants of health and equity in your local community</p> | <p>5</p> <p>Advocate for community-based responses to social challenges that center health and well-being</p> |

- Use person-first language. For example, say someone is ‘living with a mental illness’ rather than ‘mentally-ill.’
- Investigate root causes of complex social issues; reducing these to a single factor can create stigma.
- Make human rights principles the center of policy making and service delivery. These principles are: **empowerment, independence, choice and inclusion.**
- Adopt a “**nothing about us without us**” approach to decision-making.
- Rather than using anecdotes as a basis for decision-making, rely on community organizations to provide data and information about what they see on the ground.
- Stay up-to-date on research by using tools such as **Fast Facts, Health Inequities Data Tool** or **Homeless Hub.**
- Learn about social determinants of health. Factors include environment, access to services, social supports, culture and experiences of discrimination and racism.
- Keep in mind: decisions related to housing, zoning, access to green space, etc., all affect the health of constituents.
- Advocate: local policy leaders are invaluable in making higher levels of government aware of innovative change that is needed in their communities.
- Invest in alternative responses to mental health and substance use issues, for example, **Peer Assisted Care Teams (PACT).**



1. Consider your language on mental illness and substance use.

People living with mental illness and people who use drugs have the right to protection from discrimination and stigma. In this context, stigma is a negative and often unfair social attitude attached to mental illness and substance use in the form of negative stereotypes and prejudicial attitudes. This stigma can create an environment that can prevent people from getting help, impact their medical treatment, interfere with their lives and undermine their human rights.

Members of local government have a responsibility to ensure they are not contributing to stigma by using discriminatory or dehumanizing terms and phrases. It is best practice to **use person-first language** that focuses on the individual and their diverse experiences and identities, not on their illness or behaviour. For example, ‘living with a mental illness’ is preferred to ‘mentally ill;’ ‘person who uses drugs’ is preferred to ‘addict.’

Local policy leaders should also be mindful of how they frame topics related to mental health and substance use, such as homelessness and public safety. For example, involuntary care can sometimes be suggested as a solution to homelessness and issues related to public safety. While we know that mental illness and/or substance use can be connected to homelessness, we also know that not everyone who experiences homelessness has mental health or substance use challenges. The vast majority of people living with a mental illness and/or substance use disorder are not threats to public safety and are actually more likely to be victims of crime than perpetrators. Understanding and contextualizing the root causes of complex social issues can reduce stigma and lead to better decision-making.



2. Center the voices of people with lived and living experience in decision-making.

Local governments have a duty to avoid human rights violations by ensuring that people living with mental illness and/or people who use drugs do not experience discrimination and are treated with dignity and respect. Beyond avoiding human rights violations, local policy leaders should also ensure that human rights principles are at the center of policy making and service delivery at the municipal level. These principles include: empowerment, independence, choice and inclusion.

Local policy leaders have the power to ensure their municipalities are centering these principles through the way in which they engage with citizens. This means adopting a **“nothing about us without us”** approach to decision-making and ensuring that the voices of people with lived and living experience of

mental health and substance use have a voice in and are the center of the decisions that affect them. We encourage local governments to ensure that when engaging people with lived and living experience, they have representation from communities who are disproportionately impacted by mental health and substance use issues, including people living in poverty, people with disabilities, gender diverse peoples and Indigenous, Black, and other racialized communities. If you don't know where to start, connect with a local organization that works with and/or represents these communities. For a full list of CMHA BC's local branches visit: cmha.bc.ca/about-cmha/cmha-locations.



3. Use research and evidence to inform municipal policy and decision-making.

Local policy leaders hear regularly from their constituents about issues related to mental health and substance use. It can be tempting to rely on anecdotes to drive decision-making, but sometimes anecdotes do not necessarily align with what research and evidence tells us and can lead to further stigmatization, in particular when issues related to mental health and substance use are conflated with other challenges our communities are facing such as homelessness and community safety.

While we know that not all data and evidence is created equal, CMHA BC encourages local policy leaders to do further research before making decisions based on anecdotal information. In addition to speaking with people with lived and living experience, build connections with organizations in the community, who may be equipped to provide high-level data and information about what they see on the ground.

Local policy leaders can also stay up-to-date on research by following advocacy organizations like CMHA who are consistently compiling relevant research and information. For example, CMHA BC has published a page with [fast facts](#) about mental health and mental illness. Local governments can also access a diversity of data tools. For example, the [Health Inequities Data Tool](#) from the Government of Canada contains data on health inequities by subgroups of the Canadian population; and the Homeless Hub monitors [homelessness data](#) in communities across Canada.

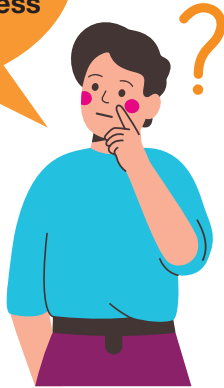


4. Consider the social determinants of health and equity in your local community.

Many factors have an influence on health, including where we are born, grow, live, work and age, all of which are directly impacted by local government decision-making. Social determinants of health are broad personal, social, economic and environmental factors that determine individual and population health. Factors include things like physical environments, access to services, social supports, culture and experiences of discrimination and racism.²

² canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

How will this zoning law affect marginalized communities? Will they still have easy access to the park?



Local governments can have a meaningful impact on social determinants of health everyday through decisions related to housing, zoning, built environments, access to green space, social services, inclusion, Indigenous relations, community safety and more. It is important that decision makers integrate social determinants of health into the decisions they make. For example:

- How might a land use decision impact the well-being of community members? Will it affect some groups differently than others?
- Could it potentially result in further inequity for equity-deserving groups who already experience social, health and structural inequities?
- Could it actually lead to greater equity?

Addressing these types of questions will lead to greater community health outcomes and may prevent unintended consequences that could negatively impact the well-being of community members.



5. Advocate for community-based responses to social challenges that center health and well-being.

While we often hear that funding for mental health and substance use and related issues like homelessness is a provincial responsibility, we know that municipalities spend money on these issues in the form of police and bylaw enforcement. For many municipalities, this is seen as one of the only levers they have in their jurisdiction. Despite continued increased investments in policing and bylaw, municipalities are not seeing improvements; in some places, these social challenges are getting worse.

Not only is enforcement not working, the criminalization of mental health, substance use and homelessness is a human rights issue. **In BC, one in five interactions with the police involve someone with a mental health or substance use disorder.** We are deploying the wrong responses to deal with complex health and social challenges, resulting in harm to people who need help.

There is a movement happening across North America, where cities and towns are looking at innovative ways to divert mental health and related calls away from police towards a community and/or health response. For example, **Peer Assisted Care Teams (PACT)** are mobile civilian-led teams that pair a mental health professional and peer worker to provide trauma-informed, culturally-safe supports to people experiencing mental health and/or other social challenges. A PACT pilot was spearheaded by CMHA North and West Vancouver on the North Shore, but through advocacy efforts by governments, pilots are soon to begin in Victoria and New Westminster. Local policy leaders are invaluable in advocating to higher levels of government for innovative change in their communities.

About CMHA BC

The Canadian Mental Health Association (CMHA) is the nation-wide leader and champion for mental health. We facilitate access to the resources people require to maintain and improve their mental wellbeing across the lifespan, and strive to influence both our health and social services systems to ensure a foundation for wellness for all. CMHA BC is made up of a provincial office and 14 branches providing community-based services in over 100 communities throughout the province.

Resources

On Stigma and Language:

- [Mindset Guide](#)
- [BCCDC COVID-19 Language Guide](#)
- [The Impact of Stigma and Avoiding Stigmatizing Language \(Canadian Drug Policy Alliance\)](#)
- [Unsettling Stigma \(Aboriginal Coalition to End Homelessness\)](#)

Local Governments and Well-Being

- [Creating Mentally Healthy Cities and Communities \(Mental Health Commission of Canada\)](#)
- [How Do Local Governments Improve Health and Community Well-Being? \(BC Healthy Communities Society and Healthy Families BC\)](#)

Key Statistics on Mental Health and Substance Use

- [CMHA Fast Facts about Mental Illness](#)
- [CMHA BC Facts and Figures](#)
- [CMHA/UBC Study on Impacts of COVID-19 Summary of Findings](#)
- [Center for Addiction and Mental Health Statistics](#)
- [Here to Help Factsheet on Mental Illness](#)
- [Mental Health and Substance Use Publications](#)