



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

Consultation on Together BC: BC's Poverty Reduction Strategy

Submission from the Canadian Mental Health Association BC Division

April 30, 2023

WHO WE ARE

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. We are a federated charity with 87 local, provincial and national locations. At the national and provincial level, we push for system and policy change. At the community level, millions of people in Canada rely on CMHA's extensive grassroots presence, including 14 local branches across BC.

Vision: Mentally healthy people in a healthy society.

Mission: As the nation-wide leader and champion for mental health, 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.

Mandate and Scope: Mental health, substance use and addictive behaviours are within the scope of CMHA BC Division.

Approach: Our goal is for people with mental health and substance use challenges to live fulfilling lives in the community. Lived experience guides us, as does the social determinants of health. We believe that the voices of people with lived and living experience (PWLLE) should be centered during the development of policies and programs.

INTRODUCTION

There is a complex two-way relationship between mental health, substance use and poverty. People experiencing mental illness and/or substance use are at increased risk of living in poverty because of stigma, discrimination, social exclusion, additional healthcare costs and barriers to employment. Conversely, people living in poverty face increased risk of experiencing stress and trauma, which has a strong correlation with mental illness and problematic substance use; economic security is a key determinant of mental health and wellbeing.¹ Additionally, an adequate standard of living is critical to supporting the recovery of a person experiencing mental health or substance use-related illness.

The relationship between poverty, mental health and substance use is even more complex for people who experience additional forms of social exclusion or marginalization. For example, Indigenous people grappling with the impacts of inter-generational trauma and the ongoing consequences of colonization face disproportionate rates of poverty, mental illness and problematic substance use;² the impacts of stigma, discrimination, cultural interference and poverty are deeply intertwined.

This submission to the consultation on Together BC: BC's Poverty Reduction Strategy focuses on the gains that have been made for people living in poverty – in particular those for whom mental illness and/or substance use intersect with poverty – as well as the gaps that continue to perpetuate poverty in our communities, especially in the context of unprecedented factors like Covid-19 and climate-related disasters. In particular, we will focus on three key areas of feedback that are most pressing for the people we serve: mental health and substance use supports, income and employment supports, and housing. We include a number of recommendations, some of which have not changed since our [2018 submission](#) for the consultation on the development of Together BC. Overall, significant gains have

¹ Funk, M. et al (2012). Mental health, poverty and development. *Journal of Public Mental Health* 11(4), 166–185. Retrieved from <https://core.ac.uk/download/pdf/9694016.pdf>.

² First Nations Health Authority (2012). *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 year Plan*. Retrieved from <https://www.suicideinfo.ca/wp-content/uploads/2013/09/20130858-A-path-forward-BC-First-Nations.pdf>.

been made, but there is still a lot of work to do. We are grateful to the Government of BC for the opportunity to provide feedback on this important work.

MENTAL HEALTH AND SUBSTANCE USE SUPPORTS

CMHA BC often hears from individuals with mental health and substance use (MHSU) challenges, their loved ones and their service providers that when attempting to access supports, they are presented with lengthy waitlists, strict eligibility criteria, lack of trauma-informed and/or culturally safe services, and a confusing system that is difficult to navigate.

Instead of addressing MHSU issues early on, BC's MHSU system relies heavily on acute care to address these issues only once they become a crisis. BC's rates of hospitalization due to MHSU disorders are higher than the national average.³ Even more troubling is the continuously increasing rate of involuntary detentions under the *Mental Health Act* in BC, which is the highest in Canada.⁴

In BC, we have a two-tiered system where individuals who do not have extended health benefits and/or cannot pay for private services do not have timely access to early intervention and treatment for mild to moderate MHSU challenges. Those experiencing mental illness are often unable to access supports early on in their illness when the negative impacts to their economic security could be prevented or minimized (e.g., loss of employment, housing etc.). Instead, their health declines into a crisis that is serious enough for them to access care through the hospital or criminal justice system, often resulting in poverty, instability and ultimately harm. This is the most expensive way to provide health and social services. Supporting mental health and wellbeing before a crisis is a key factor in addressing poverty.

Measures to prevent the spread of Covid-19 during the pandemic had unintended consequences on mental health. Isolation, loneliness and stress due to financial strain impacted all British Columbians, but were particularly tough on people with pre-existing MHSU challenges who lost access to their usual in-person services. The psychological effects of Covid-19 continue to impact British Columbians.

CMHA BC applauds the Province for making record investments in the MHSU system since 2017, and for its ongoing progress implementing [A Pathway to Hope](#). Budget 2023 invests \$1 billion in new funding over three years to expand MHSU services, including for important transformational services like CMHA BC's [Peer Assisted Care Teams](#), that offer an alternative to police in responding to mental health crises. We also welcome three more years of funding for [free and low-cost community counselling services](#) that provide pivotal psychological supports to low-income British Columbians.

Budget 2023 has a significant focus on treatment and recovery services for individuals with complex mental health and substance use disorders. While investment is needed in every corner of the system, we continue to see gaps in investments in upstream promotion, prevention and early intervention supports for mild to moderate MHSU challenges.

RECOMMENDATIONS

1. Ensure that all people in BC, including children and youth, have access to coordinated, timely, culturally safe, person-centred and evidence-based mental health and substance use services in

³ Based on Canadian Institute for Health Information data on mental health and substance use disorder discharges found at <https://www.cihi.ca/en/indicators/mental-health-and-substance-use-disorder-discharges>.

⁴ Loyal, J. P. et al. (2022). Trends in involuntary psychiatric hospitalization in British Columbia: Descriptive analysis of population-based linked administrative data from 2008 to 2018. *The Canadian Journal of Psychiatry*, 68(4), 257-268. Retrieved from <https://journals.sagepub.com/doi/full/10.1177/07067437221128477>.

their communities across the full spectrum of care, ranging from prevention and early intervention to treatment and recovery.

2. Continue investing in community-based MHSU services that provide holistic supports grounded in the social determinants of health, as well as important mental health promotion, prevention and early intervention services.
3. Continue to expand access to supports for British Columbians experiencing mild to moderate MHSU challenges, including through free and low-cost community counselling services and other innovative approaches that prioritize equity and access (e.g., virtual supports for remote and rural communities, Indigenous-led services, services for newcomer and refugee communities etc.).

INCOME AND EMPLOYMENT SUPPORTS

Income security and employment are important social determinants of health that can have a significant impact on mental health and wellbeing. While many people who live with a mental illness or substance use disorder are able to maintain regular employment throughout their lives, others may experience barriers to employment as a result of disability and/or periods of instability in their mental health.

CMHA BC applauds the Province's continuous increases to income and disability assistance since 2017, as well as steady increases to earnings exemptions limits. However, as assistance rates and exemption limits have increased, so has inflation and general costs of living. The latest Market Basket Measure (MBM) for BC, based on cost-of-living calculations for 2020, ranges from \$43,069/year for rural areas to \$50,569/year for Vancouver.⁵ Based on the increases announced in Budget 2023 that won't be in effect until July 2023, a single person on income assistance who earns the maximum amount exempt through employment will have an annual income of \$19,920. A single person on disability assistance who earns the maximum amount exempt through employment will have an annual income of up to \$34,008. While improvements have been made, the discrepancy between the MBM and the annual income of those on assistance reinforces conditions of poverty.

Related, many peer workers in the MHSU sector also receive income or disability assistance. Peer employment continues to be a burgeoning area of the sector and provides people with lived and living experience with meaningful work. CMHA BC is grateful to the Province for recognizing the importance of peer workers in the provision of MHSU care and the development of policies and programs.

The [legislation and policy manual](#) that governs income and disability assistance includes an exemption on assistance deductions for peer support workers if their employer is a designated agency. CMHA BC recently undertook a study on peer employment in BC⁶ and found that many peer workers, their employers, and Ministry of Social Development and Poverty Reduction (MSDPR) workers are unaware of this exemption. CMHA BC found that employers may not pursue the exemption for their peer staff because information on how to be a designated agency is not publicly available and the scope and intent of the policy is unclear. Furthermore, the policy manual includes an outdated definition of "peer support" and lacks consideration of the broad range of peer roles that exist in the sector. Addressing these issues presents a significant opportunity to address income security among peer workers in BC.

Finally, there has been some progress on moving beyond a one-size-fits-all employment support model for people with MHSU challenges who experience barriers to employment. In February 2023, the

⁵ Statistics Canada (2022). *Market Basket Measure (MBM) thresholds for the reference family by Market Basket Measure region, component and base year*. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110006601>.

⁶ CMHA BC will be releasing a report in summer 2023 that includes the findings of this research project, as well as systemic recommendations for the Province of BC to advance peer employment and empowerment in BC.

Province announced the expansion of CMHA BC's [Links to Employment](#) program, which helps remove barriers that people with complex care needs face on their journey to long-term recovery by incorporating employment interventions into their treatment plans. This program has shown promising results for improving client wellbeing and connecting them with meaningful employment.

RECOMMENDATIONS

4. Increase income and disability assistance rates to reflect the actual cost of an adequate standard of living, as well as indexing them to inflation. Disability assistance rates should be high enough that they bring recipients over the poverty line based on the most recent Market Basket Measure.
5. Enhance awareness and education on the peer work income exemption, expand the eligibility for the exemption to all types of MHSU peer work in BC, and include a streamlined process for peer-employing organizations to become designated agencies.
6. Create a funding stream exclusively for peer employment that is accessible to health authorities, non-profits and peer-run organizations that are a part of the MHSU sector. Employment conditions such as liveable wage and benefit provisions should be mandatory for eligibility for the funding, which should be reviewed annually and provided on a recurring, annual basis.
7. Continue to support the integration of evidence-based employment programming into treatment and recovery for individuals with complex MHSU challenges who experience barriers to work.

HOUSING

Affordable, safe and secure housing is a fundamental determinant of health. Rising rental rates and low vacancy rates disproportionately impact people with disabilities, including those living with MHSU challenges, who are more likely to be unable to keep or obtain adequate housing. As a result, they also experience disproportionate rates of housing insecurity and homelessness. These individuals experience better outcomes when they are given agency in their housing options, these options address their individual needs, and where appropriate, health and social services are attached.

Over the past several years, the Province has taken many steps to address the lack of housing supply and disincentivize the financialization of housing. While many of these approaches address market housing (e.g., speculation and vacancy tax, changes to permitting etc.), huge gaps remain in non-market housing provision. CMHA BC and local branches who provide non-market housing in their communities welcome the new [Homes for People](#) action plan and encourage the Province to invest even more in helping those with the greatest housing need through a variety of tactics including the provision of social and supportive housing, rent supplements, Rent Bank loans, homelessness diversion programs and more.

Related, the Province must do more to stop the cycle of homelessness for people who are chronically unhoused. Temporary shelters are not permanent solutions to homelessness and can perpetuate this cycle. Temporary housing service providers are increasingly faced with the tension of keeping people alive and safe, the moral and financial obligation to provide a standard of care with their services, and the ethical need to advocate for better, more dignified long-term solutions to addressing housing needs.⁷ People need to be able to go from the street to shelter, and from shelter to housing; however for many people, shelters are often the last stop on this continuum because there is a lack of safe, affordable and person-centered housing options available to them.

⁷ For example, see a [public statement](#) from CMHA Kamloops on their response to temporary winter shelters.

Because of the unstable and inconsistent nature of temporary shelters, coupled with restrictive policies from some service providers, and a lack of safety for residents, some people prefer to remain living outside on the streets or in encampments. While the Province has announced their commitment to address encampments, the reality is that there are not enough dignified and appropriate housing options to meet the demand. Research has shown the negative impacts of displacing encampments on the individuals who have been displaced, including increasing the risk of overdose for people who use drugs, reducing access to health and social services, and social isolation.⁸ When these displacement efforts are undertaken by police, as we have seen in Vancouver's Downtown Eastside recently, we further stigmatize and entrench the narrative that being poor and unhoused is crime.

Finally, CMHA BC welcomes an increase to the shelter portion of income and disability assistance rates announced in Budget 2023. While \$500/month is a much-needed improvement, it barely makes a dent in the average rent of a one-bedroom in BC, which is now \$2,471/month.⁹ Furthermore individuals who are on income or disability assistance, who are already living under the poverty line, still are unable to access the [Rental Assistance Program](#) (RAP) or the [Shelter Aid for Elderly Renters](#) (SAFER) program.

RECOMMENDATIONS

8. Continue to increase BC's affordable housing stock across the housing spectrum, with particular emphasis on social and supported housing and culturally safe housing. Attach health and social services when appropriate to support people to maintain their housing.
9. As much as possible, allow for flexible housing supports that are tied to the person and not the unit; when that is not possible, coordinate and improve transitions across the housing spectrum as an individual's needs change.
10. Support temporary shelter operators to provide robust health, mental health and service navigation supports. Planning for seasonal shelters should start well ahead of seasonal changes in weather so that people are not forced to be exposed to harsh conditions.
11. Ensure that people living in encampments are not displaced until they are provided appropriate housing that addresses their needs. Responses to encampments should be trauma-informed and centered on support, not force or punishment.
12. Unify the RAP and SAFER housing subsidies and expand access to include all low-income renters, including those in receipt of income and disability assistance and increase the shelter rate with the goal of aligning with average housing costs. This could be dependent on the region in which a person lives.

⁸ E.g., see <https://themainlander.com/2023/04/14/an-open-letter-from-academics-against-vancouvers-encampment-evictions/>

⁹ Rentals.ca (2023). *April 2023 rent report*. Retrieved from <https://rentals.ca/national-rent-report>.