

Mental Health, as defined by the [World Health Organization](#) (2014), is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Mental illness and addiction refers to a wide range of disorders that affect mood, thinking and behavior.¹

Background

Mental illness and addiction affects British Columbians across the lifespan. According to the [Mental Health Commission of Canada](#), Canadians who are at greater risk of suffering from mental illness and addiction include seniors, youth of Aboriginal descent, individuals who use substances, the homeless and unemployed. Over any given year, approximately one in five British Columbians will experience a mental illness or addiction issue, leading to suffering and interference with one’s life.² Unfortunately, there continues to be a lack of parity between physical and mental health, and many British Columbians suffering from mental illness are not treated until they reach ‘stage 4’, a situation that would highly be unlikely for physical illnesses such as cancer.

The mental health and addiction care system in B.C. is currently fragmented, inaccessible and uncoordinated, and failing to meet the needs of British Columbians. While the need to focus on prevention and early intervention has been recognized for decades, as first outlined in the 1998 B.C. Mental Health Plan, the province’s mental health and addiction system continues to be highly reactive. While there is substantial evidence on the importance of community based services and supports, a significant portion of health care spending continues to be invested in acute care facilities within B.C. According to the [Canadian Mental Health Association](#), in 2011-2012, only 7.26 percent of total health authority spending in B.C. was directed towards mental health and addictions outside of the hospital, while 58.7 percent was spent on acute care services.

With insufficient community based mental health services, many British Columbians living with low to moderate mental health issues are not receiving the supports they need, which is also contributing to increased rates of hospital re-admission that are higher than the national average (13.3 percent and 11.1 percent respectively).³ Further, nursing recognizes that supports and services for individuals living with mental illness and addiction outside of the health sector, such as housing, employment, transportation, and support while navigating the criminal justice system are often needed. However, there is currently a lack of coordination between sectors, and stigma continues to create barriers to system wide change.

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¹ Centre for Addiction and Mental Health. (2012). *Mental illness and addictions: Facts and statistics*.

² BC Ministry of Health (2010). *Healthy minds, healthy people: A ten year plan to address mental health and substance use in British Columbia*.

³ Canadian Mental Health Association British Columbia. (2014). *Community-based supports for mental health and substance use care*.

Issues Brief

The current opioid crisis has shown the significant gaps in addiction care in B.C., and ARNBC's interactions with nurses across the province continue to illustrate the devastating impacts that a poor addiction care system has on patients and families every day. B.C. nurses know that the delivery of addiction care in primary care settings must be strengthened, harm reduction practices and coverage for addiction treatment must be expanded, and greater education and awareness around addictions is needed.⁴

Key Messages:

- Mental health and addiction services are currently highly fragmented, inaccessible and uncoordinated, and not meeting the needs of British Columbians.
- Greater efforts are needed to ensure mental health and physical health achieve parity.
- Interdepartmental, intergovernmental and intersectoral collaboration is needed to create a comprehensive mental health and addiction system.
- Greater investment in prevention and early intervention, especially among children and youth is vital in mitigating mental illness and addiction later on in life.
- Addiction care and treatment must be strengthened and expanded in primary care.

Questions for Nurses

1. What are some promising models that exist in other jurisdictions that can be adopted in B.C.?
2. How can nurses be proactive and ensure that they address not only the physical needs, but also the mental health needs of all patients, whether apparent or not?
3. What can nursing education do to improve knowledge and skills among nurses around mental health and addiction?

Further Reading

- Canadian Mental Health Association. [Fast Facts About Mental Illness](#).
- Canadian Mental Health Association: BC Division. [B4stage4 Manifesto](#).
- Canadian Mental Health Association: BC Division. (2016). [CMHA BC Submission to the Select Standing Committee on Health](#).

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⁴ Canadian Mental Health Association BC Division. (2016). [CMHA BC Submission to the Select Standing Committee on Health](#).

