

Position Statement

Promoting a Sustainable and Proactive Mental Health and Substance Use System in British Columbia

ARNBC Position:

ARNBC believes that:

- All British Columbians deserve timely and accessible mental health and substance use support, care and treatment.
- “There is no health without mental health”, as “health is a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity” ([World Health Organization \[WHO\], 2004](#)).
- Positive mental health is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life and can work productively and fruitfully, and is able to make a contribution to her or his community” ([WHO, 2014](#)).
- Positive or poor mental health is heavily influenced by various individual, social, economic and political determinants, and as a result, addressing mental health, mental illness, and substance use must be a shared responsibility among all sectors ([Mental Health Commission of Canada, 2012](#)).
- Mental health must be valued equally with physical health, and strong efforts are needed to ensure parity.
- The current reactive and fragmented mental health and substance use system in British Columbia (B.C.) is not meeting the needs of British Columbians, and many individuals are not receiving the support, care and treatment they need until their substance use and mental illnesses reach severe stages.
- B.C. nurses care for British Columbians across the lifespan in areas where they live, work and play. They are well positioned to work collaboratively across disciplines and sectors to lead change in mental health and substance use, and will continue to play an increasingly important role in improving the mental health and substance use system.
- Healthcare providers frequently bring their own personal beliefs about individuals living with mental illness and substance use issues into their daily interactions, and have the responsibility of changing their own discriminatory attitudes, as well as resolving this social injustice ([Canadian Nurses Association, 2012](#); [Canadian Nurses Association, 2017](#); [College of Registered Nurses of British Columbia, 2017](#)).

In order to build a sustainable and proactive mental health and substance use system in B.C.:

- A whole systems approach is required to promote collective action and involve all sectors across the province.
- Stronger efforts are needed to ensure the social, economic and political determinants of mental health are prioritized and addressed through inter-sectoral collaboration.
- A variety of evidence-based and flexible treatment modalities across the continuum of care are required (e.g., outreach, inpatient, outpatient, group, individual, etc.) in order to support the needs of clients holistically throughout their mental health and wellness journey.



Position Statement

- The housing needs of individuals experiencing substance use and/or mental illness must be prioritized and addressed with a wide range of options across the housing continuum.
- Greater public awareness and education is needed to eliminate stigma around mental illness and substance use.
- The mental health needs of Indigenous peoples must be addressed by acknowledging their “distinct circumstances, rights and cultures,” ([Mental Health Commission of Canada, 2012](#)) and providers must ensure culturally safe care is available and accessible.
- Greater mental health promotion¹ and substance use support must be available specifically to marginalized populations who face discrimination due to race, sexual orientation, gender, and poverty.
- Greater investment in mental health promotion and health literacy is needed in order to enhance British Columbians’ capacity to take control of life and health, to enhance resiliency, and to facilitate empowerment ([Canadian Mental Health Association \[CMHA\], 2008](#)).
- Collaborative efforts are needed to ensure upstream solutions, as outlined in the [Canadian Mental Health Association’s B4stage4 Declaration \(2016\)](#), are acted upon including:
 - Focusing on early prevention and intervention
 - Building access to addictions healthcare
 - Strengthening recovery closer to home, in community
 - Improving crisis care
 - Leading change in mental health and addictions
- A greater focus on mental health promotion, mental illness, and substance use within nursing curricula is needed to ensure nurses have the competence, clinical expertise and leadership to provide mental health and substance use care across all settings and specialties ([CNA, 2012](#) & [Canadian Federation of Mental Health Nurses, 2016](#)).
- British Columbians living with mental health and substance use issues must be involved in all discussions and decisions made around the mental health and substance use system.

Background

Changes to B.C.’s Mental Health and Substance Use System

Mental health illness and substance use continue to be prevalent across Canada, with one in five Canadians experiencing a mental health problem ([Smetanin et al., 2011](#)). Around 15 to 20 percent of those seeking help from mental health services are living with a substance use issue, and more than half of those seeking help for substance use are experiencing a mental illness ([Canadian Centre on Substance Abuse, 2009](#)). The mental health and substance use system in B.C. has changed significantly over the past few decades, shifting from institutionalization to deinstitutionalization with greater emphasis on community supports and services. While this shift was gradual, much of this change occurred after the release of the [1998 Mental Health Plan](#), which focused on deinstitutionalization, de-centralization and the regionalization of mental health services across the province.

.....
¹ Mental health promotion “involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles” ([WHO, 2016](#))



Position Statement

Throughout the late 1990s and early 2000s, mental health services began to decentralize. Most notably, the devolution of Riverview Hospital, which was the main provider of mental health services for those living with serious mental health illness, led to the development of a patchwork of facilities, programs and services across the province ([Morrow et al., 2010](#)). The establishment of regional health authorities created significant changes to the organization, delivery and location of mental health and substance use services across the province, at a time of considerable shifts in the provincial political climate and cutbacks to the social welfare system ([Morrow et al., 2010](#)).

With health authorities expanding both acute and community based mental health services in silos and at different times, the level of maturity of services varied significantly, leading to notable disparities in care (B.C. Auditor, 2016). While the policy direction outlined in the 1998 Mental Health Plan focused strongly on individuals living with the most serious and disabling mental illnesses, the subsequent changes led to significant gaps in care for all individuals across the spectrum, and in turn, contributed to even less investment in early and proactive intervention. Consequently, the cumulative effects have led to today's fragmented and highly reactive mental health and substance use system. While the 1998 Mental Health Plan articulated a vision of timely mental healthcare, early intervention and identification, and having access to necessary mental healthcare as easily as to physical care, after nearly 20 years, there continues to be difficulties in turning these visions into a reality.

Today's Mental Health and Substance Use System

Many British Columbians with mental health illness continue to fall through the cracks due to the absence of a robust, comprehensive and proactive mental health and substance use system. While anyone in society may experience poor mental health, mental illness and/or substance use issues, several vulnerable groups are more likely to do so. Vulnerable groups often share common challenges that put them at greater risk, including stigma and discrimination, violence and abuse, social exclusion, reduced access to health and social services and restrictions in exercising civil and political rights ([WHO, 2010](#)). Across B.C. some of the most vulnerable groups include:

People Who Use Drugs

The current opioid crisis in B.C. which claimed over 1200 lives in 2017, illustrates the strong gaps and stigma that still exist in the current mental health and substance use system. The lack of a coordinated and resourced plan has, and continues to have, significant impact on British Columbians. While harm reduction approaches have been scientifically proven to improve health outcomes, policy changes continue to be met with great resistance. Further, individuals such as those suffering from chronic pain are also being impacted by the crisis as a result of changes and restrictions to prescribing patterns ([Pain B.C., 2016](#)). This in turn, has significant mental health and substance use implications for a wide spectrum of individuals. Nursing recognizes that there are many interrelated factors that lead to substance use including trauma, poor social determinants of health, and mental illness. Many individuals continue to benefit from harm reduction models that address the various determinants of substance use (e.g. Insite and Crosstown Clinic in Vancouver's Downtown Eastside), and nursing expertise would argue for the expansion of these upstream approaches.



Position Statement

Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit (LGBTQ2S+) Individuals

Research indicates that there are many intersecting experiences of marginalization among individuals who identify as lesbian, gay, bisexual, transgender, or queer leading to higher rates of mental health and substance use issues when compared to the general population ([Canadian Mental Health Association, 2017](#)). While some progress has been made, many LGBTQ2S+ people continue to struggle with the impacts of societal discrimination throughout their lives leading to anxiety, trauma, depression, suicidal thought and acts, and alcohol and drug dependence ([Canadian Mental Health Association, 2017](#)). Specifically, transgender people continue to experience high levels of violence, discrimination and harassment, which impact other determinants of health including employment, housing and the ability to access health and social supports ([Rainbow Health Ontario, 2012](#); [Veale et al., 2015](#)).

Indigenous Peoples

Indigenous peoples across B.C. and Canada face unique mental health challenges, and the disparity is evident when looking at the high rates of suicide, depression, substance use and family violence ([Provincial Health Officer, 2009](#)). Specifically, hospitalizations for mental health issues remain higher than the rest of the population, suicide among Indigenous youth is up to five times higher compared to the non-Indigenous population, and the impact of sexual abuse among Indigenous females continues to be alarmingly high ([Provincial Health Officer, 2009](#); [McCreary Centre Society, 2012](#)). These health disparities are rooted in colonial policies, the legacy of residential schools, stigma and discrimination among the public and healthcare providers, which continue to impact Indigenous peoples' ability to access timely, culturally sensitive, and high-quality support and care ([FNHA, 2013](#)).

Moving Towards a Proactive Mental Health and Substance Use System

System Level Changes

B.C. nurses, along with other care providers, researchers and advocates have long recognized the need to invest in upstream approaches when addressing mental health and substance use. Similarly, the B.C. Ministry of Health's 2010 '[Ten Year Plan to Address Mental Health and Substance Use in British Columbia](#)' broadened to "not only assist individuals with the most severe challenges, but also to address the needs of all British Columbians and, whenever possible, prevent problems before they start" (p.2.). Further, it articulated a strong emphasis on children and families, recognizing that the majority of mental health and substance use issues arise early on in childhood. While there is much work to be done to address the needs of individuals suffering from severe mental illness and substance use, ARNBC's consultations with nurses, healthcare providers, and individuals with lived experience have strongly indicated that the critical pieces to building a sustainable and proactive mental health and substance use system in B.C. include the following: investment in mental health promotion by addressing the social determinants through a life course perspective, early identification and intervention, combatting stigma and discrimination, and inter-sectoral collaboration.

In a poll conducted on behalf of the [Canadian Mental Health Association- BC Division in 2017](#), the majority of British Columbians indicated that they also believe lack of prevention and early identification are two of the top ten most important issues facing the province, and that mental health and substance use should receive the same, if not more funding priority than physical health conditions. Nurses recognize that supporting policies and programs that promote positive mental health, beginning in infancy, can



Position Statement

positively influence developmental pathways. Nursing also understands that in order to transform mental health and substance use care across the province, greater investment to support upstream approaches such as harm reduction, public education and awareness must be in place in order to promote and protect mental health. Specifically, nursing expertise would agree that greater efforts are needed to develop mechanisms to mainstream mental health promotion in order to place a greater focus on mental wellness ([WHO, 2014](#)).

Practice Level Changes

Nurses have historically been at the forefront of several changes to the province's mental health and substance use system. Nurses continue to play a key role in the coordination of health and social services ([CNA, 2005](#)) and recognize that a fragmented and reactive mental health and substance use system will continue to result in many British Columbians falling through the cracks. Working towards reforming the province's mental health and substance use system also requires greater efforts to ensure those who are providing care have the knowledge and skills to do so. During the [Conversation on Health in 2007](#), a key theme noted for improving mental health and substance use care was the need to improve education and training among care providers to assist people with mental health concerns. Further, there was agreement that a greater number of professionals should be educated and trained in substance use recovery. Ten years later, the message remains the same.

Through ARNBC's consultations with nurses across the province and the [BC Coalition of Nursing Association's Emergency Forum to respond to the B.C. Opioid Crisis](#), an emerging theme has been the need to ensure nurses and all healthcare providers are equipped with the skills and knowledge to provide care that is non-judgemental and safe to enable British Columbians can access the care they need. Specifically, B.C. nurses believe there is a need to increase the level of education around mental health and substance use in undergraduate nursing curricula, include sensitivity training for nurses already in practice, increase nursing students' exposure to harm reduction practice, ensure entry to practice competencies reflect the changing landscape of mental health and substance use, and ensure providers such as nurse practitioners have equal training to enhance their ability to practice to full scope.

Committing to Addressing Health Disparities among Indigenous Peoples

ARNBC recognizes that Indigenous peoples across B.C. experience significant mental health disparities as evidenced by the high rates of suicide, depression, substance use and family violence ([First Nations Health Authority \[FNHA\], 2013](#)). In 2013, the FNHA developed *A Path Forward, B.C.'s First Nations and Indigenous People's Mental Wellness and Substance Use - 10 Year Plan*, a framework designed to facilitate regional and local planning and action. ARNBC recognizes that working towards a sustainable and proactive mental health and substance use system requires nursing to continue to establish strong partnerships with Indigenous peoples to advance this plan. Specifically, this involves ongoing commitment to cultural safety training among all healthcare providers, and addressing the root causes that continue to perpetuate health disparities among Indigenous peoples. Further, the [Truth and Reconciliation Commission's call to action](#) highlights the importance of establishing measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities, with a focus on many key indicators including suicide, mental health and addictions.



Position Statement

Moving Forward

In 2017, the B.C. government signed on to the federal Health Accord, which will provide \$655 million for mental health and substance use care over the next ten years. Specifically, the provincial government announced that in the [2017 B.C. budget](#), \$322 million would be dedicated to provide “an immediate and evidence based response to the fentanyl emergency with prevention, early intervention, treatment and recovery efforts, improved data collection and analysis, a new Ministry of Mental Health and Addictions, and increased law enforcement to disrupt the supply chain.” While this is a positive step in supporting a more comprehensive and proactive mental health and substance use system, there is a continued need for advocacy around ensuring mental health and substance use receives the same investment as physical health. Working closely with the Ministry of Mental Health and Addictions, ARNBC will seek opportunities to advocate strongly for the development of a more sustainable and proactive mental health and substance use system.

Recommendations

In order to work towards a sustainable and proactive mental health and substance use system, ARNBC will:

1. Work collaboratively with educators, direct care nurses and patients to develop educational materials that address the stigma that many healthcare providers have towards individuals living with mental illness and substance use issues.
2. Continue to build interdisciplinary and inter-sectoral partnerships to ensure the [B4Stage4 Declaration](#) is acted upon through collaboration.
3. Work collaboratively with the BC Coalition of Nursing Associations to ensure the nursing community in B.C. is held accountable by carrying out the recommendations and actions within the BCCNA Opioid Crisis Emergency Forum [‘to do’ list](#).
4. Explore opportunities to collaborate with First Nations Health Authority to support the B.C.’s *First Nations and Indigenous People’s Mental Wellness and Substance Use 10 Year Plan*.
5. Advocate for an updated mental health and substance use framework from the new Ministry of Mental Health and Addictions that reflects on and responds to B.C.’s current mental health and substance use challenges.

Conclusion

Changes to B.C.’s mental health and substance use system are strongly needed, and nursing understands that in order to build a sustainable and proactive system, upstream approaches must be taken among all sectors. Mental health is equally as important as physical health, and greater investment must be made to ensure all British Columbians are provided with the tools to promote positive mental health. ARNBC is committed to working collaboratively with all stakeholders to ensure positive changes are made within B.C.’s mental health and substance use system.



Position Statement

References

- B.C. Coalition of Nursing Associations. (2016). [Emergency Forum to Respond to the B.C. Opioid Crisis](#).
- B.C. Ministry of Health. (1998). [Revitalizing and rebalancing British Columbia's mental health system](#).
- B.C. Ministry of Health. (2010). [Healthy Minds, Healthy People: Ten Year Plan to Address Mental Health and Substance Use in British Columbia](#).
- B.C. Ministry of Health. (2007). [Conversation on Health: Mental Health](#).
- B.C. Ministry of Health. (2007). [Conversation on Health: Addictions](#).
- B.C. Auditor. (2016). [Access to adult tertiary mental health and substance use services](#).
- Canadian Centre on Substance Abuse. [Concurrent Disorders](#).
- Canadian Federation of Mental Health Nurses. (2016). [Mental health and addiction curriculum in undergraduate nursing education in Canada](#).
- Canadian Mental Health Association. (2008). [Mental Health Promotion: A framework for action](#).
- Canadian Mental Health Association. (2016). [B4Stage4 Manifesto](#).
- Canadian Mental Health Association. (2016). [Positive Mental Health and Well-Being](#).
- Canadian Mental Health Association. (2017). [Lesbian, Gay, Bisexual, Trans & Queer Identified People and Mental Health](#).
- Canadian Mental Health Association BC Division. (2017). [Get Loud. Take Action. B4Stage4](#).
- Canadian Nurses Association. (2017). [Code of Ethics for Registered Nurses](#).
- Canadian Nurses Association. (2012). [Position statement on mental health services](#).
- Canadian Nurses Association. (2005). [Mental Health and Nursing: A summary of the Issues](#).
- College of Registered Nurses of British Columbia. (2017). [Professional Standards](#).
- First Nations Health Authority. (2013). [A Path Forward: BC First Nations and Indigenous People's Mental Wellness and Substance Use 10 Year Plan](#).
- McCreary Centre Society. (2012). [Raven's Children III: Indigenous youth health in B.C.](#)
- Mental Health Commission of Canada. (2012). [Changing directions, changing lives: The mental health strategy for Canada summary](#).
- Morrow, M., Pederson, A., Smith, J., Josewski, V., Jamer, B., & Battersby, L. (2010) [Relocating mental healthcare in British Columbia: Riverview Hospital Redevelopment, regionalization and gender in psychiatric and social care](#). Vancouver: Centre for the Study of Gender, Social Inequities and Mental Health.
- Pain B.C. (2016). [Chronic Pain Sufferers Struggle with Side Effects of B.C. Opioid Crisis](#).
- Provincial Health Officer. (2009). [Pathways to Health and Healing](#).
- Rainbow Health Ontario. (2012). [LGBTQ Mental Health](#).
- Smetanin et al. (2011). [The life and economic impact of major mental illnesses in Canada: 2011-2041](#). Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.
- Truth and Reconciliation Commission. (2015). [Calls to Action](#).
- Veale J, Saewyc E, Frohard-Dourlent H, Dobson S, Clark B & the Canadian Trans Youth Health Survey Research Group (2015). Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.
- World Health Organization. (2004). [Promoting Mental Health](#).
- World Health Organization. (2010). [Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group](#).
- World Health Organization. (2014). [Mental Health: A State of Well-being](#).

