BCPRC Submission for the Mental Health and Addictions Strategy

August 2018

Introduction

The **BC Poverty Reduction Coalition** (BCPRC) is an alliance of organizations that have come together to raise awareness about poverty in BC and improve the health and well-being of all British Columbians. The Coalition was launched in 2009 and has now gained the support of over 400 organizations throughout the province in the call for a **strong, comprehensive poverty reduction strategy with legislated targets and timelines** to significantly reduce poverty, inequality, and homelessness in BC. Our work is grounded in the foundation of universal human rights.

We have a diverse membership of over 90 organizations throughout BC that bring their collective strength and support to this work, including community and non-profit groups, faith groups, health organizations, indigenous organizations, immigrant service agencies, businesses, labour organizations, and social policy groups. The full list is included as an Appendix. Our office is on the unceded and occupied territory of the səl̓ílwətaʔɬ /Selilwitulh (Tsleil-Waututh), Skwxwú7mesh Úxwumixw (Squamish), and xʷməθkʷəy̓əm (Musqueam) Nations.

We congratulate the BC government for their commitment to implement a poverty reduction plan for BC. After almost a decade of calling for action to address the root causes of BC's high poverty rates, it is good to see a government paying attention to the evidence. When the cost of poverty -- $8-9 billion per year – far exceeds that of an accountable, bold and comprehensive poverty reduction plan, it is smart policy to invest in eliminating and preventing poverty.

Having completed the poverty reduction consultation phase, the government is now conducting a public consultation through the newly created Ministry of Mental Health and Addictions to "create a seamless, coordinated mental health and addictions system that is free of discrimination and stigma, and focused on hope and healing." Given that economic security is a critical social determinant of mental health, it is important that the mental health and addictions strategy recognize this fact and connect to the poverty reduction strategy to take collaborative action in addressing the root causes of poverty.

This is reinforced in the *What We Heard About Poverty in BC* report recently released by the Ministry of Social Development and Poverty Reduction. Within the key theme of mental health and addictions, as well as access to treatment, poverty is identified as a critical factor:

> *They talked about how poverty and uncertainty worsened their mental health and made it harder for them to live full lives. There was broad consensus about the need to provide for people's basic needs…*

Tackling poverty is vital for the success of the Mental Health and Addictions Strategy. We appreciate the opportunity to make our recommendations focused on this issue and thank you for considering them.

The Relationship between Poverty, Mental Health and Substance Use

While early intervention (including targeted resources to work with school districts and children and families in ways that support universal mental health education, prevention, and early identification and intervention) and appropriate treatment when needed (primarily through community-based, peer-led supports and services) are critical responses to mental health and substance use, our focus in this submission is on the underlying social determinants of mental health. As the Canadian Mental Health Association (CMHA) highlights in their submission[1] to the government's poverty reduction consultation:

> *There is a complex two-way relationship between both mental health and substance use and poverty. People experiencing mental illness and/or substance use are at an 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 an 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.[2] In addition, an adequate standard of living is a critical necessity to support the recovery of a person experiencing mental health or substance use-related illness.*
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> *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;[3] the impacts of stigma, discrimination, cultural interference and poverty are deeply intertwined.*
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> *The consequences of the relationship between poverty, mental health and substance use are profound for people directly impacted:*
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> - *Over 50% of people designated as a "persons with disabilities" under the Employment and Assistance for Persons with Disabilities Act have a mental health or substance use-related diagnosis.[4] Many more are likely relying on regular income assistance.*
> - *As many as 90% of people with serious mental illness are unemployed.[5]*
> - *Despite having lower rates of heavy drinking, people experiencing poverty are more likely to be hospitalized for reasons entirely connected to alcohol (possibly due to the increased stress, social isolation and lack of resources).[6]*

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[1] https://cmha.bc.ca/wp-content/uploads/2018/04/CMHABC_PovertyReductionSubmission-2018.pdf, 3.
[2] Shane Darke, "Pathways to heroin dependence: time to re-appraise self-medication" (2012) *Addiction* 108 at 659–667; Michelle Funk et al, "Mental health, poverty and development" (2012) *Journal of Public Mental Health* 11:4 at 166–185.
[3] First Nations Health Authority, *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 year Plan* (December 2012) at 16.
[4] Data provided by the Ministry of Social Development and Poverty Reduction to the Supporting Increased Participation table.
[5] Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, *Breaking the Cycle: A Study on Poverty Reduction* (May 2017).
[6] Canadian Institute for Health Information, *Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm* (2017).

- *People in BC living on lower incomes experience higher rates of repeat hospitalizations for mental illness.*[7]
- *People experiencing mental health or substance use-related health problems are incredibly overrepresented among the homeless population in BC, which places them at increased risk for premature death.*[8] *In the context of incredibly low rental vacancy rates, people with mental health or substance use problems may be discriminated against in the provision of rental housing and face heightened insecurity.*[9]
- *Food insecurity is tied strongly to adverse mental health outcomes.*[10]
- *Nearly 40% of people with mental health issues report experiencing stigma, almost three times the rate of stigma experienced by those without mental health issues.*[11] *People with substance use problems experience higher rates of stigma than those with any other health condition.*[12] *Stigma not only undermines self-worth and health, but it also creates additional barriers to accessing services, employment, housing, and community/social supports*

Given that 4 people are dying every day in BC due to the opioid epidemic that the Provincial Health Officer of BC has declared a Public Health Emergency, this is a crisis that requires urgent action. While the issues of mental health and addictions are much broader than this crisis, an opioid action plan must be part of the mental health and addictions strategy and include destigmatizing and decriminalizing drug use and addiction.

As the Public Health Association of BC (PHABC) state in their Opioid Action Plan Open Letter, "[w]hile not all people who use drugs come from a background of deprivation, opioid addiction frequently begins and ends in desperation: homelessness, poverty, unemployment, crime, chronic poor mental and physical health, chronic physical and emotional pain and an untimely death." We support the PHABC in recommending a public health approach to this challenge and we have yet to see strong action from the provincial government.

We have drawn from our poverty reduction submission to highlight certain issues here but please refer to the full submission[13] as you consider the development of the provincial mental health and addictions strategy.

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[7] Canadian Institute for Health Information, "Health Indicators Interactive Tool", online: https://yourhealthsystem.cihi.ca/epub/ (searched using most recent year available, by province, for "30-day Readmission for Mental Illness", "Mental Illness Hospitalization – T", "Mental Illness Patient Days – T", and "Patients with Repeat Hospitalizations for Mental Illness").
[8] BC Non-Profit Housing Association and M. Thomson Consulting, *2017 Homeless Count in Metro Vancouver*; Jessica Hannon, *Dying on the Streets: Homeless Deaths in British Columbia, 2006-2015* (3rd Edition, 2017).
[9] Greg Richmond, "Housing Our Homeless" (2017) *Visions: BC's Mental Health and Addiction Journal* 12:3.
[10] PROOF Food Insecurity Policy Research, "Fact Sheet: Food Insecurity and Mental Health" online: http://proof.utoronto.ca/resources/fact-sheets/#mentalhealth.
[11] Jamie Livingston, *Mental Illness-Related Structural Stigma: The Downward Spiral of Systemic Exclusion Final Report* (Mental Health Commission of Canada, 2015).
[12] Jamie Livingston et al, "The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review" (2012) *Addiction* 107:1.
[13] http://bcpovertyreduction.ca/wp-content/uploads/2018/03/BCPRC_SubmissionPRConsultation_Mar15_2018.pdf

The Need for a Cross-Government Approach to Enhance Prevention

We support the CMHA's recommendation for system coordination, particularly at the government level. Rather than treating people holistically, the silos of issues and potential responses is limiting and not only fails individual people but also costs our society more as we then struggle to deal with a crisis that could have been prevented.

As an example, one of the causes of poverty is illness that leads to a loss of income. Attempting to navigate the income support system during this time is challenging, and the inaccessibility and inadequacy of income supports can then lead to a loss of home. Homelessness may exacerbate the illness and the increased risk of stress and trauma is correlated with mental health issues and/or substance use. In another situation, someone who is homeless may be hospitalized for a mental health issue and, without housing supports, they are discharged back on to the street, jeopardizing their recovery substantially.

As Daniel says, in the Carnegie Community Action Project's (CCAP) report, *No Pill for This Ill: Our Community Vision for Mental Health*:

> *If they really wanted to support my mental health, getting me into good and proper housing would be a first step. Homelessness affects my mental health. I feel self doubt. It makes me feel sad, hopeless and depressed. The stigma attached to being homelessness makes it worse. I also receive disability, but it's not enough to live on.*[14]

People with mental health and substance use issues are more likely to be involved in the criminal justice system than the general population due to the increased criminalization of mental health and substance use issues. CCAP's report provides a striking portrait of the policing of the mental health crisis, detailing increased police budgets as police are embedded in new mental health outreach teams, such as the Assertive Community Treatment (ACT) teams in Vancouver. Police are now often the first responders to people in mental distress, taking on the role of diagnosis with no experience and using the blunt tool of apprehension rather than support. The outdated focus on apprehension and coercion in the province's *Mental Health Act* can create even more barriers to accessing mental health services and meaningful recovery.

All of these issues point to the need for much stronger system coordination. We support CMHA's recommendation to:

> ***Improve the integration and coordination of mental health and addiction, housing support, income support and justice system services. Ensure meaningful cross-ministerial involvement in BC's provincial poverty reduction strategy, housing initiatives, and mental health and addiction plans.***[15]

However, in considering the improvement of the integration of justice system services, we urge a shift from the funding and prioritizing of these services to community-led strategies in line with CCAP's recommendation to: **Stop the criminalization of mental health.** [16]

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[14] http://www.carnegieaction.org/wp-content/uploads/2018/04/MH-REPORT-FINAL-1.compressed.pdf, 35.
[15] https://cmha.bc.ca/wp-content/uploads/2018/04/CMHABC_PovertyReductionSubmission-2018.pdf, 5.
[16] http://www.carnegieaction.org/wp-content/uploads/2018/04/MH-REPORT-FINAL-1.compressed.pdf, 42.

The Social Determinants of Mental Health

As CCAP's report states:

> *Prevailing approaches to mental health and mental illness rely on an individualized model of care, often failing to address and understand social determinants and societal structures that impact people's mental health. In this framework, the social determinants and societal structures that impact people's mental health are erased and individuals with mental illness and addiction become seen as problems that have to be "fixed."*
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> *We want to turn this framework on its head. How can people [be] expected to be healthy when they don't have access to housing, income and basic supports to deal with trauma. We see mental health and mental illness as inseparable from the society we live in. On the unceded coast salish territories of Vancouver this is also inseparable from colonialism, and the ongoing suffering and violence it is inflicting on Indigenous peoples.*
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> *We want root causes dealt with, not bandaids.*[17]

We recommend that an upstream approach, focused on causes not merely symptoms, must be central to the provincial mental health and addictions strategy.

Income

As we have repeatedly said, and reiterated in our submission to the poverty reduction consultation:

> *The current income assistance system in BC is fundamentally broken. People in desperate need are being denied assistance, and if lucky enough to navigate all the structural and administrative barriers to welfare and have their application accepted, they are subjected to a life of "survival," struggling to meet the most basic needs of shelter and food…The current welfare rate of $710 is only 43% of the poverty line*[18] *leaving the 190,000 people on income assistance in a constant state of deprivation, stress and mere survival.*

Recommendation: Provide adequate and accessible income support for the non-employed

Priority actions:

- ***Significantly increase welfare and disability rates to the Market Basket Measure, and index them to the cost of living.***
- ***Increase earnings exemptions, and remove arbitrary barriers and clawbacks that discourage, delay and deny people in need.***

[17] http://www.carnegieaction.org/wp-content/uploads/2018/04/MH-REPORT-FINAL-1.compressed.pdf, 42.

[18] Using the Market Basket Measure (http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=2060093), 2016 rate for Vancouver. That's for the reference family of 4 so apply the conversion rate to get the single rate (in this case, divide by 2); then divide by 12 to get the monthly rate of about $1669; $710 is approximately 43% of that figure.

In addition, we also support CMHA's specific recommendations to improve our income assistance system:

- ***Provide equitable access to income and disability assistance by ensuring that services are trauma-informed and include the supports necessary to navigate the system***
- ***Modernize coverage for health supplements that are particularly relevant for people on income or disability assistance with mental health or substance use-related disabilities, including access to counselling services.***

Again, referring to our poverty reduction submission:

> *While the depth of poverty may be about deeply inadequate income assistance rates, the breadth of poverty in BC is about working poverty – it's a low wage story. In fact, about half the poor in BC are either the working poor or the children of the working poor…*
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> *Families who work for low wages face impossible choices – buy clothing or heat the house, feed the children or pay the rent. The result can be spiraling debt, constant anxiety and long-term health problems. In many cases it means that the adults in the family are working long hours just to pay for basic necessities, often at two or three jobs. These workers have little time to spend with their family, much less to help their children with school work or participate in community activities. Not only does that have a direct impact on those workers and their families, but we are all impacted by that loss within our communities and our society in general.*

The CCAP report cites a recent UK study that found that wage increases for low-wage workers "reduce feelings of anxiety and depression partly, at least, because they are under less financial strain."[19] CMHA also highlights the benefits of secure, dignified employment as a "very important part of meaningful community participation and an essential element of recovery."[20] However, workplace conditions can have a significant impact on mental health, and the fact that BC does not have mandatory paid sick leave provides a disincentive to taking care of oneself and accessing necessary health care and supports.

Recommendation: Improve the earnings and working conditions of those in the low-wage workforce

Priority actions:

- ***Increase the minimum wage to $15 an hour by January 2019 for all workers with no exemptions and index it to the cost of living.***
- ***Follow the lead of many municipal governments and become a living wage employer of provincial government staff and contractors; and encourage other employers to adopt the living wage for families.***
- ***Restore the coverage and enforcement of employment standards.***

CMHA also identifies the issues with BC's current employment supports program. The move to a one-size-fits-all model has low rates of success for people with serious mental health or substance use issues. CMHA advocates for the Individual Placement and Support (IPS) model, which "uses a zero exclusion

[19] http://www.carnegieaction.org/wp-content/uploads/2018/04/MH-REPORT-FINAL-1.compressed.pdf, 43.
[20] https://cmha.bc.ca/wp-content/uploads/2018/04/CMHABC_PovertyReductionSubmission-2018.pdf, 9.

approach that focuses on self-determination and choice."[21] According to research cited by CMHA, "in addition to successful work placements, IPS has been shown to reduce psychiatric hospitalizations and lead to fewer symptoms, longer work tenures, more hours worked and higher wages."[22]

Housing

Along with income, housing is a critical determinant of mental health. Research has shown consistently that stable housing reduces the prevalence of mental health and substance use issues and the opposite is true: homelessness or housing insecurity exacerbates these issues. However, housing stability is hard to come by in BC as our poverty reduction submission highlights:

> *BC has a housing crisis throughout the province with thousands of homeless and people facing housing insecurity struggling to survive in our communities, spending a huge share of their income on rent and/or living in sub-standard, over-crowded housing. According to the BC Non-Profit Housing Association, 45% of renters in BC are living in housing insecurity, spending more than 30 per cent of their income on rent; and 1 in 5 renters are spending more than half their income on rent leaving them with little left over to support themselves and their families.[23]*
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> *The impacts of this are felt throughout BC but the Downtown Eastside (DTES) of Vancouver is one of the worst hit communities. According to Carnegie Community Action Project's 2017 Hotel Survey and Housing Report, "with an estimated 1,200 homeless people living in the DTES, with over 500 DTES residents evicted from their homes through no fault of their own, with only 21 new units of housing at welfare rate, with average rents in privately owned and run hotels ramping up to $687 a month, and with the fentanyl overdose tragedies killing people weekly, the community is in deep crisis."[24] The increase in average rents is $139 over last year's rate, the highest increase in 10 years. For those on welfare, this leaves only $23 a month left over for food and other basic necessities.*

While the BC government is restoring investments in housing, more is needed, in particular, in long-term housing. More than 2,000 modular units have now been built or are in the process of construction throughout the province, but these units have limited bathroom and kitchen facilities and are not designed to be long-term homes. They are also predominantly provided as "supportive housing" and, while extra support is needed for some, many homeless or under-housed people do not want or need the lack of privacy and surveillance built in to this model. The government should provide barrier-free housing and access to emergency and preventative mental health and addictions counselling and supports as needed, where that need is defined by people with mental health issues and/or addictions themselves following CCAP's recommendation to "recognize people with mental illness as experts of their own wellbeing."[25]

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[21] Ibid, 10.
[22] Ibid, 10.
[23] http://rentalhousingindex.ca
[24] http://www.carnegieaction.org/wp-content/uploads/2018/03/CCAP-2017-Hotel-Report-1.pdf
[25] http://www.carnegieaction.org/wp-content/uploads/2018/04/MH-REPORT-FINAL-1.compressed.pdf, 44.

As Karen Ward states in CCAP's report:

> *In practice, supportive housing means that people don't have rights under the RTA [Residential Tenancy Act]. Staff regularly enter rooms without notice (citing "room checks," which are arbitrary), guests are restricted and are subject to ID checks, and residents are expected to cede their ability to administer their own medication regimes to staff. To resist these or any other expectations means being labelled a troublemaker and the situation is reportable to psychiatric authority. Indeed, simply being placed in supportive housing is a psychiatric label.*
>
> *That control is essentially the price of housing: you agree to these infringements and indignities in exchange for a decent place to live. In my case, I was worn down after years of living in marginal housing, SROs without a toilet or security or a stove. I was chronically sleep-deprived, over-medicated, and fundamentally unable to function. But I was expected, on entering supportive housing, to trade my dignity and privacy for a self-contained unit.*

Ensuring the right to housing for all requires grounding the government's approach in respect and dignity for homeless and under-housed people.

Recommendation: End homelessness and adopt a comprehensive affordable social housing plan

Priority Actions:

- ***Recommit to building thousands of new social and co-op housing units per year. BC should be bringing on stream 10,000 such units per year.***
- ***Enhance and enforce stronger tenant protections including tighter limits on annual rent increases, tying rent control to the unit (not the tenant), adequately enforcing the Residential Tenancy Act (RTA), and extending tenant rights to include all non-profit social housing currently exempt from the RTA.***

We further support the Canadian Centre for Policy Alternatives (CCPA) recommendation to the Rental Housing Task Force to implement a rental credit similar to Manitoba's Rent Assist housing allowance to replace the shelter support of social assistance, the Rental Assistance Program and the SAFER program for seniors. As the CCPA highlights:

> *It would much more cleanly provide housing support to all lower-income renters regardless of their age, family composition or source of income. This could be a great boost to poverty reduction, provided, as mentioned above, that it is accompanied by stronger rent controls. Indeed, because this program is linked to the median market rent, it prevents inflation from eroding the real value of the benefit to renters and creates an incentive for the government to further control rental costs. The benefit amount is based on family income and size, not on actual rent (which simplifies program delivery), and is portable as people move between apartments, and as they move from social assistance to the labour market.*

Conclusion

It is clear that the success of our provincial mental health and addictions strategy is grounded in an effective poverty reduction strategy, which must be accountable, bold and comprehensive. Here, we have focused on the need for a meaningful cross-government framework to address the social determinants of mental health, in particular, income and housing. Access to education and child care, as well as an equity lens including trauma-informed services and systems, must also be addressed within this upstream approach. In considering access to education, the long waiting lists and other barriers to access accommodation testing must be removed, and academic accommodation rules improved.

The BC Poverty Reduction Coalition appreciates the opportunity to make its recommendations for the development of the BC government's mental health and addictions strategy. We thank you again for considering our policy recommendations.

Appendix A: Current Members of BCPRC

Africa Great Lakes Networking Foundation
Association of Neighbourhood Houses BC
Basic Income Vancouver
ACORN BC
BC Alliance on Mental Health/Illness & Addiction
BC Disability Caucus
BC Federation of Labour
BC Federation of Students
BC Ferry and Marine Workers Union
BC Food Systems Network
BC Government and Service Employees' Union
BC Health Coalition
BC Healthy Communities
BC Healthy Living Alliance
BC Non-Profit Housing Association
BC Public Interest Advocacy Centre
BC Teachers' Federation
Burnaby Community Services Society
Canada Without Poverty
Canadian Cancer Society, BC & Yukon Division
Canadian Centre for Policy Alternatives - BC
Canadian Federation of University Women BC Council
Canadian Mental Health Association - BC Division
Cedar Cottage Neighbourhood House
Check Your Head: The Youth Global Education Network
Citizens for Accessible Neighbourhoods
Coalition of Child Care Advocates of BC
Community Legal Assistance Society
Community Social Planning Council, Victoria
Council of Senior Citizens' Organizations of BC
Cranbrook Social Planning Society
Disability Alliance BC
Downtown Eastside Neighbourhood House
Early Childhood Educators of BC
Faith in Action
Federation of Community Social Services of BC
Federation of Post-Secondary Educators of BC
First Call: BC Child and Youth Advocacy Coalition
Gordon Neighbourhood House
Grandview Woodland Food Connection
Greater Trail Community Skills Centre
Greater Vancouver Food Bank
Health Officer's Council of BC
Health Sciences Association of BC
Hospital Employees' Union
Interspiritual Centre of Vancouver Society
Jewish Seniors Alliance of Greater Vancouver
Living Wage for Families Campaign
Megaphone Magazine
MOSAIC
MoveUP
New Westminster & District Labour Council
North Shore Disability Resource Centre
North Shore Homelessness Task Force
Pacific Community Resource Centre
Parent Advocacy Network for Public Education
PIVOT Legal Society
Positive Living BC
Protein for People
Public Health Association of BC
Raise the Rates Coalition
Revelstoke Poverty Reduction Working Group
Richmond Poverty Response Committee
Single Mothers' Alliance of BC
Society for Children and Youth of BC
SPARC BC
Streams of Justice
Surrey Poverty Reduction Coalition
Together Against Poverty Society
UFCW 1518
Unifor
Union Gospel Mission
United Way of Greater Victoria
United Way of the Lower Mainland
Vancity Community Foundation
Vancity Credit Union
Vancouver & District Labour Council
Vancouver Foundation
Vancouver Neighbourhood Food Networks
Vancouver Rape Relief and Women's Shelter
Vancouver Tenants' Union
Vibrant Abbotsford
Weekend FuelBag
West Coast Domestic Workers' Association
West Coast Women's LEAF
Women Against Violence Against Women
YWCA Metro Vancouver