



**BC NURSES'
UNION**

Standing up for health care

POSITION STATEMENT



MENTAL HEALTH SYSTEM REFORM

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Mental health is essential to physical health, personal well-being and positive family and interpersonal relationships. The World Health Organization describes mental health as a state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and contributes to his or her communities. Good mental health is much more than the absence of mental illness – it enables people to experience life as meaningful and to be creative, productive members of society.

The impact of mental health and substance use problems in BC is significant. Over any 12-month period, about one in five individuals in the province will experience significant mental health and/or substance use problems leading to personal suffering and interference with life goals. Mental illness and problematic substance use affect people of all ages from all walks of life. Yet, the majority of people are probably unaware of how many people with a mental illness they know and encounter every day. Stigma and discrimination are very real barriers for many: obstacles to education, employment opportunities, adequate housing and access to basic health and social services are common. Many affected families experience emotional turmoil, diminished quality of life and financial strain. The costs of ignoring mental health and substance use affect all.¹

BC NURSES' UNION BELIEVES THAT:

All British Columbians have the right to live in a society that promotes health and provides for the prevention and early detection of mental health problems. The mental health care system must be proactive rather than reactive, seeking to prevent illness and promote health wherever possible. To achieve this objective there is an urgent need to create a robust long term provincial mental health care plan with appropriate

resources, understanding that a significant upfront investment is required to shift focus to prevention and community based care.

All British Columbians have the right to health services that promote a healthy mind, body and spirit and that healthy citizens are a foundation to a healthy society. Everyone has the right to receive mental health services and supports in a manner that respects diverse needs, is seamless and supportive through the lifespan up to and including old age. A comprehensive strategy of care for persons with dementia is urgently required as this will increasingly represent a significant challenge to the health care system. Planning needs to focus on outreach and supporting persons with dementia in the community wherever possible within a holistic model through effective collaboration between service providers. The creation of dementia villages, which have shown great promise in other jurisdictions,² needs to be considered as a part of the continuum of care. In addition the need for person and family centred residential care will continue to grow.

Stigma and discrimination continue to be significant barriers for people struggling with mental illness both in access to care and other social determinants of health.³ There are encouraging initiatives, such as the Let's Talk⁴ campaign, that are normalizing mental illness and creating safety for people to speak up and reach out. Government needs to support these initiatives through the creation and deployment of a comprehensive education/social marketing campaign to reduce stigma and enhance awareness among the general public and health care providers about mental illness.

All British Columbians have the right to collaborative, effective and timely mental health services. Nurses can and should be part of the solution in the development of a patient-centred, pro-active approach to mental illness through expansion of the mental health nursing scope of practice, embedding mental health nurses in the school system, emergency departments, ambulance service, police and other community services. Consideration should also be given to the creation of mental health nurse navigators to increase the ability of individuals and families to access timely and appropriate care.

Individuals, along with their social supports, have the right and responsibility to be full partners in their recovery. Protecting patients' rights must include a review of the Mental Health Act with a view to standardize its use, ensure fair representation and protection of patients' rights,⁵ and enhance the role of mental health nurses. The concept of patients' rights may also need to be expanded to include protection of the quality of care that patients receive.

All British Columbians have the right to be informed about the range of mental health services and supports that can meet their needs. This is particularly true in the overlapping area of addictions and mental illness. Integration of mental health and addictions services is crucial. While there has been some progress in this area, the treatment of mental illness and addictions is still often segregated. Immediate access to detox is not a reality in most communities and access to rehabilitation after detox is even rarer and undermines true recovery for many.

The creation of a system of easily accessible and seamless mental health services depends on effective communication between agencies and

1. British Columbia Ministry of Health Services, Ministry of Children and Family Development. Healthy minds, healthy people [electronic resource]: a 10-year plan to address mental health and substance use in British Columbia. November 1, 2010.
2. 'Village of the Demented' Draws Praise as New Care Model. (May 17, 2012). *Neurology Today*. 12(10), 12-13.
3. Kondrat, D. C. (2012). Do Treatment Processes Matter More than Stigma? The Relative Impacts of Working Alliance, Provider Effects, and Self-Stigma on Consumers' Perceived Quality of Life. *Best Practice In Mental Health*, 8(1), 85-103.
4. Let's Talk is a multi-year charitable program sponsored by Bell Canada which has committed millions of dollars to support a wide range of mental health programs and organizations.
5. Floyd, M. (2013). Involuntary Mental Health Treatment: The Mental Health Consumer as Expert. *Journal of Progressive Human Services*, 24, 187-198.
6. Roberts, Hsiao et al (2004) Financing. In Roberts, M.J., et al., *Getting Health Reform Right: A Guide to Improving Performance and Equity*. 2004 (2008 paper), New York: Oxford. p 153-189.
7. Bond, G. R., Becker, D. R., & Drake, R. E. (2011). Measurement of fidelity of implementation of evidence-based practices: Case example of the IPS fidelity scale. *Clinical Psychology: Science and Practice*, 18, 126-141.

services. A user friendly provincial electronic health record to enable better communication and collaboration among care providers, agencies and programs will be a key enabler of better care. While protecting the client's right to privacy and confidentiality is important, current barriers to sharing of information within the health system and with other stakeholders such as family and police has significant negative impacts on the quality of service and creates inefficiencies that increase costs.

Mental health services must be supported by policy and provided with adequate financial and human resources. Mental illness deserves support within the health care system on par with physical disease and

resourcing of the mental health care system needs to be commensurate with the burden of disease.⁶ This must include the creation of safe and healthy health care workplaces. Eliminating violence against health care providers, providing adequate staffing and support and ensuring psychological well-being are foundational to the provision of safe, sustainable, quality patient care. Investing in mental illness also means investing in mental health research. In particular, research evidence on clinical practice must be used when implementing models of care, ensuring staffing and other resources are in place to support the model. Too often leading practices are "implemented" with insufficient support, unrealistic time frames and inadequate evaluation.⁷

Mental health is more than just health care services and to achieve the vision of healthy communities requires real action on poverty and homelessness along with the other social determinants of health. BC is one of the last provinces in Canada without a poverty reduction strategy. Ensuring that every British Columbian has access to the basics of life including housing, food and opportunities for meaningful engagement with the community both socially and economically will go a long way to improving health outcomes for all the citizens of this province. A holistic approach to mental health care would also include provincial endorsement and spread of proven strategies including Housing First⁸ and Harm Reduction programs. BC can and should create a province-wide spectrum of safe, publicly operated low barrier supported housing.

BACKGROUND

The mental health care system in British Columbia is in crisis. Patients and their families lack support in dealing with mental illness, and nurses in community, residential and acute facilities work in unsafe conditions under impossible workloads.⁹ The current system where the police and criminal justice system have become the default care provider for

many seriously mentally ill people has a great human and financial cost.¹⁰

BCNU has a long history of advocacy for quality patient care for the people of British Columbia. In 2014, Licensed Practical Nurses, Registered Nurses and Registered Psychiatric Nurses working in the mental health care system participated in a series of 10 workshops across the province to shape this position statement, which is based on the experience of those with direct clinical knowledge of the needs and gaps in the system.

Canada and BC has a history of attempting to address mental health care with numerous plans and recommendations that remain unimplemented. Nurses, from their own experience working in mental health, reconfirmed many recommendations reported previously. BC had a mental health advocate in the late 90s whose report recommended the creation of a mental health action plan with goals, objectives, indicators and multi-year funding.¹¹ Senator Michael Kirby highlighted the importance of the social determinants of health in illness prevention and of the pervasive negative impacts of stigma and discrimination in his report in May of 2006.¹² The Mental Health Commission of Canada is clear that the current system is underfunded and fragmented and needs to focus on promotion and prevention not only in the health care system but also in schools and workplaces.¹³

A VISION FOR A BETTER MENTAL HEALTH CARE SYSTEM

Nurses in BC echo the work that has gone on before. The basic social determinants of health are necessary precursors to good mental health. To this end, the accessibility of housing is a vital predictor of successful mental health outcomes. A strategy to effectively address poverty more globally would also have a direct benefit for many consumers of mental health services. Continuing to employ a Harm Reduction philosophy (see BCNU Position Statement on Harm Reduction) is also important for societal and mental health.

8. Padgett, D., Stanhope, V., & Henwood, B. (2011). Housing-First Services for Homeless Adults with Co-Occurring Disorders, in Roberts-DeGennaro, M., Fogel, S., Eds, (2011). *Using Evidence to Inform Practice for Community and Organizational Change*. Linceum Books: Chicago.
9. Newell, J. M., & MacNeil, G. A. (2010). Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue: A Review of Theoretical Terms, Risk Factors, and Preventive Methods for Clinicians and Researchers. *Best Practice In Mental Health*, 6(2), 57-68.
10. Mental Health Commission of Canada. (2014). *Vancouver Final Report; At Home/Chez Soi Project*.
11. Mental Health Advocate. (2000). *Growing the Problem; The second annual report of the mental health advocate of British Columbia*.
12. Final Report of The Standing Senate Committee on Social Affairs, Science and Technology. (2006). *Out of the shadows at last; Transforming mental health, mental illness and addiction services in Canada*.
13. Mental Health Commission of Canada. (2012). *Changing directions, changing lives; The mental health strategy for Canada*.

Over the years, health care cutbacks have resulted in insufficient numbers of staff for the programs and services they are meant to provide. Staff that are left often have insufficient support from their managers, their contributions are not valued and they don't have the resources they need to get the job done. In order to meet the BC Ministry of Health's goal to provide patient/client centred care, there will need to be more nurses to truly collaborate with patients/clients and their families.

As the population continues to age, dementia will continue to grow as a key mental illness. Attention will need to be paid to this population as part of any robust mental health strategy.

A key element of a successful mental health system is education. The general public needs to better understand mental health and mental illness. Both the public and health care providers need awareness education to help reduce and ultimately eliminate the stigma associated with mental illness. Stigma is a major obstacle to good mental health outcomes, and touches many different aspects of the lives of both users and providers in the system. To reach those most in need, mental health systems must pro-actively reach out to users. Complicated intake processes with multiple waitlists are a barrier for many. Care must be coordinated and seamless and counter the layers of stigma that exist. Health care providers often make assumptions that people in mental health crises have substance addictions, thus preventing the appropriate immediate response and further alienating the individual in need.

A robust, arm's-length evaluation mechanism should be used to

continually monitor the system. This mechanism must have the mandate and the capacity to effectively bring the voice of the individual, health care providers and other key stakeholders to the table. To achieve this British Columbia should re-establish the office of an independent provincial advocate for mental health. Such an office needs to provide oversight and guidance to mental health care policy development and service delivery.

The advocate must engage with individuals, families and frontline care providers to ensure accountability and champion the cause of quality care.

EXAMPLES OF GOOD PRACTICE

Despite the crisis identified in the mental health system, there are examples of good practice in BC.

Mental Health Emergency Services (MHES) Commonly referred to by the call sign of the police vehicle associated with it (in Vancouver, Car 87; in Prince George, Car 60; in Surrey, Car 67), this service integrates mental health with police services. A nurse accompanies a police officer with additional training on emergency calls that are believed to involve mental health issues. Using an unmarked car and no uniforms, this service is seen as humanizing, and avoids potentially traumatizing and criminalizing experiences for patients and their community. The collaboration between nursing and police services mean that appropriate interventions are available if they are needed. This service relieves pressure on the police force that

may have insufficient mental health training, and on mental health services that may have insufficient outreach capacity. This model has demonstrated value in supporting people with serious mental illness across the age spectrum. With creativity this can be adapted to the benefit of British Columbians living in rural and remote communities.

Early Psychosis Intervention (EPI)

This service provides an excellent example of simultaneous attention to patients' needs, evidence informed practice and cost-effectiveness. An interdisciplinary team functions with very limited caseloads (9-15 patients per service provider). This team offers a high degree of intervention using various treatment modalities, and hopes to quickly stabilize and prevent deterioration in mental status at or near the time of the first occurrence of psychosis. The approach prevents severe deterioration in mental status, and recovery is the expected outcome, thus preventing the creation of a life-long mental health consumer. EPI is characterized as an effective intervention, and has received a great deal of academic scrutiny including a Cochrane Review. It has been seen as prudent in cost-effectiveness analyses. Nurses feel that it positively impacts clients and their families. This highly effective model of care particularly targets youth. Recovery is the goal of treatment and prevents many from a lifetime of illness and is urgently needed across the province, particularly in rural and remote communities.