

NSSS ADVOCACY BULLETIN

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Advice To B.C.'s Politicians On Mental Illness Policies



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With a May 9th election approaching, people in B.C. are hearing good news about increased funding for mental health services. The B.C. government has accepted [federal funding of \\$655 million](#) linked to mental health services over the next ten years. As well, the current Liberal government is promising an [additional \\$140 million](#) to fund mental health care.

However, both the Liberal Party and the NDP need to reorient themselves if they want to better meet the needs of the 4% of the population who develop psychotic illnesses like schizophrenia and bipolar disorder. Members of both parties, for instance, created the very problematic 2016 mental health policy document, [Concrete Actions for Systemic Change](#), which emerged from the Select Standing Committee on Children and Youth.

In rejecting suggestions to transfer child and youth mental health care from the Ministry of Children and Family Development to the Ministry of Health, the Committee made clear its perspectives. It didn't want to promote a "medical model" of care (p. 11). This strong rejection of using medical perspectives to guide policies is an irresponsible way to respond to [medical disorders](#) like schizophrenia and bipolar disorder.

Although the Ministry's Concrete Actions' recommendations talk about prevention, they fail to mention that neither schizophrenia nor bipolar disorder can be prevented. At the same time, the document fails to endorse the steps that could ensure that these illnesses don't unnecessarily become more severe. Here are five common sense steps that both parties should endorse in order to improve the outcomes for people who develop these disorders:

1. Develop Public Mental Illness Literacy Campaigns.

Both B.C. and Canada have [inadequate campaigns](#) to educate the public about schizophrenia and bipolar disorder. The public doesn't learn about the early signs or ongoing symptoms of these illnesses or about the best ways to get

knowledgeable help. This awareness is especially important since too many programs training credentialed mental health professionals don't yet require any science-based curriculum on psychotic disorders. Many of us were disappointed that, despite requests, the Concrete Actions didn't endorse psychiatrist [Stan Kutcher's school-based mental health/mental illness education](#) program which has been shown to increase knowledge, improve help-seeking behavior and reduce stigma.

2. Expand access to Early Psychosis Intervention programs.

B.C. was a national leader in implementing [Early Psychosis Intervention \(EPI\)](#) programs. [This model](#) provides quick access for assessments and emphasizes comprehensive responses to young people experiencing the early stages of schizophrenia, bipolar disorder and other psychotic illnesses. It provides education about psychotic disorders to clients and their families. Unlike the rest of the mental health system that too often has a difficult time cooperating with family caregivers; this model emphasizes collaboration with clients and families.

There are not enough EPI programs in B.C. and there isn't adequate awareness about the ones that do exist. I saw firsthand the problems

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with putting services for severe mental illnesses into the Ministry of Children and Family Development over the many years I taught at a Vancouver secondary school. When EPI was first introduced, the local program had an education outreach worker who provided crucial training to Vancouver's school counsellors and others to help them recognize problems and assist students to get appropriate services. Eventually the Ministry cut this valuable position that provided the training that few counsellors had received elsewhere.

3. Improve community-based treatments.

If Health Authorities implemented [suggestions from the Mental Health Commission of Canada](#), family caregivers could be much more involved in planning and evaluating services. This inclusion could lead, for example, to improved programs for educating clients about their illnesses. As well, it could lead to implementation of the [evidence-based cognitive remediation programs](#) that are widely used in [other countries](#).

4. Expand the BC Psychosis Program

Some people have extremely severe forms of psychotic disorders. The [BC Psychosis Program, \(BCPP\)](#) located at UBC

Hospital, focuses on these patients.

Unfortunately, this program, which serves the entire province, only has 25 beds. Dr. Randall White, the Medical Director of BCPP, [said at a conference](#) last year, that there are probably thousands of people in B.C. with psychotic disorders who could benefit from more intensive treatment.

This program provides the comprehensive and long term care (4-6 months) that many people, ages 18 and up, need in order to get their illnesses under control.

In the past year I've witnessed the benefits of this program unfold. Because many of my daughter's friends, like her, earlier on received extensive services for their illnesses, most have enjoyed years of stability. However, one friend, whom I'll call Jay, has been continually in and out of hospitals. Jay was very willing to take medications; he'd had solid psycho-education about his illness and understood their value. But he needed the kind of intensive help he eventually received at BCPP. The BC Psychosis Program changed Jay's life. He's now in the right kind of supported housing and has recently finished the culinary training program that [Vancouver's Coast](#)

[Foundation](#) has developed. Jay has become much more physically healthy and now has a job in a restaurant.

5. Support the Redevelopment of Riverview into a Centre of Excellence

The support of Lower Mainland mayors to transform the Riverview lands into a vibrant Centre of Excellence for mental health care resulted in this [visionary document](#). However, the steps taken so far to realize this vision are [not adequate](#).

A trend in recent years has been to fund programs that supposedly improve everyone's mental health. At the same time, services and policies that are desperately needed to help people who develop the most severe mental illnesses need better funding in B.C. and across Canada. Deaths from fentanyl have been receiving a lot of well-deserved attention in B.C. Many of the people dying in Vancouver's Downtown East Side developed addictions because their severe [mental illnesses weren't treated earlier](#) in their lives. Improved provincial mental illness policies can reduce these kinds of disastrous outcomes.

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