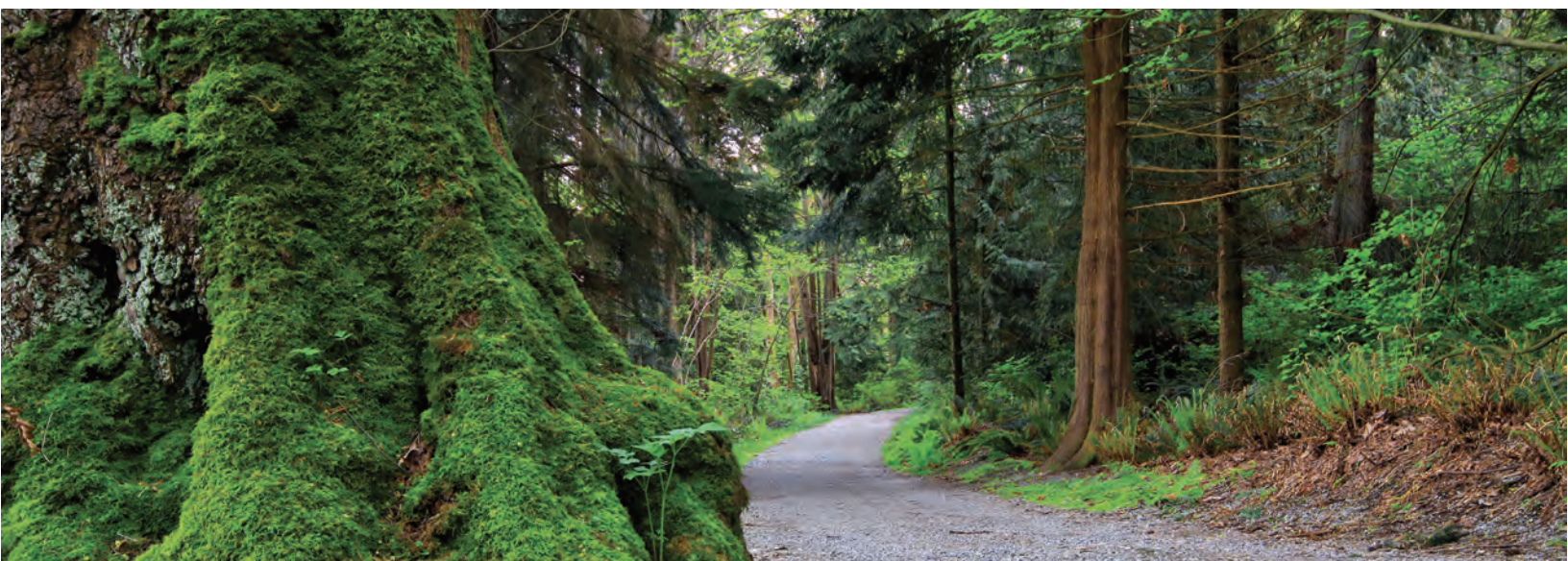


# A Pathway to Hope:

A roadmap for making mental health and addictions care better for people in British Columbia



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# Message from the Minister

*As British Columbia's first Minister of Mental Health and Addictions, I am honoured and excited to present A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.*

At the heart of A Pathway to Hope is a powerful determination to make positive, lasting changes, so that B.C.'s system of mental health and addictions care works for everyone—no matter who they are, where they live, or how much money they make. Our vision is one where every one of us can live in a state of physical, spiritual, mental and emotional well-being.

B.C. has taken an important first step toward that vision with the creation of this ministry, the only one of its kind in Canada. With this roadmap, we are taking the next one. Our major focus is child and youth mental health — the cornerstone of A Pathway to Hope. When we improve their mental wellness and address small problems before they become bigger, we are making lasting investments in making B.C. better for everyone.

At the same time, we are strengthening our resolve to turn the corner on the overdose crisis. The worst public health emergency in a generation has revealed enormous gaps in addictions care. I am deeply grateful to all of the front-line workers, peers, first responders, friends and families for doing everything they can to save lives and connect more people to treatment and recovery. It truly takes a province to make a difference, and we are continuing to escalate our response together. And we have begun to reshape and integrate the fragmented system of mental health and addictions care so that it leads to better services that are informed with cultural humility, dignity and respect.

Make no mistake: we are just getting started. This roadmap makes it clear that we have a long journey ahead of us, one that will depend on the collective efforts of all of our partners, in every community and at all levels of government. Our goal is to get to a place where everyone has the support they need to not only survive but thrive. I know we're going to get there.

I know this because of the determination and wisdom of the thousands of British Columbians who helped us craft this strategy. We engaged with a wide range of organizations, agencies and individuals: front-line workers, First Nations and other Indigenous communities, caregivers, professionals, researchers, civic leaders, law enforcement officials and more. They offered their insight and expertise from years of experience and dedication.

Just as importantly, we also heard from those who know our mental health and addictions care system — and its gaps — all too well; people with lived experience of mental illness or substance use and those close to them. I've sat with grieving parents who shared their heartbreaking stories of losing their children to overdose and those who have slipped through the cracks of the current system of care. It is those stories and those words that are the voice of this mental health and addictions roadmap. It is those words and those thoughts that will make a lasting change in the lives of thousands of British Columbians, both now and in the future — that will help us all build enduring pathways to healing and hope.



## Introduction

*Like physical health, mental health and wellness is something that changes over time. Just like there are times when otherwise healthy people get physically sick or injured, many people who generally have good mental health can experience mental health challenges over their lifetime.*

Mental health, even more so than physical health, is deeply influenced by our relationships with our friends, family and coworkers, and with our general environment. Stresses at work, at school, at home, in our communities and beyond, and in our finances can make the difference between mental health challenges that are manageable and those that are difficult to overcome. Similarly, poor physical health can have a major impact on our mental health.

**By focusing on priority needs that will help people now *and* reduce demand on services down the road, we can begin to make tangible progress towards our long-term vision.**



Mental health and substance use are tied to our general social, economic and physical well-being. Without good physical health, a safe place to live, good food to eat, and people who love and care about us, it is hard to remain mentally healthy in the long term. Similarly, it is difficult to do well at school or work, and have strong bonds with our friends and family, when we are struggling with our mental health or substance use challenges.

People who deliver mental health care and substance use treatment in British Columbia are dedicated, passionate and good at their jobs. They do their best to give people the services they need. But because mental health and substance use care have never been a priority of any provincial government, services today are fragmented, and lack consistency of oversight and delivery. Putting existing and new resources into a system that is not based on best practices won't take us where we need to go. Creating a system of care where providers feel supported and people get the care they need by asking once is a fundamentally transformative task.

**But let's be clear:** this is a massive undertaking, and one that can't be completed overnight. In the area of mental health, evidence-based treatments and counselling services are not readily or equally available around the province. Where services do exist, they are often governed in many different ways and are delivered by both private and public providers. However, it's important to note that the existing system is doing important work in this area to support people, and we need to be careful not to disrupt services people rely on as we build a more effective approach.

As a province, we need to put behind us the years where little was done in the field of addictions care, and embrace the value of providing expanded and more efficient evidence-based prevention and treatment. For instance, according to the U.S. National Institute on Drug Abuse, for every dollar spent on evidence-based addictions treatment, the taxpayer saves \$12 in health and social costs.

This roadmap will build on recent work by the Ministry of Mental Health and Addictions to identify challenges in substance use service delivery and explore potential solutions for modernizing models of care, using evidence-based treatment and recovery guidelines. And while the opioid overdose crisis will continue to be an area of urgent public action, these models of care must necessarily address alcohol use and other legal and illegal substance use.

Because of the complexity of the problem facing our province, and the need to be agile as we implement change, this roadmap necessarily looks to both the long and short terms. It lays out government's 10-year vision for mental wellness, improved mental health care and the establishment of an effective substance use prevention, addictions treatment and recovery system — and outlines the priority actions we will be taking over the next three years. These three-year actions recognize that, in order to deliver effective change, government cannot do everything at once. By focusing on priority needs that will help people now and reduce demand on services down the road, we can begin to make tangible progress towards our long-term vision.

This roadmap also represents a call to action to all British Columbians to work together, to contribute, to be part of the solutions moving forward. Integration — of government services and of all our external partners — is a key theme in this roadmap. This is a province-wide issue that touches the lives of so many people, and affects our relationships, our work, our communities and so much more. Only by coming together, can we deliver the changes needed to support people in addressing their challenges and help us move forward in a proactive, progressive and supportive province.



## Our starting point

*This is the situation in our province: almost one million British Columbians will experience a mental health or substance use issue of varying severity and types this and every year, according to the Canadian Mental Health Association (CMHA). That is one in five of us. Many may also face concurrent mental health and substance use issues, or experience these health issues alone or in tandem with other physical illnesses.*

Many people will not get the treatment they need to overcome these challenges. Many still will end up in emergency rooms, in the justice system or face homelessness. These are devastating consequences that impact people's lives, relationships, jobs and so much more.

In her 2019 report, *Taking the Pulse of the Population*, B.C.'s provincial health officer, Dr. Bonnie Henry, reports that British Columbians rate their mental health as nearly the lowest in the country, despite being more physically active, eating more fruits and vegetables, and having generally healthier lifestyles. And the percentage of British Columbians reporting positive mental health is trending downward — an area where B.C. is falling behind at an international level.

**The Ministry of Mental Health and Addictions' starting point was to begin to define the problems facing our province, through the eyes of people with lived experience, health care providers and community advocates.**

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The reasons range from the personal to the global — from childhood and intergenerational trauma to the impacts of climate change.

### The consequences are felt by us all:

- B.C. has the country's highest rate of hospitalization due to mental illness and substance use.
- Suicide has become the ninth leading cause of death in Canada.
- The overdose crisis continues to ravage our communities, with 1,510 deaths in 2018.
- The effects of substance use (including alcohol and tobacco) take a major toll on both physical and mental health — for example, alcohol use is the seventh leading risk factor for death and disability globally (and is the leading risk factor for people who are 15 to 49 years old).
- The estimated impact on B.C.'s economy stands at \$6.6 billion annually.

But the trend that should make all of us take notice is the growing number of children and youth experiencing challenges. Two reports by the McCreary Centre — a non-profit focused on improving the health of B.C. youth — indicate that between 2013 and 2018, the number of students reporting a mental health condition has risen to 23% from 15% among females, and to 8% from 5% among males. The rate was 43% among non-binary youth. More alarming is that 17% of students reported they had seriously considered suicide in the last year.

We know that the services needed to address these challenges aren't keeping pace with needs. Even worse, because of the patchwork of services, the inconsistent way they are delivered, and their disconnect from each other and the overall health system, we don't have a clear picture of the magnitude of need.

Despite increasing evidence of the benefits of providing help early, existing mental health, substance use and wellness care is heavily weighted towards crisis. Little is spent on prevention, sharing knowledge and promoting mental wellness.

It's clear that change is needed. That's why, in 2017, the new government created a standalone Ministry of Mental Health and Addictions to oversee the transformation of mental health and wellness care in British Columbia. Within that, the ministry was tasked with creating something that no Canadian province has done to this point — developing an effective continuum of care for substance use and addictions.

This new ministry's starting point was to begin to define the problems facing our province through the eyes of people with lived experience, health care providers and community advocates. Through the course of 2018, we undertook a comprehensive online and face-to-face outreach process that helped us better understand the state of mental health care and substance use services and delivery. From that, we identified four areas of urgent need:

## 1 Barriers to mental health and well-being

When it comes to delivering mental health and substance use programs on the ground, service demand exceeds service capacity. It's as simple as that.

The results of the systematic barriers to care have huge implications for British Columbians. Too many people end up not getting the care they need until their condition is severe and requires more extensive and expensive treatment. Those treatments often tend to be fragmented, with people having difficulty navigating their way between primary, community and acute or emergency services. Compounding this fragmentation of services is the increased demand on systems of care. For example, increasing rates of alcohol-related hospitalization and climbing

death rates involving alcohol have coincided with the emergence of fentanyl in the illicit drug supply to heighten the demand for addiction prevention, treatment and recovery services.

The challenge facing us in moving forward is addressing persistent fragmentation. By delivering more person-centered services, the continuum of mental health promotion, prevention, treatment and recovery services becomes more effective and efficient and, more importantly, is built around the needs of the individual.

Stigma and affordability stand out as substantial systemic barriers to care. Fear and misunderstanding often lead to prejudice against people with mental illness, substance use and addiction challenges — and this discrimination comes far too often from health and social service providers themselves.

Research suggests that stigma prevents 40% of people with anxiety or depression from seeking help — a trend that is magnified when put under a lens of cultural, gender, ethnicity, age, poverty, and sexual and gender identity factors. For example, women can face significant stigma when they experience depression before, during and after pregnancy, or the adoption of a child.

In the case of substance use and addiction, given the negative view society has about people who use drugs, the stigma and multiple barriers to access care can be even more problematic.

If care is sought, affordability of services becomes an additional factor, particularly for people accessing counselling or residential substance use facilities, or when additional service fees are required. These barriers are made even worse for people living in rural and remote areas.

## The barrier of stigma

People with mental health issues, as well as people living with addictions and including those in long-term recovery often experience stigma. Attaching stereotyped and negative qualities to a mental health condition creates stigma. A lack of information, faulty representation and discriminatory language all promote an unhelpful view of mental health.

People with mental illness or addiction report that judgment by others is a significant barrier to recovery. Stigma can prevent people from asking for help for fear of what others might think or say.

In the workplace, stigma makes it difficult for managers or co-workers to offer assistance out of fear of saying the wrong

thing or infringing on an employee's privacy.

According to the Canadian Mental Health Association, two out of three individuals with a mental health problem will not pursue treatment. These individuals will suffer longer, which could make the mental health issue worse. Recovery usually takes longer when mental health problems go undiagnosed for an extended period of time.

This is why reducing stigma has been a key part of government's initial work on reducing opioid addictions and plays a key role in moving forward with this roadmap.



## 2 Experiences of children, youth and their families

The list is long. It includes the Representative for Children and Youth, the Auditor General, the Select Standing Committee on Children and Youth, Doctors of BC and so many more. They have all raised the alarm over the limited access to services for children and youth with mental health and/or substance use issues. The neglect of promotion, prevention and early intervention services has contributed to a downward trend in the social and emotional development of young children. After so many years when so little was done, B.C. isn't prepared or able to provide equitable access to trauma-informed, culturally safe and person-centered care when young people and their families need it.

This neglect has left our province with service delivery defined by waitlists and crises, service navigation issues and compounded challenges as children and youth transition into the adult mental health and substance use systems of care. Of further concern is the inequity of access to services depending on where you live. People in smaller and remote communities often have few if any services available to them.

## 3 Experiences of Indigenous communities

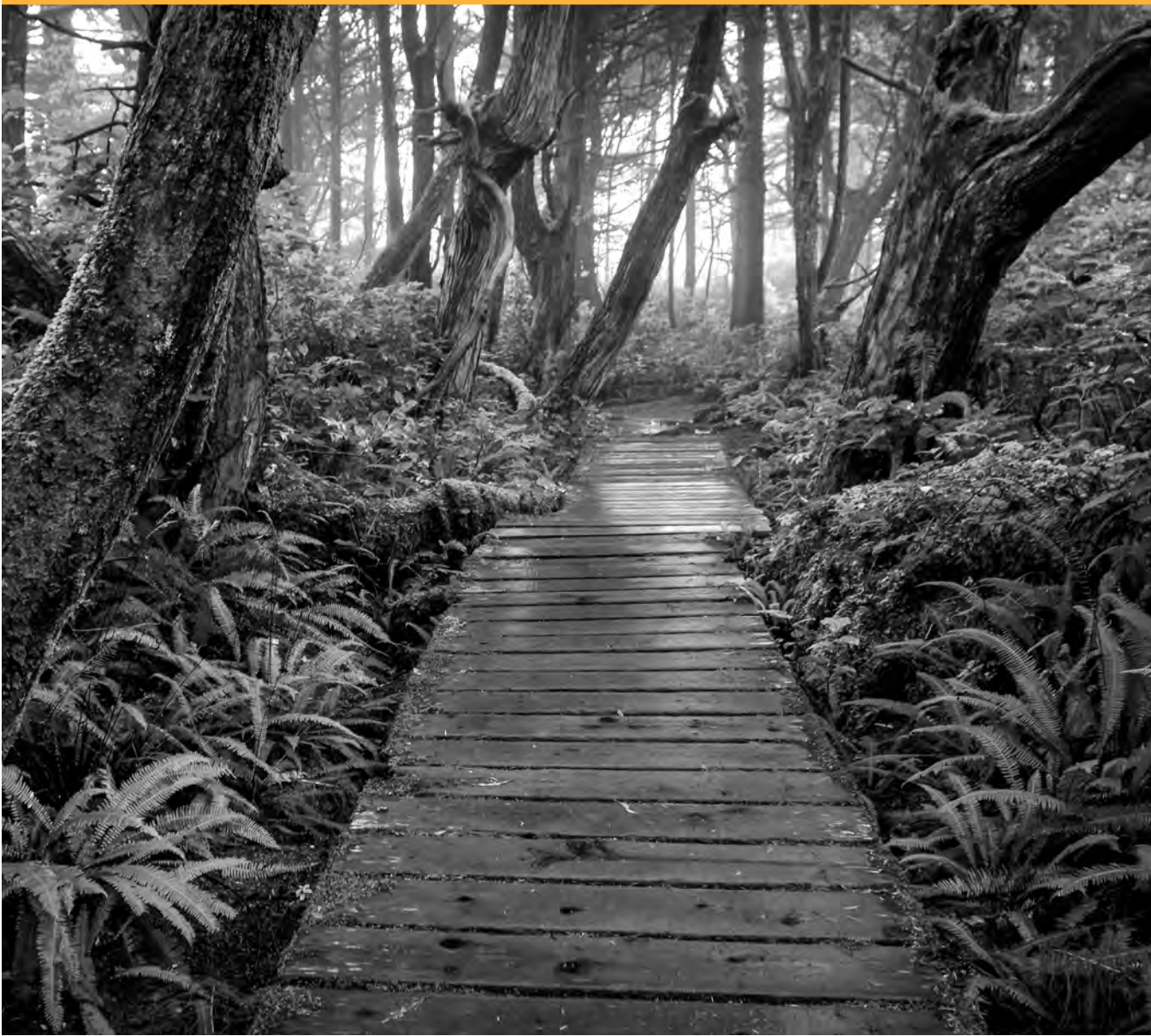
Colonial practices, past and present, mean that Indigenous peoples often do not have access to culturally safe care or care that integrates cultural practices and builds on individual and community resilience. As a result, Indigenous peoples and communities experience far poorer mental health and substance use outcomes. Indigenous peoples continue to experience stereotyping, racism and discrimination in the broader health-care system. Despite the need for services that are culturally safe and that integrate culture in the path to wellness, Indigenous peoples experience the greatest barriers to care.

The result is the greatest inequities in health across virtually every indicator, and an overrepresentation of Indigenous peoples in social, health care and justice-related services.

## 4 B.C.'s overdose emergency

As with all other jurisdictions, problematic substance use in British Columbia is inexorably linked with physical and mental health, and people's overall level of wellness. Three years ago the provincial health officer declared a public health emergency under the Public Health Act. Today, that emergency declaration remains in place. Even with progressive, innovative steps at the community level and historic provincial investments, we continue to see an unprecedented toll on individuals, families, communities, first responders and service providers.

We mourn the loss of thousands of people to overdose — a clarion call to us all to continue working on solutions that will save lives and end this epidemic.



# The roadmap at a glance



## A three-year snapshot

As you'll see in the remainder of this roadmap, while establishing the longer-term vision 10 years out we're also keeping our feet on the ground with four sets of priority actions over the next three years.

IMPROVED WELLNESS FOR CHILDREN, YOUTH AND YOUNG ADULTS	SUPPORTING INDIGENOUS-LED SOLUTIONS	SUBSTANCE USE: BETTER CARE, SAVING LIVES	IMPROVED ACCESS, BETTER QUALITY
Support for pregnant individuals and parents with substance use challenges	Implement the Tripartite MOU with the FNHC, FNHA and Government of Canada	Framework for improving substance use system of care	Expand access to affordable community counselling
Promote early childhood social emotional development	Develop 10-year strategy to achieve progress on the social determinants of health and wellness	Ensuring best evidence guides care in B.C.	Team-based primary care (with mental health and substance use professionals) and specialized services
Enhance programming in early childhood centres	Embed cultural safety and humility across the provincial system	Increase access to evidence-based addiction care	Enhanced provincial crisis lines network
Expand Confident Parents: Thriving Kids	Expand First Nations-run treatment centres	Integrated team-based service delivery to connect people to treatment and support ongoing recovery	Framework and standards to improve care under the Mental Health Act
Expand Foundry Centres	Expand Indigenous land-based cultural and healing services	Overdose emergency response, including community-based harm reduction services	Implement peer support co-ordinators
Mental health in schools	Enhanced capacity for Métis Nation BC for priority setting and planning	Supportive recovery services	Develop peer support worker training resources
Establish Integrated Child and Youth Teams	Support First Nations-led primary health care initiatives	Provincial Peer Network	Expand Bounce Back
Step up/down: Specialized care home beds and intensive day programs			Mental Health and Wellness Disaster Recovery Guide
Create virtual counselling for post-secondary students			Workplace mental health
			Create a web-based portal (focused on children and youth)



# Charting a path forward

*Given the magnitude of the challenge facing our province and our people, British Columbia needs to be ambitious in vision, flexible in approach and focused on continuous improvement.*

**By reporting out annually on our progress, we will be transparent and accountable in evaluating the progress we're making on delivering care when and where people need it.**

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Much can change over 10 years — our vision needs to be ready to adjust based on individual, community and provincial needs. That's why, rather than a strategy in and of itself, this approach is best defined as a roadmap that sets a long-term direction for a new system of mental health and substance use care where prevention, harm reduction, treatment and recovery supports are clear, and services always within reach. And at points along this path, we'll take stock, make adjustments and continue to move forward with clarity of purpose.



At its heart will always be the commitment to providing mental health and substance use services where every door is the right door, and people can ask once and get help fast. British Columbians need and deserve to know that they can get help early, close to home and free from judgment and discrimination.

This roadmap also calls for a shift in funding priorities. Currently, across an array of ministries, the provincial government spends approximately \$2.5 billion annually on mental health and substance use services with 95% of that spent on specialized, hospital-based or downstream services. This means only a small percentage is spent on early intervention, prevention and long-term recovery initiatives.

It's clear that the time has come to devote more available dollars to upstream services that deliver services focused on health promotion, early intervention and keeping people supported and healthy when they achieve recovery.

Just as essential is making sure those dollars are delivering the results we intend for British Columbians. This is why this roadmap also commits government to a robust, meaningful evaluation process. By reporting out annually on our progress, we will be transparent and accountable in evaluating the developments we're making on delivering effective care when and where people need it.

# A foundation for the roadmap

**Our 10-year goal: All British Columbians experience and maintain physical, spiritual, mental and emotional well-being and thrive in the communities in which they live, learn, work and play.**

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While ultimately reliant on ongoing scrutiny, evaluation and adaptation, this roadmap and vision are built on a core foundation that will stand the test of time through the years and serve as the tenets that ground all we plan and strive for.

In moving forward, our government has listened to what British Columbians have passionately argued for, and defined the following four pillars:

## 1 Wellness promotion and prevention

Here's where we are today. Many services are oriented to those who are in an acute crisis — people are in severe mental health or addiction crises or are significantly impaired before they can access the care they need.

That's why a central tenet of this roadmap is to increase the prevention and wellness programs and services, so we can help prevent problems before they start or, at a minimum, from becoming ongoing or lifelong issues. This will reduce the pressures on acute health care services, reduce

costs and provide a better experience for service providers and people experiencing or who are vulnerable to mental health and substance use challenges.

People's physical, spiritual, mental and emotional well-being will be supported from the earliest point in the lifespan. People, families and communities will experience increased resilience and be supported to achieve their full potential. This approach aligns with and incorporates an Indigenous perspective of holistic wellness and supports an increase in culturally safe services.

#### Key Outcomes:

- British Columbians experience physical, spiritual, mental and emotional well-being.
- British Columbians experience resiliency.
- British Columbians who are exhibiting early signs and symptoms of mental health and addictions problems are identified and supported to prevent problems from worsening.
- British Columbians experience well-being through health promotions and prevention approaches that support resiliency, and a sense of belonging and purpose.

## 2 Seamless and integrated care

This is about putting people at the centre of the care they need. Rather than requiring people to navigate a complicated and fragmented system of care — particularly when they are unwell or in a time of crisis — we will bring the care to them. Let's provide support and training for service providers so they can become more skilled in the use of effective screening, diagnosis and treatment, and the pathways to care, so they can better support their clients in accessing the services they need.

Consistent with this government's commitment to renewed team-based primary care overall, this approach to seamless and integrated care will increase system capacity through shared treatment planning and co-ordinated care options. It means tightening the links between physical and mental health care services; it means integrating schools and other community-based organizations; it means enhanced continuity of care and collaborative practice; and it means improved information sharing so that people won't have to tell their stories over and over.

Along with providing a better work environment for service providers, and ongoing work to map out a seamless and efficient continuum of care and services for both mental health and addiction care services, this approach will continually move us forward to a place where people ask once and get help fast.

#### Key Outcomes:

- British Columbians and their families experience a system of evidence-based services and supports that are flexible and responsive to their needs at any place in time.
- British Columbians and their families are at the centre of planning service delivery approaches that enable treatment and recovery.
- Services, supports and policies are co-ordinated across governments and sectors.

### 3 Equitable access to culturally safe and effective care

People need safety to heal. That is especially true when it comes to troubles that are rooted in trauma. Yet many people in British Columbia face discrimination when they seek healing and support.

During our consultations, people from many different social, cultural and economic communities — including Indigenous, LGBTQ2S+, Chinese and South Asian communities — said a lack of accessible, culturally safe, non-discriminatory care was a barrier to getting the help they needed.

That's what makes the provision of safe, welcoming, inclusive and culturally safe services so important. We need to treat root causes, both to help people heal from existing trauma, and to prevent more people from being harmed.

And we need to treat people who are struggling with mental health and substance use challenges with respect and dignity. We need to see substance use and addiction not as a moral failure, but as a complex, chronic condition that is often linked to physical and emotional pain and trauma. People who have mental health and substance use disorders are friends, colleagues, family and neighbours. They are us.

Services and supports need to be evidence-based and match the individual care needs of the person. Intervening early with the right type of care at the onset of a problem can often prevent problems from worsening or becoming a life-long struggle. Based on the principle of "least intrusive," people should be provided with the least intensive service that is likely to meet their needs and be effective. Higher intensity, more specialized services should be based on best evidence and be available when and where they are needed.

If we are going to really make progress and help people heal, we need to do more to make sure that people with mental health and substance use

challenges are included in our workplaces, schools and communities.

#### Key Outcomes:

- A full range of evidence-based services, treatments and supports are available when and where they are needed.
- People with lived experience inform and are leaders in mental health and addictions policy, planning and delivery of services and supports.
- Services and supports are culturally safe and provided with humility, and are free from stigma and discrimination.
- Services and supports are evidence-based and are delivered using a healing, relational and strength-based approach.

## 4 Indigenous health and wellness

Underlying this roadmap is our government's commitment to reconciliation with Indigenous peoples — a commitment that will shape the planning, approach and delivery of new services in British Columbia.

### The time for transformative change in the relationship with Indigenous peoples is now.

For millennia, Indigenous peoples have been healthy, self-sustaining and self-determining in every sense. This has been greatly impacted by colonialism. The dispossession of land, the disconnection from culture, family, community, language and ceremony, and the removal of children from their families is part of the harmful history experienced by Indigenous peoples.

Today, colonialism, racism and intergenerational and present-day trauma can manifest as social and economic inequities. This can be seen in disproportionately poorer health outcomes, the overrepresentation of Indigenous people in the child welfare and criminal justice systems, higher rates of chronic disease, depression and substance use disorders, and overrepresentation in the overdose public health emergency.

For too long, governments denied or undermined the self-determination of Indigenous peoples. Decisions about Indigenous peoples were often made by others to the detriment of Indigenous peoples. The time for transformative change in the relationship with Indigenous peoples is now.

For the past decade, First Nations in B.C. have led a process to reclaim their decision-making

and authority over health and wellness. Through a series of political and legal agreements, the federal and provincial government have committed to eliminate inequities in the health and wellness of First Nations. In 2013, this work culminated in the transfer of federal health programs and services to First Nations control through the First Nations Health Authority.

This innovative partnership with B.C. First Nations recognizes that First Nations communities are in the best position to make decisions about the health and wellness of their people. The commitments of the partners ensure that First Nations communities are directly engaged in the design, planning and delivery of mental health and wellness services.

This work is a critical step on the path to self-determination, and an important chapter in the story of reconciliation, as we seek to acknowledge and make amends for the harms of colonialism and support Indigenous peoples as they engage in their paths to healing.

By ensuring Indigenous communities are full and equal partners in the design, planning and delivery of mental health, substance use and wellness services in B.C., we are upholding our commitment to the United Nations Declaration on the Rights of Indigenous Peoples, and responding to the Calls to Action of the Truth and Reconciliation Commission of Canada.

The Province of B.C. also recognizes that a distinctions-based approach is needed to ensure that the unique rights, interests and circumstances of Indigenous peoples are acknowledged, affirmed and implemented. To this end, the implementation of this strategy will be guided by ongoing and open dialogue with B.C. First Nations, the Métis Nation British Columbia and other Indigenous partners to ensure our actions align with and advance the unique priorities of Indigenous peoples throughout B.C.



# The initial focus: Three-year priority actions

*For almost a generation, there was little investment in or attention paid to improving mental health and addictions care for British Columbians. This has left our province a long way behind with a long way to go.*

**These actions are about putting people's wellness front and centre.**

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And as we begin — as we identify, fund and act on our initial priorities — it's critical to keep in mind that, because of past neglect, mental health and substance use challenges have become a province-wide problem requiring province-wide solutions. Along with government, it is essential that communities, businesses, organizations, academic institutions, care providers and others come together to work for a common direction and shared solutions. This is about setting and powering a societal movement to mental wellness.



Within government, a multi-ministry approach is underway. For example:

- The Ministry of Mental Health and Addictions will be building on the new direction within the Ministry of Health to focus on improving primary care services and integrating an array of services around the individual.
- The Ministry of Social Development and Poverty Reduction's TogetherBC poverty reduction strategy is critical to turning the tide on mental health and addictions in British Columbia. With a goal of cutting child poverty in half by 2024, we can reduce child vulnerability and help prevent people from becoming susceptible to mental health and addiction challenges throughout their lives.
- Over a year ago, government launched the most ambitious housing plan in B.C.'s history. Since then, in partnership with an array of community organizations, 20,000 new homes have either been completed or are underway — including housing dedicated for those who are homeless, for women and children fleeing violence, for Indigenous peoples (both on-and off-reserve), and other types of supportive housing.
- Similarly, government's new Childcare BC will help reduce financial stress for families and give more kids access to quality care, making life more affordable, balanced and healthy for children and their families.

These actions and more are about putting people's wellness front and centre. Now imagine if businesses, places of learning, sports organizations — all facets of our daily lives — moved forward in that shared spirit of health and wellness.

For so many of us who interact with people who are hurting, it is our hope that this day will come. But we recognize, too, that with so far still to go, we need to begin the work today with actions that are ambitious but achievable, principled but practical.

To this end, our priorities over the next three years are in four key areas that will start to move us closer to the overall vision of this roadmap and address immediate and critical problems.

## 1 Improved wellness for children, youth and young adults

### KEY PILLARS:

Prevention, early intervention and wellness promotion

Seamless and integrated care

There is no question that the earlier people get help managing mental health and substance use challenges, the better the outcomes. In fact, many common mental health and substance use disorders can be prevented. Unfortunately, the crisis-centred approach that defines our traditional approach to care hurts everyone, often with significantly more severe implications for young people.

We know that giving every child their best possible start will generate the greatest societal and mental health outcomes. The reality in B.C., however, is a quite different scenario:

- An estimated 84,000 (12.6%) children aged four to 17 years in B.C. are experiencing mental health disorders at any given time.
- The 2014 McCreary Centre adolescent health survey of 30,000 B.C. students in grades 7 to 12 found that while the large majority rated their overall mental health as good or excellent, a significant amount reported concerning mental health and substance use experiences. The most commonly reported mental health conditions were depression, anxiety, panic attacks and attention deficit/hyperactivity disorder.

- From 2009 to 2017, there was an 86% increase in hospitalizations in B.C. for mental health issues of youth under 25 years of age.
- Children, youth and young adults have not been immune from the impacts of the current overdose crisis. In 2018 alone, at least 12 children ages 13 to 18 years and at least 298 people ages 19 to 29 years have died from a suspected overdose.
- In 2015, more than 600 British Columbians died by suicide, which continues to be the second leading cause of death among young people ages 15 to 24 years of age.

Promoting wellness, prevention and intervening early in life can reduce problems as people grow and develop. It's estimated that 70% of mental health and substance use problems have their onset during childhood or adolescence. These illnesses cause significant long-term disability and are arguably the leading health problem children and youth in B.C. face. Expanding treatment services is important, but treatment alone cannot meet the mental health and substance use needs of children and youth. We must also focus on prevention, screening and early intervention to reduce the number of children and youth affected.

Treatment is most effective when young people can access co-ordinated services in a timely way:

- **Delivering better outcomes:** Programs that reduce risk factors and strengthen protective factors can decrease symptoms and prevent the onset of some mental health and addictions disorders. Services and programs to prevent mental health challenges can improve positive mental health and physical health. These programs can help keep families together, improve employment (getting and keeping a job, attendance and productivity), and can increase Grade 12 and post-secondary graduation rates.
- **Reducing negative outcomes:** Access to early treatment can avert costs related to negative outcomes, such as hospitalization or involvement in the criminal justice system.

- **Reduced costs for care:** The Mental Health Commission of Canada estimated that if Canada reduced the number of people experiencing a new mental illness in a given year by 10%, at least \$4 billion could be saved after 10 years.

This roadmap puts an initial three-year priority on transforming mental health and substance use care for children, youth, young adults and their families by increasing efforts in prevention and early intervention and weaving together the fragmented, patchwork of services. To provide the kind of wraparound supports needed, we will prioritize the integration of services through strong local leadership and provincial co-ordination.

Implementing a significant shift in how services are delivered won't be easy. The actions in this roadmap pave the way for services to meet children, youth and families where they are and provide services in their homes, communities and schools. The burden will ultimately no longer be on youth and families to find the right services.

<b>PRIORITY ACTIONS</b>	
<b>Support for pregnant individuals and parents with substance use challenges</b>	BC Women’s Hospital is leading the expansion of best practices in the care of pregnant individuals with substance use disorders. These provincial advancements to maternity care are happening through education/training, new evidence informed, hospital-based services, as well as building capacity in communities so that both parent and newborn receive the care they need closer to home. This initiative aims to improve consistency in quality and access for pregnant individuals who use substances from pre- to post-natal care.
<b>Promote early childhood social emotional development</b>	Professional development tools will be created to increase capacity to promote healthy social and emotional development in schools.  An awareness campaign will be launched to raise family and public understanding of the importance of social and emotional development.
<b>Enhance programming in early childhood centres</b>	Government will enhance and expand core programming offered in child development centres and by community-based organizations delivering a core set of early intervention services for children under the age of six.
<b>Expand Confident Parents: Thriving Kids</b>	Confident Parents: Thriving Kids is a family-focused phone-based coaching service that is effective in reducing mild to moderate behavioural problems and promoting healthy child development in children ages three to 12 years. Funding is also supporting the development of new services for families whose children are experiencing anxiety disorders.
<b>Expand Foundry Centres</b>	Foundry Centres bring existing core health and social services together in a single location where young people ages 12 to 24 years can find the care, connection and support they need, both online and in their community. The expansion of Foundry includes increasing access to more centres and strengthening partnerships with Indigenous communities to build capacity to deliver culturally appropriate, safe and humble services.  These “one-stop shop” centres will be expanded from 11 to 19 centres throughout the province.
<b>Mental health in schools</b>	Evidence-based and culturally safe programs and supports that focus on prevention and promotion activities will be delivered in K-12 schools provincially.  School-based staff and integrated team members will proactively identify children early who are experiencing social or emotional challenges and/or early signs of mental health and substance use challenges.  These students will continue to receive initial supports in schools through school counsellors, curriculum, and mental wellness promotion and prevention programs.  Students with higher mental health and substance use needs will be connected to integrated delivery teams.

<p><b>Establish Integrated Child and Youth Teams</b></p>	<p>Integrated service delivery is a new and innovative model that has been successfully implemented in other jurisdictions and has been adapted for the unique context of British Columbia.</p> <p>In five school districts over two years, multi-disciplinary teams will be established with existing providers and new positions, each being connected to a cluster of schools and delivering services to children, youth and young adults whose needs are higher than can be met within a school or through primary care.</p> <p>Children and youth and their families can also be connected to an integrated team by many sources outside schools, including youth justice, primary care clinicians, and the young people themselves. These teams will:</p> <ul style="list-style-type: none"> <li>• work with young people and their family/caregiver to develop a common plan that will ensure the young person does not have to repeat their story and receives evidence-based and respectful care that matches them and their needs;</li> <li>• be “outbound” and meet young people and families where it is safe and comfortable for them; and</li> <li>• bring the services and supports to the young person so they and their families/caregivers do not have to find their own way through a system.</li> </ul>
<p><b>Step up/down: Specialized care home beds and intensive day programs</b></p>	<p>Step up/Step down services are intended for children and youth with severe mental health and/or substance use conditions who require intensive services. The term “step up” refers to treatment options at a higher intensity than regular community services as an alternative to hospitalization. The term “step down” also refers to intensive treatment but for children and youth transitioning out of hospital care before returning to community services.</p> <p>The goal is to prevent young people from entering intensive service settings such as hospitals or remaining there longer than necessary.</p> <p>Step up/step down services will be expanded. This will include two intensive day programs and 20 family care home spaces with clinical care.</p>
<p><b>Create virtual counselling for post-secondary students</b></p>	<p>Work is underway to develop a virtual mental health counselling and referral service for post-secondary students of all ages throughout British Columbia:</p> <ul style="list-style-type: none"> <li>• This service will include telephone and online chat capabilities.</li> <li>• The launch of this service is planned within the coming year.</li> </ul>

# Empowering students, educators and parents.

The erase (Expect Respect and a Safe Education) strategy is about building safe and caring school communities by empowering students, parents, educators and community partners. Erase focuses on four key pillars:

1. Prevent bullying and violence in schools
2. Provide critical incident and trauma recovery support to school districts and independent schools
3. Deliver child and youth mental health and substance use supports
4. Support students of all sexual orientations and gender identities (SOGI)

In addition to erase ([www2.gov.bc.ca/gov/content/erase](http://www2.gov.bc.ca/gov/content/erase)), concepts related to mental health and substance use are found in every grade of the physical and health education (PHE) curriculum from kindergarten through grade 10 (the grades 11 and 12 curriculum rollout in fall 2019 and are elective courses).

## 2 Supporting Indigenous-led solutions

### KEY PILLAR:

Prevention and wellness promotion

Equitable access to culturally safe and effective care

For Indigenous peoples, mental health and wellness is more than the absence of mental illness. It is a shared perspective of holistic health and wellness in which the mind, heart, body and spirit are all inter-connected and are supported by culture, relationships and a responsibility to family, community and the land. This perspective has influenced the design of this strategy as a whole and is reflected throughout our vision and actions.

Indigenous peoples of B.C. have identified mental health and wellness as a priority through their own planning and engagement processes. Reclaiming their rich history of health and wellness is a priority as they seek to break the cycle of intergenerational trauma, restore the traditions and systems of governance disrupted by colonization, and address health and social inequities.

The Province recognizes that Indigenous communities are in the best position to make decisions about the health and wellness of their people. A key focus of this framework is continuing to build, strengthen and evolve our partnerships with Indigenous peoples. Fundamentally, this framework is guided by the understanding that Indigenous peoples must be full and equal partners in the design, planning and delivery of mental health and wellness and substance use services.

By funding and supporting Indigenous-designed, Indigenous-led and Indigenous-delivered care, we are supporting self-determination. At the same



time, we acknowledge that Indigenous peoples must have equitable access to the provincial mental health and addictions system. This means that we must create meaningful partnerships with Indigenous communities to ensure Indigenous peoples have access to a culturally safe and increasingly co-ordinated continuum of care.

This is all supported by a commitment to strengthen cultural safety and humility across the mental health and addictions system to ensure Indigenous peoples have access to care that is free of all forms of racism and stigma, and that the system includes significant cultural supports and interventions.

<b>PRIORITY ACTIONS</b>	
<p><b>Implement the Tripartite MOU with the FNHC, FNHA and Government of Canada</b></p>	<p>The Tripartite MOU between Canada, British Columbia and the First Nations Health Council, with the support of the First Nations Health Authority, was signed in July 2018 to work in partnership to improve mental health and wellness services and achieve progress on the determinants of health and wellness.</p> <p>Through a new and more flexible funding approach and partnerships that facilitate greater cross-sector collaboration, this Tripartite MOU is intended to support First Nations to plan, design and deliver a continuum of mental health and wellness services. This work will provide the basis to develop a ten-year social determinants of health strategy that further supports the implementation of Nation-based health and wellness plans.</p>
<p><b>Develop a 10-year strategy to achieve progress on the social determinants of health and wellness</b></p>	<p>Building on the established tripartite health partnership, Canada, British Columbia and B.C. First Nations will continue to work together over the next few years on a vision for a 10-year strategy to address social determinants of health and improve the conditions in which people in First Nations communities are born, grow, work, live and age, and the wider set of forces shaping the conditions of life.</p>
<p><b>Embed cultural safety and humility across the provincial system</b></p>	<p>In April 2018, MMHA and the First Nations Health Authority signed the Declaration of Commitment to Cultural Safety and Humility to embed cultural safety and humility across the provincial system.</p> <p>MMHA is committed to working with the First Nations Health Authority, the Ministry of Health, mental health and addictions system partners and Indigenous partners to advance a common agenda and strategy for cultural safety and humility.</p>
<p><b>Expand First Nations-run treatment services</b></p>	<p>To support the healing journeys of First Nations individuals, families and communities, funding is being provided to the FNHA to renovate, replace, expand and build First Nations-run treatment centres throughout B.C.</p> <p>This investment will support the construction of two new urban treatment centres and urgent renovations to a number of existing treatment centres. This investment is an important step to increase access to culturally safe substance use services.</p>

<p><b>Expand Indigenous land-based cultural and healing services</b></p>	<p>In response to immediate priorities identified by B.C. First Nations, the ministry provided funding to the FNHA to support First Nations-led land-based cultural and healing approaches.</p> <p>This investment sets the foundation for a longer term vision of blending the best of western and traditional Indigenous approaches as we transform the mental health and wellness system to better meet the needs of Indigenous peoples in B.C. and improve their mental health and wellness outcomes.</p>
<p><b>Enhanced capacity for Métis Nation BC for priority setting and planning</b></p>	<p>MMHA has provided capacity funding to Métis Nation BC (MNBC) for it to engage with Métis peoples throughout B.C. in conversations about Métis mental health and wellness. Those findings are now guiding MNBC's strategic planning process.</p> <p>Over the next three years, these early investments are providing support for MNBC to build its capacity and build new partnerships, as well as to advance Métis-led initiatives related to Métis cultural safety, harm reduction and an anti-stigma campaign.</p> <p>MNBC, MMHA and the Ministry of Health are committed to exploring a long-term health and wellness partnership that recognizes the unique priorities, interests and perspectives of Métis peoples in B.C.</p>
<p><b>Support First Nations-led primary health care initiatives</b></p>	<p>The First Nations Health Authority is working with the Ministry of Health on planning First Nations-led primary health care initiatives.</p> <p>This work will be co-ordinated with the broader Primary Care Network initiative taking place throughout the province whereby integrated team-based primary and community care will be designed to meet needs through a network of services within a specific geographic area, including mental health and substance use services.</p>

## 3 Substance use: Better care, saving lives

### KEY PILLARS:

Prevention, early intervention and wellness promotion

Seamless and integrated care

Equitable access to culturally safe and effective care

Since the provincial health officer declared a public health emergency in April 2016, at least 3,768 people in B.C. have died of suspected illicit drug overdoses. However, the need for a comprehensive, co-ordinated and evidence-based substance use system of care in British Columbia long pre-dated the emergence of fentanyl in the illegal drug supply.

Before and since, people throughout the province have been working every day, every week and every month to save lives. And yet more needs to be done.

The overdose emergency has revealed the deep connections between mental health, medical care needs (e.g. pain care, chronic disease management, like HIV and viral hepatitis), and substance use care. While continuing to escalate the response to the overdose emergency, the Province must also broaden its focus to include other harmful substance use. In its review of opioid deaths in its health authority, Vancouver Coastal Health, for example, found that most deaths (60%) had not met the criteria for an opioid-use disorder and the vast majority used multiple substances, many of whom were dependent on substances other than opioids.

Complicating the situation, many individuals struggling with addiction are accessing ineffective, rather than evidence-based services. For instance,

in their review of overdose deaths, the B.C. Coroner found that more than half of those who died in the crisis had accessed some form of mental health or primary care service, but had not been able to access effective addiction care.

Understanding why some people become dependent on substances is complex. Some people have a predisposition to substance use disorder based on genetic risks, or experience environmental (e.g. stress, trauma) risks or social inequalities and challenges (i.e. poverty, housing affordability). Others may become dependent on prescription medications for physical pain. It is important to understand that substance use occurs on a wide spectrum, with problems and addiction being at the more severe end. Unfortunately, responding to stress, anxiety, and emotional and physical pain by using substances like alcohol, cannabis and nicotine can worsen physical and mental health.

When health issues arise, the first place most families turn is their primary care provider. However, traditionally family physicians and other practitioners have had very limited training in substance use prevention, screening or treatment. Similarly, unlike almost all other medical challenges in the health-care system, traditionally there have been no expert guidelines or other resources for providers to turn to for practice support.

Services need to be ready when people are. Rapid access to the right treatment is critical to giving people the help they need to heal. The current patchwork of waitlists and referrals is leaving most adults without any help for mental health and substance use problems until they become much worse or reach a crisis.

People need access to appropriate addictions care on a continuum from team based primary care, withdrawal management and counselling to hospital outpatient services and treatment beds.

We need to better support people earlier, and we need to bring services together so families aren't struggling to get their loved ones the care they need.

**PRIORITY ACTIONS**

<p><b>Framework for improving substance use system of care</b></p>	<p>Connecting British Columbians to evidence-based and trauma-informed treatment and recovery services/supports requires a clear roadmap for developing quality, effective, efficient and innovative service delivery models in the years ahead.</p> <p>We will be working with partners to define and determine the key elements needed to ensure a co-ordinated, integrated and interdisciplinary system of addiction prevention and care that works for all of those who need it. This means considering how best to design and deliver services to allow people to move smoothly from one service to another to meet their changing needs and circumstances, while maintaining their connection to care. It will look at the need to modernize treatment services as well as integrating approaches to substance use prevention, treatment and recovery goals throughout other systems, such as housing and employment.</p>
<p><b>Ensuring best evidence guides care in B.C.</b></p>	<p>Addressing the traditional lack of standards and best practices is critical if we are going to address the rising rates of drug-related harms and move toward more integrated substance use prevention treatment and recovery. As part of this strategy, the Province will work with the BC Centre on Substance Use to develop and implement guidelines for addressing the province’s prevention and addiction treatment and recovery needs, including alcohol and drug addiction. Incorporating meaningful training in Indigenous cultural humility and culturally safe care will be core to this strategy.</p>
<p><b>Increase access to evidence-based addiction care</b></p>	<p>Readiness for treatment and recovery services varies for individuals at different points in their journey. Services need to be ready and responsive when people are. Rapid access to the right treatment during these windows in time is critical. Expanding rapid access to addiction medicine supports means continuing to increase capacity to treat individuals with substance use disorders, enhancing existing services and implementing additional prescriber services. This means addressing head on the stigma around substance use care and training practitioners in addiction medicine the same way that practitioners are trained in other areas of health care.</p>
<p><b>Integrated team-based service delivery to connect people to treatment and support ongoing recovery</b></p>	<p>Integrated treatment and recovery teams will focus on engaging and retaining individuals in treatment by addressing existing gaps in community-level resources. These teams are intended to support and complement primary care and community-based services.</p> <p>Service delivery models will be based on regional need and existing community-based treatment models (e.g. primary care settings, addiction clinics, intensive outpatient treatment, and acute care and recovery services) and will be tailored to address gaps in pathways of care for substance-specific and poly-substance use and addiction.</p>

	<p>Integrated service models may include social workers, nurses, clinical counsellors, Elders, outreach and lived-experience support workers. They will deliver services, such as screening, case management, medication management, outreach, harm reduction, drop-in counselling, recovery supports and individual and group therapy that assist individuals in achieving and maintaining recovery and increasing health and wellness.</p>
<p><b>Overdose emergency response, including community-based harm reduction services</b></p>	<p>The Province will also continue to escalate its response to the overdose emergency; this includes the Overdose Emergency Response Centre’s work to ensure that communities have access to the comprehensive package of essential health sector interventions with a focus on strategies that:</p> <ul style="list-style-type: none"> <li>• take immediate action to save lives: Take-home Naloxone, overdose prevention sites/supervised consumption sites.</li> <li>• expand access to safe medication alternatives to the poisoned drug supply.</li> <li>• reduce stigma.</li> <li>• connect people to primary care and social supports like housing; and</li> <li>• build a network of treatment and recovery services.</li> </ul>
<p><b>Supportive recovery services</b></p>	<p>The Ministry of Mental Health and Addictions will continue to partner with the Ministry of Health to strengthen the quality, consistency and oversight of supportive recovery services.</p> <p>This will include new regulations for supportive recovery assisted living residences aimed at improving the quality and consistency of care through training and minimum qualifications of people who operate and work in supportive recovery residences; access to evidence-based treatment; and safe transitions for those leaving supportive recovery residences.</p> <p>Through partnerships with leaders in the sector, the Province will also develop a common definition and specific standards for recovery services.</p> <p>Together, these efforts will help support individuals to access services that will put their health and safety first and provide the right level of services to meet their needs.</p>
<p><b>Provincial Peer Network</b></p>	<p>Government will establish a provincial network of people with lived experience. This network will provide funding and capacity building for organizations of people who use drugs and people in recovery to learn from their expertise and ensure that the provincial overdose emergency response is even more effective in saving lives and connecting people to harm reduction, treatment and recovery.</p>



## 4 Improved access, better quality

### KEY PILLARS:

Seamless and integrated care

Equitable access to culturally safe and effective care

People in every part of the province, in large communities and small, need to have access to the full spectrum of evidence-based mental health and substance use care. The needs of people living with mental health and substance use are diverse and vary depending on the type and severity of the condition. For example, the needs of a person living with moderate depression or anxiety are very different than the needs of a person living with schizophrenia. To better meet those needs, we are improving access to doctors, nurse practitioners and other health professionals by bringing team-based primary care to communities around the province.

Team-based care puts the patient at the centre of care, with all the team members working around them to ensure they receive appropriate

care for their specific needs. This form of care makes the best use of each care provider, so we can serve more people more effectively and in a way that better meets their needs. These teams offer collaborative care from physicians, nurse practitioners, nurses, pharmacists, occupational therapists, social workers, mental health clinicians and other health professionals.

The expansion of team-based care will improve access and quality for adults seeking mental health and substance use care. Co-ordinating care will create a network of services so that people can access the type and level of care they need, whether it be from a mental health or substance use worker, family physician or nurse, or through specialized services for more medically complex patients. Ultimately, this system will connect people proactively to culturally safe and effective care in a timely way.

Part of the challenge ahead is making sure that whatever supports are created, people and their care providers know what they are and where to find them. For most, that means searching the internet for information. That's why an important part of improving mental health and substance use care is creating a more seamless online experience for people seeking these services from government, and boosting opportunities to access care directly online.

### PRIORITY ACTIONS

#### Expand access to affordable community counselling

Community counselling services will be expanded to help people access psychotherapy that they may not be able to afford because they do not have an Employee Family Assistance Program or Extended Health Plan. Through grants to non-profit organizations across the province that provide sliding scale or free counselling services, this initiative will create multiple, easy-to-access entry points that extend counselling beyond mainstream programs, including for individuals who face barriers related to race, ethnicity, religion, gender, age, social class and/or sexual orientation.

Community-delivered, evidence-based counselling will help British Columbians experiencing a continuum of issues, including grief and loss; separation and divorce; abuse and violence; chronic illness; trauma; and mental health and substance use problems.

<p><b>Team-based primary care (with mental health and substance use professionals) and specialized services</b></p>	<p>The Province has launched a Primary Care Strategy to deliver faster and improved access to health care for British Columbians in all parts of the province. The strategy, led by the Ministry of Health, focuses on team-based care and includes adding doctors, nurse practitioners and other health professionals to the primary care system. The Primary Care Strategy includes delivering services for mild to moderate mental health and substance use issues within primary care networks, and creating links and pathways to specialized services for higher level mental health and substance use needs.</p> <p>The Ministry of Mental Health and Addictions and the Ministry of Health are working together to ensure the Primary Care Strategy addresses mental health and substance use needs. This will be accomplished by:</p> <ol style="list-style-type: none"> <li>1. Expanding hours of primary care to enhance access.</li> <li>2. Adding mental health and substance use workers to primary care teams.</li> <li>3. Co-ordinating referrals for patients to and from other services (emergency and hospital system, specialists, community services), and providing individuals and families with support to navigate the system.</li> <li>4. Addressing and supporting families’ needs and involving them in the care team as appropriate.</li> <li>5. Ensuring services meet the diverse and unique needs of individuals including for: <ul style="list-style-type: none"> <li>• race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious or political beliefs.</li> <li>• people living in rural and remote communities.</li> </ul> </li> </ol>
<p><b>Enhanced provincial crisis lines network</b></p>	<p>Provincial Health Services Authority will lead the development of an enhanced, efficient provincial crisis line network, which will reduce duplication and provide emotional support, information, referral, crisis and suicide prevention/ intervention services.</p>
<p><b>Framework and standards to improve care under the Mental Health Act</b></p>	<p>Nothing is more important than keeping people safe. This is balanced with the need to ensure dignity and fairness when someone is vulnerable and receiving mental-health care.</p> <p>The safe practice of involuntary admissions under the B.C. Mental Health Act balances the rights of the individual with the obligation to help and protect people living with mental illness. In follow-up to concerns highlighted by the B.C. Office of the Ombudsperson, the Ministry of Mental Health and Addictions is working with the Ministry of Health to establish clear and consistent provincial standards to achieve 100% compliance with the Mental Health Act.</p> <p>These standards will be supported by a quality improvement framework specific to the involuntary admission process under the Act.</p> <p>The framework will guide quality improvement and compliance with legislation, policy, practice and standards, and will contribute to improving the quality and safety of patient care.</p>

<p><b>Implement peer support co-ordinators</b></p>	<p>Full-time co-ordinator/navigator positions will be established in each regional health authority to work with people with lived experience. Coordinator/navigators will conduct a gaps/needs analysis at the regional level and work with lived experience and lived experience support organizations to ensure that services are delivered in a culturally appropriate and effective manner where and when people need them, including during life and care transition points.</p>
<p><b>Develop peer support worker training resources</b></p>	<p>Made-in-B.C. lived experience support worker training resources will:</p> <ul style="list-style-type: none"> <li>• recognize the valuable contributions that peer support workers make in supporting people in healing and recovery.</li> <li>• incorporate the practice principles described within the strategy.</li> <li>• provide employers and post-secondary institutions with provincially approved training resources.</li> <li>• Reflect the diverse needs of the population through the application of an equity lens.</li> <li>• enhance lived experience support worker training quality and consistency across the province.</li> </ul>
<p><b>Expand Bounce Back</b></p>	<p>Bounce Back, an online program available for free throughout B.C., teaches effective skills to help individuals (ages 15+) overcome symptoms of mild to moderate depression or anxiety, and improve their mental health. Participants can learn skills to help combat unhelpful thinking, manage worry and anxiety, and become more active and assertive.</p> <p>Funding will support the existing program reach and expand Bounce Back to support a greater number of clients, approximately 2,000 more referrals per year.</p>
<p><b>Mental Health and Wellness Disaster Recovery Guide</b></p>	<p>The Mental Health and Wellness Disaster Recovery Guide was developed in response to a recommendation in the Abbott Chapman report, Addressing the New Normal: 21st Century Disaster Management in BC to improve the timeliness of and access to culturally safe mental health and wellness supports following a disaster.</p> <p>The Mental Health and Wellness Disaster Recovery Guide is intended to be the guiding document that each partner/agency uses to plan, develop, co-ordinate and operationalize mental health and wellness disaster recovery supports and services in the event of an emergency.</p>
<p><b>Workplace mental health</b></p>	<p>Workplaces play an essential part in maintaining positive mental health. Today more and more workplaces are looking at different ways they can create healthy, psychologically safe and productive environments for employees.</p> <p>MMHA is working collaboratively with the Ministry of Labour, WorkSafeBC and key partners, including the Canadian Mental Health Association, the BC Federation of Labour and business organizations, to develop ways to make it easier for organizations to support workplace mental health.</p>

	<p>We will build on existing training and education programs to increase access and expand the reach of prevention-oriented, evidence-based workplace mental health and substance use training throughout B.C.</p>
<p><b>Create a web-based portal (focused on children and youth)</b></p>	<p>MMHA has a responsibility and an opportunity to respond to those looking online for services and supports relating to mental health and substance use. That is why the strategy includes a commitment to create a more seamless starting place online.</p> <p>The ministry will take swift action to improve navigation of existing online government resources for mental health and substance use. It will ensure that the public is able to gain information and access to supports and services online that reflect their needs and remove the barriers that separate ministry portfolios can present.</p> <p>A human-centred, low-barrier approach will reduce the complexity of online access, meet people where they are and guide them to the services they want and need.</p>



# Guiding principles for a better future

*Bringing this roadmap to life means changing how we think, plan and act. It is, at its core, transformational. Across our guiding principles, traditional approaches must be replaced with the continuous search for something better.*

As we present this roadmap to the people of British Columbia, the following represents our commitment to you.

PRINCIPLE	SHIFTING FROM...	SHIFTING TO...
Build Resiliency	Reactive approach responding to short-term and emergent needs.	Proactive approach focused on early intervention and building resiliency in people and communities.
Value Diversity	Uniform programs and services.	Programs and services that meet the unique needs of targeted population groups and local communities.
Collaborate	Government policy and initiatives centred around ministry mandates.	Policy initiatives developed in partnership with other stakeholders, designed to support the holistic needs of British Columbians.
Innovate	Maintenance of status quo.	Experimentation, anticipation of future needs and commitment to change.
Achieve Results	Inconsistent, output-based performance measurement and reporting.	Consistent and transparent performance measurement and reporting based on long-term benefits for British Columbians.
Commit to Reconciliation	Decisions made about and without First Nations and Indigenous Peoples.	Community ownership through Nation-based and Nation rebuilding approaches.

# Conclusion

Since establishing the Ministry of Mental Health and Addictions in 2017, ministry staff and I have been so fortunate to be able to travel the province, listening to people whose lives are affected on a daily basis by mental health or substance use challenges.

Many times, it's not easy for people to tell their stories. And sometimes, it's hard to take in. You come away with a range of feelings: sadness, conviction, anger, passion, empathy, determination. It's that last one that keeps all of us moving forward – a shared determination to help people make their lives better through understanding, action and, yes, hope.

Our pathway to hope won't come without its twists and turns, its obstacles, and maybe a setback or two. But it's through our shared determination – government, communities, organizations, service providers, people with lived experience and so many more – that we will successfully navigate this journey.

My commitment to you is to keep government moving forward on this roadmap to improve care. We will report out regularly. And as we deliver on our commitments, we'll add new ideas and actions that will continue to make life better for people.

Along this pathway, we all have to be ready to break down some barriers. Because that's the only way we will make the progress we all seek. Let's let people talk without fear of being shamed or blamed. Let's call on friends, family, employers and colleagues to take active responsibility for recognizing, understanding and acting so that people in pain can more quickly get the help they need. And let's take action based on the best evidence, even if it means shaking up the status quo.

Thank you for taking the time to read this document. At its core, it is a call for all hands on deck. Mental health and substance use issues are a problem across every part of this province; all of us can and must be part of the solutions.

It's a challenge that our government is ready to lead on. We look forward to working with all of you in the months and years ahead.

All the best,

A handwritten signature in blue ink that reads "Judy Darcy". The signature is fluid and cursive, with the first letter of "Judy" being a large, stylized capital letter.

Judy Darcy, Minister of Mental Health and Addictions



