



GVAT Mental Health and Addictions ART Recommendations

The BC Ministry of Mental Health and Addictions has recently published a report entitled “A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia” ([Report](#)). We urge anyone interested to read it because we find its analysis and recommendations to be both compassionate and clear-sighted. The report states 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... The reasons range from the personal to the global — from childhood and intergenerational trauma to the impacts of climate change... B.C. has the country’s highest rate of hospitalization due to mental illness and substance use.” And 17% of our children and youth have seriously considered suicide within the past year.

As the Mental Health and Addictions team has done its research, we’ve sought to identify where the obvious gaps in the existing system are and to begin to identify solutions that might fill them. As we’ve gathered information from background reading and consultations with experts, we’ve asked what policy and procedural changes could make the biggest real difference in getting more people in our community the care they need.

Yet at this time the GVAT Mental Health and Addictions Team also wishes to recognize a central fact that underlies the work we do. The system we have now, which harms and excludes so many, is a direct result of a particular philosophy of government. Called “neoliberalism,” this philosophy has led, since the 1970s, to deliberate, systematic disinvestment in things like housing and mental health care, along with many other government social programs. Non-profit societies have heroically sought to fill these gaps, but they too are chronically underfunded and end up feeling something like that old story of a boy trying to plug holes in a dike with his fingers. As more holes appear, it becomes clear that the best thing to do with ourselves, if we want to build resilient structures of care that do not fail so many, is not just to shove our fingers into the holes ourselves, but to use our power together to call for government to take back up its necessary role in a just society.

So, with your approval, we will call on all levels of government to invest in programs and policies that recognize that, like housing or basic medical care, access to a holistic, low barrier system of mental health and addictions care is not a privilege for the few but a right for all. This spring we will turn our own initial findings into specific policy recommendations, and so we’ve taken the Ministry’s 4 main focal areas as a framework for our own.

Theme 1: “Improved wellness for children, youth and young adults:” The Ministry estimates 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” Our team calls for the following changes:

- A significant increase in emphasis on and funding for K-12 school counselors and a connected network of affordable family support services available for referral;



- Using the Foundry's Victoria Youth Clinic as a possible model, establishing an accessible, affordable network of mental health and addictions care for children and youth throughout Greater Victoria.

Theme 2: "Supporting Indigenous-led solutions:" From the Ministry report: "...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." Our team calls for governments to:

- Partner in the development and abundant funding of First Nations led mental health and addictions treatment centers;
- Recognize fully the validity of and need for land-based and holistic treatment programs, for First Nations people, and everyone.

Theme 3: "Substance Use: Better Care, Saving Lives:" GVAT calls for:

- Recognition that recovery from substance use and mental health crises simply cannot occur without access to safe, supportive shelter. GVAT calls for rapid, partnership-based but government-led development of housing for unhoused and borderline unhoused people throughout Greater Victoria.
- Separate ministries must coordinate their services early and often to better serve people. Our frontline service non-profits do the best they can, and their work is heroic, but making a more cohesive and integrated system will require visionary government leadership and funding.

Theme 4: "Improved Access, Better Quality:"

- The shortage of doctors, including psychiatrists, in Greater Victoria, like all of British Columbia, means that far too many people go without the care they need. This shortage itself is a crisis. The provincial government must do whatever it takes to subsidize and facilitate getting as many new doctors here as it takes to adequately care for our citizens in need.
- Non-profits doing this essential work in the place of government should not have to struggle and scrap for funding but must be supported by government at a level that recognizes the state of crisis we are in and the critical role they play.
- Navigating the system of existing resources should not seem like wandering a labyrinth of access points and services. We call for creation of a central access portal where anyone can access wellness service that is low barrier with no referral needed. The central portal would consist of a host organization within a network of organizations who share service planning, evaluation and marketing. Peer navigators with lived experience would be onsite to link service seekers to support with access through a single phone number, website, and online and print marketing materials. Knowledgeable service providers will encourage self-referral through a simple online quiz.