From vision to action: An analysis of BC’s mental health and substance use plan

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According to the Mental Health Commission of Canada, one out of every five Canadians will experience mental health issues. In 2011, the prevalence of mental illness in Canada was estimated at 6.7 million—a prevalence three times higher than type 2 diabetes and four times greater than heart disease. The direct economic burden of mental health problems on the Canadian economy is at least $50 billion per year—a staggering 2.8% of the Canadian gross domestic product.

In British Columbia, the growing incidence of mental health issues contrasts with many positive indicators. BC residents have the healthiest behaviours in Canada with respect to cigarette smoking, alcohol consumption, and physical activity. British Columbia also has significantly lower rates of hypertension, heart disease, diabetes and arthritis than most other Canadian provinces. Yet, British Columbian are also more likely to report mood problems, ranking ninth out of ten provinces in self-perceived mental health status, second only to Nova Scotia.

The colossal impact of mental illness on the well-being of Canadians has prompted a variety of responses from federal and provincial governments. Increasing awareness of mental health, by both government and non-governmental entities, has captured national attention and cultivated greater acceptance of mental health issues and mental illness by the public. This emerging cognizance has coincided with new initiatives, such as the BC Ministry of Health’s ten-year mental health plan released in 2010 as well as the creation of Canada’s first-ever national Mental Health Strategy in 2012. Together, these provincial and national strategies establish a population health framework for improving service, treatment, and support for mental illness and substance abuse in British Columbia.

When the government of BC launched Healthy Minds, Healthy People (HMHP): A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia in 2010, the action plan was lauded for taking a holistic, evidence-based approach to deal with the complex, multifaceted issues of mental health. The decade-long plan entails three major goals: (1) to improve the mental health and well-being of the population; (2) to improve the quality and accessibility of services for people with mental health and substance use problems; and (3) to reduce the economic costs to the public and private sectors resulting from mental health and substance use problems. The HMHP also advocates for broader policy changes to improve mental health through early intervention, health promotion, stigma reduction, and public education.

A notable strength of the HMHP is that it is designed to galvanize collective effort between the provincial government and non-governmental entities to address mental health issues in BC. The plan identified stakeholders best suited to collaborate on initiatives—from health authorities to community groups—and set ambitious milestones and target goals to achieve within ten years of its implementation. By taking a population-level approach, the HMHP recognized that vulnerable populations—such as children, the elderly, Aboriginal peoples, and people with severe or complex mental illnesses—require tailored initiatives delivered by governments, health providers, community organizations, and members of the public.

Yet the HMHP has received criticism for setting idealized goals that are not adequately corroborated with progress reports or follow-up. This past year marked the half-way point of the plan, and in five years, only one progress report has been published. The plan does not include a budget, nor has the BC government indicated how funds would be allocated across its projects and programs. While the HMHP outlines several overarching goals, such as a 10% increase in people reporting positive mental health by 2018, the 2012 report did not connect the current efforts with target results. Without a public budget, annual progress reports, or criteria for evaluating the success of programs,
the BC government cannot transform its
earnest vision into tangible outcomes.

Although the HMHP outlines a
broad policy vision for mental health and
substance use, it contains several important
gaps in its strategic priorities. For instance,
the HMHP does not address or set targets
for key at-risk populations, such as women,
people living in poverty, and persons with
disabilities. For example, depression and
anxiety affect 27.9% of women across
BC, compared to 15.6% of men.5 Despite
the gender gap in mood disorders, the
HMHP action plan only focuses on certain
aspects of women's health, such as perinatal
screening and reduced substance use during
pregnancy.6 Without tangible initiatives and
goals aimed at reducing mental health
disparities, the HMHP may exacerbate
inequities among these at-risk populations.
Thus, policy efforts must incorporate
health equity approaches to mental health
and substance use, to ensure that service
 provision is tailored to the unique health
needs of marginalized populations.7

The HMHP also fails to propose a
concrete plan for eliminating the stigma and
discrimination that surrounds mental illness
and poses a daunting barrier to individuals
seeking help. According to the Mental
Health Commission of Canada (MHCC), six
out of every ten Canadians with a mental
health problem do not seek help out of fear
of being stigmatized.8 The HMHP designates
the reduction of stigma and discrimination
as one of its four main priorities, yet has thus
far only committed to supporting existing
anti-stigma initiatives such as the MHCC's
HEADSTRONG initiative.9 In February
2015, the BC government partnered with
the MHCC and the Vancouver Canucks to
host a mental health awareness summit for
1,800 youth at Rogers Arena.10 Based on
the success of this anti-stigma initiative, the
BC government can expand its partnerships
with mental health organizations to tackle
stigma and discrimination head on.

As the landscape of mental health in
BC evolves, the government must adapt
its vision, policy, and action to address the
needs of the BC population. Fostering
mental health and alleviating mental illness
requires a coordinated, multidisciplinary
approach that addresses barriers to
accessing timely, equitable care and support,
especially for marginalized populations
disproportionately affected by mental health
problems.2 While the challenges to health care reform
are complex and abundant, these changes are
paramount to efforts aimed at building
an equitable mental health system for all
British Columbians.

disclosures

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