



Vancouver Mental Health and Addictions Systems Barrier Report – 2018/2019

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**Canadian Mental
Health Association**

Vancouver-Fraser Branch

**Association canadienne
pour la santé mentale**

Vancouver-Fraser Branch

An aerial photograph of a coastal cliffside. The cliff is covered in dense green forest, with a narrow path or walkway visible near the top. At the base of the cliff, a white lighthouse with a red band around its tower stands on a concrete pier. A paved path runs along the edge of the cliff, overlooking the ocean. The water is dark and choppy. The overall scene is a mix of natural beauty and human-made structures.

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Introduction

Welcome to the third edition of Vancouver Mental Health and Addictions Systems Barrier Report, written collaboratively by the Peer Navigator program of the Canadian Mental Health Association, Vancouver-Fraser Branch. The Peer Navigator team is comprised of eight individuals who identify as having lived with or experienced mental health challenges and/or substance use; Peer Navigators work one-on-one with interested adults who live in Vancouver and are experiencing such challenges. Program participants receive support to work towards their self-identified goals pertaining to mental/physical health, housing, community connections, income, and legal matters. Additionally, Peer Navigators support participants to build their capacity to advocate, as well as bridge connections to resources by providing information and referrals tailored to the participants' needs, while promoting wellness and recovery for all.

The Peer Navigator team is committed to decreasing stigma through engagement in dialogue related to mental health and substance use, while raising awareness to challenges faced by individuals seeking access to relevant support services. Although Peer Navigators are diverse in experiences, education, sexual orientation, gender identity, age, and ancestry, the team recognizes internal biases informed through experience of white privilege. We would like to acknowledge that we work, live and play on unceded Indigenous territories, and recognize the ongoing violence of colonization within our systems.

Focus Group Methodology

In April 2019, the Peer Navigator program facilitated two focus groups, comprised of 17 program participants, to gather information on common experiences faced by individuals who self-identified as having mental health and/or substance use challenges. All identifying information in this report has been changed to protect the privacy of participants.



Systemic barriers are embedded within the structures of mental health and substance use systems in terms of policy, procedures, organizational culture, staff training, and accessibility. These barriers are often challenging to identify and address, which makes them prone to being overlooked. Moreover, systemic barriers can interact and compound to restrict the opportunities of those connecting with services – especially at their first point of contact when seeking help for a mental health and/or substance use concern. The Peer Navigator program is committed to understanding barriers that create difficulties for people in seeking access to health, mental health, and substance use care. Through a better understanding of such barriers, we can work to improve access within our program and communicate observations to other service providers.

1. Defining Systemic Barriers

Systemic discrimination includes biases built into institutions – from funding distribution, hiring practices, accessibility (e.g. physical, linguistic, geographic), to questions asked on intake forms, and microaggressions from staff or service recipients. Educator and activist Jeewan Chanicka writes, “Leadership in organizations does not recognize or acknowledge the structural violence and trauma we [as people of colour] deal with every day. And when others decide they will not have it, they are often branded as ‘angry,’ ‘un-collaborative’ or ‘ineffective.’ They often need to justify their actions, while those perpetrating harm are allowed to continue unchecked” (Chanicka, 2018).

Factors including race, class, socioeconomic status, ability/disability, gender identity, sexual orientation, citizenship status, and mental health diagnosis influence people’s experience accessing services which affect their ability to receive support. Experiencing multiple barriers creates an intersectionality that heighten marginalization and creates difficulty accessing services (Crenshaw, 1995). In our work as Peer Navigators, we see the impact of intersectionality with discrimination and marginalization preventing people from meeting their needs and reaching their goals.

Most care providers have areas of identity where we hold privilege, and areas where we experience marginalization. As Peer Navigators, our privilege has allowed us to access opportunities resulting in our current professional roles, with enough ease that we are comfortable at work. As Vikki Reynolds (2013) observes, “Whether we intend to or not, many of us benefit from the oppression of others. We need not feel guilty about this, but we are required to respond to the unearned privileges we hold with accountability” (p. 63). As care providers with lived experience of mental health and/or substance use concerns, our identities and experiences shape our relationships with people we serve.

Examples of systemic barriers described by our program participants in recent sessions and in our focus group conversations are included below. This is not an exhaustive list, but serves as a sample of barriers our program participants experience. Most people who seek mental health or substance use services recall specific unfavourable experiences when accessing support.

- Anticipating a front-line worker’s prejudice. A focus group participant described thinking,

“ Does this person understand, or do they have racist thoughts in their head?

- Not being the successful candidate for tenancy in a rental property because they access PWD benefits and have no proof of employment.
- Verbal discrimination from others in line while waiting for services at the Ministry office.
- Individuals not being eligible to apply for income assistance or PWD benefits due to a common-law partner’s income level.
- Someone asking their occupational therapist about connecting with local LGBTQ2S+ resources, and not receiving recommendations because the occupational therapist did not know about any resources.
- As one focus group participant described,

“ You get treated differently when someone knows you have a [criminal] record.

This treatment can prevent access to essential services and impede success in building connections with care providers.

Service providers and service seekers are not individually responsible for these barriers, but we participate in systems that do not provide respectful care, and are often not sufficiently aware of the experiences and needs of people who experience marginalization. As one focus group participant described,

“ If you claim to be inclusive, you need to be inclusive of all needs, not just the ones you’re comfortable with.

In order to provide care that is affirming of each person’s experiences and needs, we must be aware of biases, question assumptions, and acknowledge the power we hold as service providers in areas where we personally hold privilege. This awareness, combined with willingness to question biases and make changes will improve the quality of care and will reduce barriers for current and future service seekers.

It is the shared responsibility of policy makers, funders, and service providers to identify, acknowledge, and address the systemic barriers that people face. Creating systems that are more responsive to people’s needs will improve the experience of individuals seeking and receiving support, and may prevent mental health and substance use concerns from becoming more acute in the future. This section will explore themes of preventative care and access to service, providing recommendations for practical steps we can take to bring awareness to systemic discrimination and create positive changes to service delivery.

2. Preventative Care

People report difficulties that stress their coping strategies and require support from others. Crisis moments tend to be the result of a long series of stressors over time. People reach out for support long before they are overwhelmed. The medical system is more responsive to acute care needs than to preventative and follow-up interventions. While services such as counselling are

covered by the public health system (MSP) for both in-patient and out-patient frameworks, they are not available to people who experience less acute levels of need. The system is responsive to risk/safety concerns (e.g. suicide risk) related to mental health and substance use, but is not available for people who identify that their mental health is declining and are requesting support to prevent their situation from getting worse. Taking a proactive approach promotes faster recovery, more cost-effective services, fewer hours of missed work, a decreased need for Employment Insurance and Income Assistance, and increased wellness for those experiencing mental health and substance use concerns.

Finding an appropriate entry point into the health and mental health care systems is difficult. Many people have internalized stigma, and/or hesitation when accessing mental health or substance use services. Peer Navigators hear from program participants who have been turned away from a service because they do not meet the intake criteria. Our focus group participants expressed frustration with being denied services, and not being connected with other options. This makes it even more difficult to meet their needs. When people are not feeling well, they may give up after being turned away from a service. These supports need to be organized within a network of referral resources so staff can appropriately refer someone who is not eligible for their services. The Peer Navigator program assists people to find appropriate services.

Timely and effective care assists recovery. A research study in Ontario on outcomes following a long-term hospital stay evaluated the impact of transitional discharge planning combined with peer support. “Individuals in the group receiving peer support were discharged on average 116 days sooner from hospital than the control group who did not have access to this program resulting in an estimated saving of \$12 million” (Province of British Columbia, 2017, p. 23). This is a cost-effective way of increasing quality of life for people using mental health services.

3. Access

Accessing appropriate care at the right time is important. Some examples of waitlists for our participants range from a few-month wait for counselling at Family Services of Greater Vancouver, to a two-year waitlist for the Complex Chronic Disease program at BC Women's Hospital. As Peer Navigators, we routinely research and compile available referral resources, assist participants in coping with long waits for care, and keep up-to-date information on interim services.

The match between the service provider and the service recipient's needs is important. Participants report that they are often not comfortable with their practitioner when assigned within a large agency or institution. Peer Navigators support participants to speak to health providers about their needs, including a request to change providers if appropriate. Selecting a good fit during the intake process would increase the effectiveness of the care and may prevent people from leaving the service before their needs are met.

CONCLUSION

Systemic barriers are influenced by marginalization and discrimination, as well as the complexities of the social determinants of health. Within systems operating with limited resources, preventative care and access to timely interventions are essential for the safety and well-being of people with mental health and substance use concerns. As Vikki Reynolds observed (2013) "In contexts of adversity, the point is not to figure out which workers and organizations are to blame, but to think of ways to change social contexts. Our greatest resources for doing that are each other" (p. 65). As a focus group participant observed in the context of people living with complex trauma, "People aren't victims because of their circumstances." Service providers and policy makers can learn from people who have developed resilience and determination facing extreme loss.

Each section of this report includes a case study, serving as an example of how our program participants experience both barriers and supports. Each example depicts a fictional character, created as a composite of many situations we have experienced in our work. We have intentionally omitted or changed any identifying information to ensure confidentiality.

As you read these case studies, watch for the barriers that impact each person's situation. These factors are larger than any person's history, choices, individual struggles or resources. It is important to note that systemic influences are invisible and sometimes difficult to detect. Many people continue to experience subtle and devastating effects of colonization, racism, sexism, ageism, homophobia, transphobia, and ableism. Increasing awareness of the presence of systemic barriers will provide additional understanding to mitigate the effects of bias and oppression.

In our work as care providers, we must attend to systemic barriers as well as individual concerns in order to provide the best service possible. As stated above, the impact of each of these barriers is felt differently and when people experience multiple barriers, their resilience is tested. Peer Navigators work with many people who show significant strength and perseverance while negotiating in extreme situations.

Health and Wellness

Tyson's Story



Tyson is a single dad who moved to BC 10 years ago from a small community in BC. He has been raising his 3-year-old son, Charlie, since he was born. Recently, Tyson and his Social Worker at REACH Community Health Centre secured ministry funding to subsidize daycare costs, so he could return to work and attend his weekly appointments. Tyson has been on the waitlist for a psychoeducational group for some time, however he was recently offered the chance to take part in a weekly support group for individuals awaiting an official start date. The support group has provided him with a safe place where he can share his day-to-day struggles, identify and set weekly goals, and receive ongoing support from peers and mental health workers. Tyson is hopeful that he will soon get confirmation of a start date for his long awaited group, however in the meantime he is practicing new skills learned through the support group, and feels they have been beneficial when managing his emotions and reactions to difficult situations he has and continues to face.

Mental and physical health are the foundation of well-being. Good health is correlated with increased productivity and community engagement, and is shown to benefit employment, income, and a sense of belonging. In comparison to those with lower levels of well-being, healthy individuals experience lower risk of disease, injury, and illness, and have increased immune functioning, recover more rapidly, and live longer (Centers for Disease Control and Prevention, 2019). Research indicates that mental and physical health are intertwined, and the relationship between mental and physical health, has a direct impact on one's overall well-being (Centre for Addiction and Mental Health [CAMH], 2019).

Similar to physical health, mental health is a “state of well-being” determined by one's ability to recognize their potential, work effectively in a productive manner, and meaningfully contribute to their community (Mental Health Commission of Canada [MHCC], 2012, p. 14). In contrast, untreated mental illnesses often reduce one's ability to “function effectively over a prolonged period of time” (Government of Canada [GC], 2017).

The social determinants of health (SDH) refer to specific “social and economic factors” that interact and impact overall health outcomes (GC, 2019a). This section will explore publicly-funded medical care in Canada, access to primary healthcare, the effects of stigma and discrimination, as well as outline key indicators that increase the likelihood of positive health outcomes: availability and timely-access to competent care.

1. The Real Cost of Health Care in Canada

The Canadian health care system does not exist without significant costs; in 2018, the Government of Canada spent approximately 253 billion dollars on healthcare, with 15 percent allocated to physician care and 28 percent spent on costly hospital stays (Canadian Institute for Health Information [CIHI], 2019a; CIHI, 2019b). Despite active efforts by the government and health authorities to increase the availability of proactive health care, many services continue to focus on treating acute symptoms – a costly and less effective approach. Substantial research indicates that providing proactive health care decreases the prevalence of many acute illnesses and limits financial losses associated with disability and loss of productivity (MaRS, 2019).

Mental health awareness and availability for care have increased in recent years, however, inadequate Government funding continues to set the precedent that physical health is more important. Although 235 billion dollars was spent on Canadian health care in 2018, only seven percent of this funding was allocated to mental health (CIHI, 2019a; Canadian Mental Health Association [CMHA], 2018). Many acute mental health services only provide care to individuals with severe and persistent mental health needs, leaving the 20% of Canadians with mild to moderate mental health and/or substance use challenges, struggling to connect with resources and support – unless they are willing to pay out of pocket (CMHA, 2018).

“ I am not sick enough to be eligible for help
– ANONYMOUS



2. Medical Coverage

Canada is one of the only developed countries with a universal healthcare system that does not provide coverage for all prescription medications (Brandt, Shearer & Morgan, 2018; Doucet, 2017).

Individuals who cannot afford their medications may receive some, or full coverage through their Medical Services Plan (MSP), however many medications are not covered. Access to medication should not be a privilege, but approximately one in five Canadians do not have medical coverage for their prescriptions, while one in ten Canadians are unable to fill their prescriptions due to cost (Brandt et al., 2018).

Fortunately, as of January 1, 2020, all MSP premiums will be eliminated, which will save families roughly \$1800 per year (GC, 2019b). Additionally, the provincial government plans to increase Fair Pharmacare funding by 42 million dollars, annually, with the hope of providing more variety among coverage for necessary prescription medications (Government of British Columbia, 2019).

3. Access to Primary Care

Access to primary care is essential to provide information, skills, and health care designed to promote illness prevention, management of chronic disease, and early-detection and treatment of illnesses – before increasingly complex and costly care is required (Shi, 1994; MaRS, 2019; Breton et al., 2018). Unfortunately, even though access to health care is strongly correlated with positive health outcomes, approximately 780,000 BC residents remain without access to primary care (The Canadian Press, 2018).

Canadian Mental Health Association (2019), states that every year, approximately 800,000 residents in BC experience challenges with mental health and/or substance use, while roughly 80% of Canadians rely on their primary care physician for their mental health needs (CMHA, 2018). Due to an ongoing shortage of physicians, it is no surprise that roughly 1.6 million Canadians report having unmet mental health care needs.

No one is immune to experiencing mental health or substance use challenges. In 2019, an estimate of 7.4 million Canadians will experience a mental illness, and by the age of 40, roughly 50% of Canadians will have, or have had a mental illness (CMHA, 2019).



CANADIANS
do not have
medical coverage
for their prescriptions



1/10
CANADIANS
are unable to fill
their prescriptions
DUE TO COST 



4. A Shift Towards Better Primary Health Care Reform: Community Health Centres

In British Columbia, Community Health Centers (CHCs) are finally receiving much deserved attention and funding. In 2018, the provincial government announced a plan to help fund and support CHCs, with the purpose of providing integrated health care and social services within the communities that they operate (Longhurst & Cohen, 2019). The benefits of CHCs do not end with patient experience; research indicates that CHCs are cost-effective, providing care to individuals who would have otherwise sought care in emergency departments or via acute health services.

Minister of Health Adrian Dix, stated that the top priority for BC health care is

“ to find new ways of working, coordinating services, and delivering care so that British Columbians don’t have to wait so long, travel so far, and search so hard for the care they need

(Ministry of Health, 2018, p. 2). The government aims to provide funding for over 200 new general practitioners in team-based care settings, and to increase incentives for family medicine residents to practice patient-centered care.

5. Urgent Primary Health Care

In addition to providing communities with CHCs, the 2018 provincial government identified a need for Urgent Primary Care Centers (UPCCs), where patients with urgent, but non-emergency healthcare needs can access medical care within 12 to 24 hours (Vancouver Coastal Health [VCH], 2018). In January 2019, the Seymour Health Centre, in partnership with Vancouver Coastal Health, opened the first UPCC in Vancouver, to provide primary and connect unattached patients with “primary care providers who [are] co-located on-site”.

6. Stigma and Discrimination

Stigma and discrimination create significant barriers to receiving mental health care, and increase the risk of harm for those able to reach out for support (MHCC, 2019; MHCC, 2012; Wand, 2017). Moreover, disparities in funding for mental health care likely play a role in how Canadians conceptualize mental health.

Unfortunately, even some health care professionals hold stigmatizing beliefs that place blame on those who suffer, burdening individuals who overcome stigma-related barriers and reach out for help (Wand, 2017). For example, when articulating patient behaviour, health care professionals commonly use language, such as “manipulative, attention-seeking, treatment resistant and non-compliant”, which perpetuates blame on those seeking mental health care and creates an unsafe atmosphere for patients (Wand, 2017, p. 23).

7. Availability

The Peer Navigator program serves many participants who request support in connecting with a primary health care provider. More often than not, these participants have been without a doctor for months - sometimes even years, which has prevented them from receiving any ongoing health care. Many of these participants reported seeking medical care through walk-in clinics or a hospital, although most continue to report unmet needs, often due to inconsistencies and lack of ongoing relationship with a care provider. As a result, many experience consequences of undiagnosed or untreated symptoms of various medical conditions.

8. Timely Access

Once connected with primary health care, challenges arise when attempting to access specialist referrals, medical treatments, and specialized mental health or substance use care. During the focus group, many participants expressed having to wait for extended periods to gain access to necessary health care services. Long wait times for medical services and treatments increase the likelihood of potentially devastating consequences such as prolonged loss of income, irreversible health complications, and even death (Wait Time Alliance, 2014).

Participants of the Peer Navigator focus groups reported difficulties related to access of publicly-funded mental health services and supports due to limited availability and lengthy wait-times of weeks, months, and in some cases - years.

In Vancouver, individuals experiencing acute psychiatric emergencies are encouraged to contact 911 or go to their local emergency department, however, more often than not, individuals are quickly sent home without any additional supports or follow-up care.

In an innovative response to lengthy wait-lists, some mental health and substance use services in Vancouver have started to offer cognitive or dialectical behavioural therapy groups for individuals awaiting care. These groups support individuals in developing concrete, evidence-based coping skills while on the wait-list, and for some, participation in these groups meets their needs and they no longer require further services (Personal Communications, 2019).



CONCLUSION

Health and wellness play an essential role in determining life expectancy and quality of life; all Canadians deserve equal access to timely, accessible, and appropriate healthcare. Financial constraints should not affect the quality of care available, especially considering the adverse health effects associated with poverty. These continued changes will not come without a cost, however, if the government aspires to provide health care to all Canadians, funding must be allocated to fill the gaps that currently create inequalities.

RECOMMENDATIONS

- Open more community health care centers, and increase funding for those that already exist
- Increase emphasis on trauma-informed and culturally competent care – increase acknowledgement of the SDH within health care services
- Increase education pertaining to health and wellness, while promoting anti-stigma through dialogue AND actions.
- Increase availability of stepped based health care services that provide individualized care for those with mild, moderate, and persistent health challenges
- Continue to increase the value of peer based services to support individuals, collaborate with other services providers and provide insight on experiences faced by those accessing services.
- Introduce safe consumption sites at multiple locations across Vancouver, to accommodate individuals requiring a safe place to use



Income

Samuel's Story



Samuel is 45 years old and immigrated to Canada, from Honduras, seven years ago. Receiving his Canadian citizenship did not solve his trouble finding work as his engineering degree from Honduras is not recognized here – nor is his previous work experience. Samuel has continuously struggled to find well-paid work, which has left him constantly struggling to pay his bills and rent. In recent years his anxiety and depression have resurfaced, and last year he began missing shifts at work; it was not long before he was fired due to his attendance. Samuel went to his local Ministry office to request an income assistance application, but when an employee informed him that he must apply online, he gave up, as his computer knowledge is limited. Soon after he was evicted from his home, which eventually led him to connect with outreach worker who fast-tracked him to receive an income assistance cheque the same day. Samuel came across the Peer Navigator program pamphlet and reached out for support with completing a PWD application. Over time, Samuel, with support from his Peer Navigator, completed and submitted his application. This past week Samuel was approved for PWD, which will provide him with a steady income as continues to get back on his feet.

Living in poverty increases vulnerability factors associated with the development of mental health and/or substance use challenges, while those experiencing such challenges are more likely to live in poverty. Moreover, Wilkinson and Pickett (2017), link poverty to decreased life expectancy and increased rates of infant mortality, mental illness, HIV, and crime. Hudson (2005) suggests that economic stressors, such as unemployment precede mental illness, with the exception of schizophrenia. This section explores income barriers related to health and wellness, and discusses what works within our systems.

1. Barriers

Some participants of the Peer Navigator program report that during times of financial strain they must choose between buying groceries and paying their phone bill. Although food is essential, not having a phone prevents them from being reached by service providers, health care workers, and/or prospective employers. Without a phone, it becomes difficult to stay in touch with support networks, friends, and family. Additionally, having a phone with internet access makes it easier to gather information about, and apply for income-related assistance programs - many of which require applications to be filled out and submitted online.

Many participants report having challenging experiences when connecting with the Ministry of Social Development and Poverty Reduction (MSDPR). For example, wait times to speak with MSDPR employees can be long, and once connecting with an employee, some participants report experiencing rude, condescending, and stigmatizing interactions; many recipients of Income Assistance (IA), Persons with Persistent Multiple Barriers (PPMB), and Persons with Disabilities assistance (PWD) also report feeling lack of trust and safety when interacting with MSDPR. As per a focus group participant:

“ I don't have the mental bandwidth to do what I need to do to be well when I have to deal with disrespectful ministry workers.

The Market Basket Measure (MBM) defines the poverty line in BC as approximately \$20,000 per year for a single person (Province of British Columbia [PBC], 2019c). According to the cost of living calculator, a single person living in Vancouver needs an annual income of \$34,252 to cover the costs of living (PBC, 2019b). Approximately 557,000 BC residents live currently below the poverty line. Unfortunately, the annual income for a recipient of PWD is approximately \$13,600, well below the poverty line and BC's own cost of living calculator. Individuals on PWD can earn up to \$12,000 per year without it impacting their benefits. If someone on PWD earns the full amount, their annual income rises slightly above the poverty line, but still remains below the cost of living. Income assistance rates provide yearly stipends which are thousands of dollars below the calculated poverty line for Vancouver.

Living under the financial strain of IA is challenging; many people who rely on such income continue to live in poverty, with not many other options at hand. The Peer Navigator program supports individuals with income related goals, including budgeting strategies, and applications for grants/ bursaries, Employment Insurance, IA, PPMB, and PWD. Additionally, Peer Navigators often support participants to navigate income related systems, complete work searches, and provide referrals to employment services such as, WorkBC and Gastown Vocational Services.

This chart shows the cost of living, various assistance rates, and the poverty line for a single person in a year.

	ESTIMATED ANNUAL INCOME	ABOVE/BELOW POVERTY LINE
Cost of living in Vancouver	\$34,252	+ \$14,252
Working minimum wage based on 40 hours per week (June 1, 2019: minimum wage = \$13.85 per hour)	\$28,808	+ \$8,808
PWD + working the exempt amount	\$26,201	+ \$6,201
POVERTY LINE MBM poverty line	\$20,000	-
PWD without work	\$14,201	- \$5,798
IA + working the exempt amount	\$13,920	- \$6,080
“Deep” poverty (50% of the poverty line)	\$10,000	- \$10,000
IA without work	\$9,120	- \$10,880

(PBC, 2019b; PBC, 2019c; Disability Alliance BC [DABC], 2019)

The welfare challenge is an opportunity for individuals who do not rely on IA to attempt to eat for one week on a budget calculated by current IA rates in Vancouver with costs for room, board, and basic hygiene supplies subtracted. In 2018 the welfare challenge had to be cancelled, as after subtracting the cost of rent for a Single Room Occupancy unit in the Downtown Eastside, only \$5.75 remained to pay for food for the entire week (Humphrey, 2018).

Given the financial limitations of government assistance, some people choose to withhold reporting other sources of income, as it is nearly impossible to scrape by. The high cost of rent in Vancouver creates added challenges, as all BC recipients of provincial assistance receive the same rental portion – a staggering \$375. As a focus group participant stated:

“ There’s no flex on the rental portion of the income being based on where [in BC] you live.



Although provincial benefits vary based on household family size, the rates do not provide proportional increases to accommodate the costs of additional members. This can discourage people from moving in with their partners or declaring common-law status which, at times, results in couples and families living separately to avoid further payment decreases to already low incomes. A focus group participant shared:

“ Rates are so low that you’re stuck [living] in dangerous places or places not conducive to mental wellness.

2. Transportation

People receiving support for mental health and/or substance use challenges often attend several weekly appointments in different areas of the city. Additionally, many people travel for employment opportunities, grocery shopping at low-income food resources, and community-related events. In July 2018, TransLink fares were increased; using transit while living with little-to-no money quickly becomes expensive and unaffordable. Recipients of PWD have access to a reduced-cost bus pass, however, the cost of \$52 a month is taken from already low monthly payments; recipients of IA and PPMB are not eligible for the reduced-rate bus pass. Additionally, HandyDART eligibility requires individuals to “have a physical, sensory, or cognitive disability and [be] unable to use conventional public transit without assistance”, which leaves those unable to take transit due to mental health challenges without a mean of transportation (TransLink, 2019).

3. Improvements

There are some income-related improvements; in June of 2018, the Province of BC began a gradual increase of minimum wage from \$12.65 per hour to \$15.20 per hour by 2021. In April 2019, provincial income assistance rates were increased by \$50 per month, a total increase of \$150 since 2017 (DABC, 2019). Although improving, these rates remain well below the poverty line in BC. Further improvements include increases to earnings exemptions amounts for recipients of provincial assistance; individuals on IA may earn up to \$400 a month without having to forfeit their assistance cheques, while individuals on PWD may earn up to \$12,000 annually – an important change that enables seasonal workers, people with intermittent employment, and people with cyclical illnesses to earn money as they see fit, throughout the year (DABC, 2019).

In July 2019, the BC government discontinued penalties for families housing a family member on PWD, expanded access to supplements for receiving/replacing identification, and broadened the range of circumstances required to access the moving supplement. Further changes include a reduction in the required work search from five weeks to three weeks for individuals applying for IA; increased access to PPMB with the elimination of the pre-application wait period of over a year, the Employability Screen, the Client Employability Profile, and substance use restrictions, which previously limited eligibility; removal of the \$10,000 asset limit for vehicles used daily; and increased asset limits for singles, couples, and families receiving IA or PPMB (DABC, 2019).

In July, 2018, the provincial government “appointed an expert committee... to study the potential for using a basic income approach in its efforts to reduce poverty and prepare for the emerging economy” (PBC, 2019a). A basic income approach would provide eligible BC residents with government-funded income payments, without any conditions. The committee is tasked with supervising independent research to determine if basic income would benefit BC, as well as explore basic income principles that could “improve the existing income and social support system” (PBC, 2019a). One possible benefit of basic income, is reduced administration costs of the current income assistance system. Sheahen (2012) suggests that basic income would promote economic growth; it would allow people to invest in education, enabling more people to pursue fulfilling jobs.

CONCLUSION

Living in poverty can have profound, negative impact on a person’s overall health and wellness. In order to decrease poverty, the government must take action to provide increased funding for individuals who are temporarily, or permanently unable to work. Additionally, the government must continue to fund programs that support individuals to learn work-related skills, and find/maintain employment; minimum-wage must continue to increase to reflect ongoing inflation. Income assistance continues to leave many Canadians living below the poverty line, and this is unacceptable. The government must take action to increase income assistance rates across the board, or explore the use of basic income as a cost saving alternative.

RECOMMENDATIONS

- Increase shelter rates for income assistance and PWD to reflect the median rent of a small one bedroom apartment within the local area, tied to inflation.
- Increase the support portion of assistance rates to reflect cost of living based on the market basket measure tied to inflation.
- Legislated work protections against discrimination based on mental health status and programs for those that need extended leave to keep their jobs.
- OR Implement basic income for all BC residents, with an additional portion to supplement those with disabilities. Set the Basic income to the MBM poverty line tied to inflation.



Housing

Billy's Story



Billy is a 30 year old Vancouver resident who has been living on the streets of the Downtown Eastside since being renovicted three months ago. Billy is transgender and uses they/them pronouns. Living on the streets has not been easy, and Billy has been robbed multiple times. Two weeks ago they had all their identification stolen, which has created additional barriers in their life and further limits what resources they can access.

Recently, after a short stay at St. Paul's Hospital, Billy connected with the Peer Navigator program, and the Kettle ID Bank where they have started the process of replacing their identification. Billy has been meeting with their Peer Navigator weekly and together they have started an application for BC Housing. Billy remains hopeful that a trans-friendly shelter bed will become available soon, and in the meantime they are working towards replacing their identification and finding a permanent home.

Housing is an essential element of individual well-being and one of the foundational social determinants of health. Having a roof overhead can provide safety, privacy, and space to organize life choices, recharge, and plan for the future; connecting with family, friends, employers, community supports and resources can be extremely challenging when you do not have a home. Securing rental housing in Vancouver is no simple task; safe, affordable, comfortable, and accessible housing continues to be extremely difficult to find. Many Peer Navigator participants who experience homelessness or are forced to move, are unable to secure a place to live due financial barriers and lack of available rental units. Every year, approximately 235,000 Canadians experience homelessness, and an estimate of 35,000 people in Canada face homelessness every night (Gaetz, Dej, Richter, & Redman, 2016). This section will explore three main barriers to accessing housing: security of tenancy, housing availability, and affordability.

1. Security of Tenancy

The term “renoviction” refers to landlords pushing tenants out so that suites can be renovated and subsequently rented at much higher prices. In Vancouver, renovictions are becoming increasingly common and leave many people struggling to find affordable accommodations. The Peer Navigator program has seen a rise in participants who have been renovicted, and due shortages in affordable housing many participants seeking new homes report having to couch-surf or stay in shelters before being able to find a safe place to live. In the past year, the average cost of rent in the

City of Vancouver has increased by 6.1%, and rental vacancy rates have decreased to 0.8% (Connolly, 2018). In November 2018, Vancouver City Councillor Swanson moved a motion, which read “We have a housing emergency in Vancouver and one big part of that emergency is caused when investors renovict tenants from moderately priced rental buildings in order to turn them into luxury commodities” (Vancouver City Council, 2018).

A provincial government report from 2018, states, “The residential tenancy laws, policies and services are not meeting the needs of renters and rental housing providers in British Columbia today as the Residential Tenancy Act has not undergone a comprehensive review in 16 years” (British Columbia Rental Housing Task Force [BCRHTF], 2018, p. 2). The task force goes on to describe that “during the public engagement process” they heard from many “renters being evicted due to renovations [even though] they were willing to accommodate the renovations, and have their tenancy continue” (BCRHTF, 2018, p. 7).

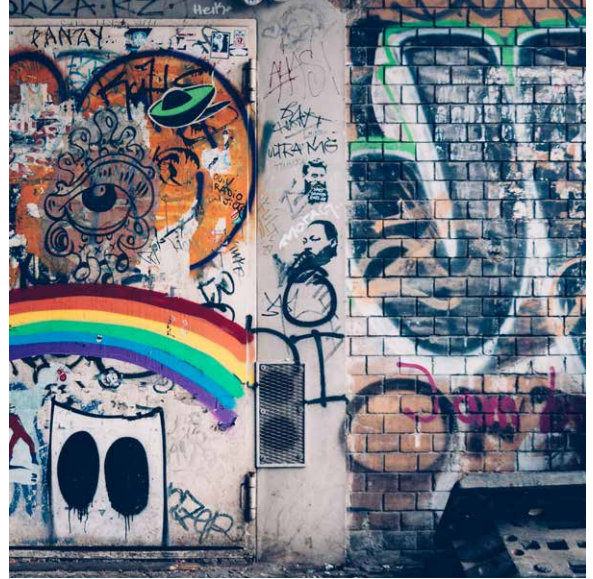
Many people chose to leave Vancouver in search of more affordable housing, however, there are individuals, couples, and families who do not have the financial freedom to move. Additionally, a move to a new city can be very destabilizing; many individuals work and/or attend school locally, and many people are connected to services, resources, and support networks in Vancouver.



2. Housing Availability

Many participants of the Peer Navigator program complete applications for BC Housing, Supportive Housing, Vancouver Rapid Response Housing, and other non-profit housing programs. Participants also request support to complete supplemental housing forms and internet-based housing searches. Although many participants complete applications for non-profit housing, waitlists are long and it can take years before a suite becomes available.

There is no doubt that the city is facing a housing crisis; residents of Vancouver are experiencing homelessness at increasingly higher rates (Urban Matters CCC, & the BC Non-Profit Housing Association, 2018). In the 2019 Homeless Count, 2,223 residents of Vancouver reported experiencing homelessness – a two percent increase from 2018 (City of Vancouver, 2019a). Approximately half of the Count participants completed a demographic and geographic survey, which found that Indigenous Peoples represented 39% of respondents, even though Indigenous Peoples only represent 2.2% of the population in Vancouver (City of Vancouver, 2019a). This significant over-representation highlights the ongoing effects of colonization, racism, oppression, and discrimination, which remain deeply rooted within our systems - at every level. Racism and discrimination create extensive inequalities for Indigenous Peoples, which limit access to safe and affordable housing.



Further statistics collected during the 2019 Homeless Count

- 44% reported experiencing mental health challenges or illness
- 44% stated they had a medical condition or illness
- 38% reported they live with a physical disability
- 81% reported that they lived in the City of Vancouver before experiencing homelessness
- 45% reported struggling with more than two substance addictions (City of Vancouver, 2019a).

Unfortunately, securing rental housing in Vancouver continues to be a challenging and discouraging task as public funding for safe and affordable housing remains unsatisfactory. In October 2018, there were 12,313 bachelor suites and 67,989 one-bedroom apartments in Vancouver. Once factoring in the vacancy rates, calculations show that approximately 111 bachelor suites and 748 one-bedroom apartments were available for rent at that time in Vancouver (Canada Mortgage and Housing Corporation [CMHC], 2019). The 2018 Homeless Count reports that more than 2,100 people in Vancouver identified as experiencing homelessness - many more people than available rental units (859) at the time (Urban Matters CCC, & the BC Non-Profit Housing Association, 2018). Since then, the housing crisis in Vancouver continues to intensify. More people report experiencing homelessness, and vacancy rates have continued to decline.



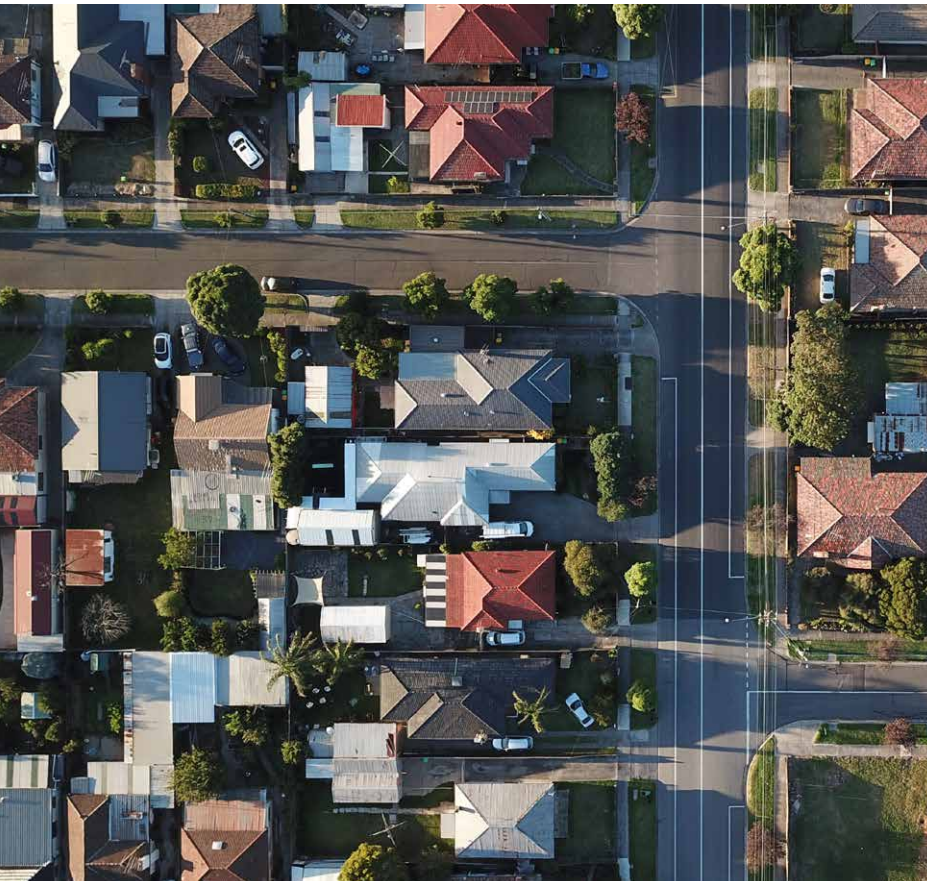
38% reported they live with a **PHYSICAL DISABILITY**

44% OF RESPONDENTS reported experiencing **MENTAL HEALTH** challenges or illnesses

3. Affordability

Data from the CMHC shows that as of October 2018 the median rent for bachelor apartments in Vancouver is \$1,100/month and the median rent of one bedroom suites is \$1,250/month (CMHC, 2019). Recipients of provincial income assistance receive a designated shelter allowance each month to pay rent.

Unfortunately, these rates remain well below the average rental costs in Vancouver: singles receive \$375 per month and couples receive \$570 per month, to cover rent (Province of British Columbia, 2019). Renting in Vancouver is almost impossible for recipients of provincial assistance, unless subsidized social housing is secured.



Modular housing is a new, innovative approach to address the housing crisis. Nora Hendrix Place is one example of such housing; the three-story building run by the Portland Hotel Society has 52 self-contained studio apartments, each with their own bathroom and kitchen. Moreover, at least 10% of the suites are wheelchair accessible (City of Vancouver, 2019b). In the fall of 2018, the Peer Navigators visited Sarah Ross House, another new modular housing building in Vancouver. This supportive housing building run by Atira Women's Resource Society also contains 52 studio apartments with private bathrooms and kitchens in each suite (City of Vancouver, 2019c). Although the housing crisis in Vancouver is far from over, the City continues to build more housing and work towards their goal of "72,000 new homes across Vancouver in the next 10 years" (City of Vancouver, 2019d).

RECOMMENDATIONS

- Create a plan to house the individuals currently living in temporary modular housing, and develop a continuum of supportive housing.
- Develop public education to destigmatize social housing and combat "Not in my Backyard" campaigns.
- Increase incentives for developers to construct rental units in the City of Vancouver.
- For example, the City of Burnaby has introduced relevant policies, which will increase the availability of rental units:
 - Create rental-only zones within the City
 - Require a minimum of 20% rental housing in all new developments, city-wide
 - Allow rental housing in commercial zones (City of Burnaby, 2019).



Beth's Story



Beth, age 65, was born in China and moved to Vancouver just before her first birthday. Beth lives in South Vancouver with her two adult children. Recently, she has become suspicious of her neighbours; Beth believes they are spying on her and planning to kill her. Beth's children are becoming increasingly concerned for her, as her thoughts do not seem rational, yet they are taking up a lot of her time and energy. One day when returning home from the store, Beth ran into her neighbour who she believed wanted to kill her. She hit her neighbour as hard as she could before running inside her home. The police showed up and Beth was taken to hospital to be assessed by a psychiatrist. Soon after, Beth was admitted to hospital under the Mental Health Act; she was terrified and confused, as she had never had a run-in with police and felt as though she was protecting herself when she hit her neighbour. In hospital, Beth had her items searched and most of her belongings taken away including her cellphone, clothing and shoes. She was given a hospital gown and socks, and was forced to take medication against her will. Beth's children were able to visit her, but they were unsure of how to support their mother. They were happy she was no longer talking about the neighbours, however they could tell that their mother was sedated and did not seem happy. They were apprehensive about their mother returning home from hospital. Once released from hospital Beth's transition home was not easy. Her children had to ensure she continued to take her medications as she was released on an extended leave, which meant that their mother was still certified under the Mental Health Act. Their mother could be recalled back to hospital if she did not continue to take her medications as prescribed. It has not been an easy road to recovery for Beth, or her children.

At the time of her initial certification, Beth did not understand most of the language used within the Mental Health Act. Recently, she has spent time researching her legal rights online to gain a better understanding of what happened, and to clarify what legal rights she is entitled to.

Beth is released after 23 days, but is told that she is still in the care of her doctors and needs to follow treatment protocols or she will be put back in the hospital. Beth doesn't know her rights to request a Review Panel or what services exist to support her mental health after leaving the hospital. Beth's friends ask where she has been and express worry, and Beth doesn't know what to say. Beth was told by a nice nurse who came to check on her a week after being discharged about the Art Studios on Victoria Drive, where people with mental health challenges can go and do art with others and be supported by occupational therapists. Beth was thrilled for this referral and for somewhere to go and meet other people who may have had similar experiences. Beth was taking her medications regularly and the doctor took her off of Extended Leave. Beth hopes to never go back to the hospital again.

Information pertaining to individual legal rights can be complex and difficult to understand. Many adults are not fully informed about their legal rights, even when navigating challenging situations involving the law. The Peer Navigator program supports individuals to connect with resources that provide education on legal rights as well as legal aid services. Legal matters are often extremely stressful and can present additional challenges for individuals experiencing mental health and/or substance use concerns. During the Peer Navigator focus group, one participant shared,

“ A lot of people don't know their rights, and the police [often] use that to their advantage.

Some participants of the Peer Navigator program are denied when applying for Provincial income assistance, Employment Insurance, and/or WorkSafe claims. The appeal process is often confusing and filled with legal jargon; the Peer Navigator program can support participants navigating these challenging situations. Furthermore, participants request support to replace lost or stolen legal identification, and manage debt and credit complications, which often require some legal knowledge. Some participants encounter situations where their rights are violated by landlords and they must navigate a Residential Tenancy Branch hearing. Landlords have significant power in the current rental environment in Vancouver and tenants may not make complaints due to the current housing crisis.



1. Legal Aid and Advocacy Services

Legal aid and advocacy services provide support for individuals and families, but they can be difficult to access. Many of these resources are time-limited so people with more complex circumstances may only get some of their needs met. In March 2019, legal aid lawyers in BC went on strike due to funding cuts and stagnant pay (Globe and Mail, 2019). Court and prosecution systems continue to receive increases in funding while legal aid services continue to be cut, resulting in many legal aid lawyers leaving their positions. Government changes continue to affect how legal aid services determine their programs eligibility criteria. Unfortunately, many individuals end up being unable to access legal aid services, which can leave them navigating complicated legal proceedings without access to important legal information.

Peer Navigators provide many referrals to advocacy services in Vancouver. Many non-profit organizations within the city offer low-barrier, free-of-cost advocacy services to individuals seeking relevant support.

2. Identification

Applying for or replacing government issued identification (ID) is often complicated, as well as expensive and time-consuming. Legal ID is often required when completing applications for income assistance, employment, credit cards and bank accounts, housing, status cards, driver's licences, financial loans, citizenship, cell phone plans, and more. Without ID, many barriers exist and opportunities can be limited. Further challenges arise for individuals who do not have a legal copy of their birth certificate, as most applications for additional ID require an original certificate of birth. For individuals born in Canada, a replacement birth certificate costs \$27 and can take up to three months to receive. Individuals who require a replacement Canadian Citizenship card must pay over \$300, and it can take six to nine months to receive. These costs and wait times can leave individuals in precarious, sometimes even dangerous situations while they gather the funds to apply and wait to receive a replacement.

The Kettle Society drop-in centre runs the Kettle ID bank for people who are seeking support to apply for or replace their ID. The ID bank supports individuals through the application process and covers the associated costs. Additionally, the Kettle provides their address as a place where people can have their ID sent if they do not have a mail box or are experiencing homelessness. The ID bank also provides safe storage for identification upon request to support people who are concerned about losing, or having their ID stolen.



3. Administrative Barriers

The Canadian Mental Health Association BC Division (CMHABC) (2019), conducted focus groups across the province with input from individuals with mental health and substance use challenges. They were seeking information about their experiences with housing, employment, social assistance, and other factors that contribute to their well-being. Their findings show that the Ministry of Social Development and Poverty Reduction and other public service providers, must acknowledge their role in supporting and serving individuals with mental health and substance use challenges. CMHABC states that the “[PWD] definition of “disability” includes mental health symptoms such as inability to communicate effectively and difficulty with paperwork and finances; yet the application itself only offers one method of communication” (Canadian Mental Health Association BC Division [CMHABC], 2019). The 2019 report concludes by identifying that public services have an obligation to accommodate the needs of people with mental health and substance use related disabilities (CMHABC, 2019).

4. Mental Health Act and Informed Consent

The Peer Navigator program receives referrals from psychiatric inpatient and outpatient departments. Additionally, some members of the Peer Navigator team have experienced hospitalizations related to mental health and/or substance use challenges. In BC, the Mental Health Act is in place to ensure that individuals who are at risk of harming themselves or others receive professional intervention. Involuntary treatment and being committed into a psychiatric ward create a power imbalance, where patients are held against their will and have their rights revoked. Unfortunately, this approach requires individuals to withhold information about their health when speaking with authorities. As a focus group participant stated,

“ The system actually encourages you not to be transparent.

The Community Legal Assistance Society (CLAS) released a report in 2017 which outlines the treatment of patients who are involuntarily detained under the Mental Health Act. The title of the report “Operating in Darkness” highlights findings within BC’s mental health system, and states that “BC is considered the most regressive jurisdiction in Canada for mental health detention and involuntary treatment” (CLAS, 2017, p. 7). The report encourages our government to reinstate the role of the provincial mental health advocate; to have the mental health system publish anonymous data and report on the use of the Mental Health Act; to increase training on the use of the Mental Health Act for health authority employees; and for individuals to have access to legal aid when being detained (CLAS, 2017).

5. Police Interaction

The Vancouver Police Department (VPD) are often the first point of contact in a mental health and/or substance use related crises. As a result, the VPD have developed strategies in order to “account for the significant impact that can result from persons living with mental illness coming in contact with the police, and set forth a framework on how the VPD models its interaction with this segment of the population” (Wiebe, 2016, p. 5). These mental health strategies are informed by research which indicates that “by working with the health care system, and ensuring individuals receive the requisite care for their illness, recidivism and future police contacts should diminish dramatically” (Wiebe, 2016, p.8).

The report states that between 1999 and 2007 “incidence of Mental Health Act apprehensions rose by 490%” and 31% of calls to police were mental health related (Wiebe, 2016, p. 34). In 2015, these numbers stabilized, which was identified as being due to systemic improvements (Wiebe, 2016).

As a whole, the VPD has identified an “overall increase in the number of calls for service involving a mental health factor, regardless of whether an apprehension under the MHA occurs or not” (Wiebe, 2016, p. 35). Fortunately, new mental health related strategies within the VPD have prompted the development of more programs designed to respond individuals experiencing mental health and/or substance use related crises. Additionally, VPD officers receive specific training in supporting individuals experiencing mental health related crises.

It is important to note that individuals with who experience mental health and/or substance use crises are often victims of violence; they are 23 times more likely to be victims of crime, and 15 times more likely to be a victim of a violent crime (Wiebe, 2016).

RECOMMENDATIONS

- Funding and support to obtain or replace identification, as the first step to becoming connected to other services.
- Increased funding and fair compensation for legal aid lawyers.
- Shortening legal aid waitlists and callback times, as well as introducing online services.
- Provide more funding for advocacy services, as they address the needs of individuals with mental health challenges and other disabilities who may not have other supports.
- Our mental health system needs to shift to meet the crucial recommendations outlined by the Office of the Ombudsperson and the CLAS report on the use of the Mental Health Act. BC is behind the rest of the country when it comes to involuntarily psychiatric detention.
- Providing education about legal rights and human rights regarding housing, health care, employment, and interpersonal conflict.



Community Connections

Mabel's Story



For many years Mabel worked as a computer systems analyst. Unfortunately, she was recently laid off, and in the same week her mother passed away without warning. Mabel did not know that she was eligible to apply for Employment Insurance, and she did not receive a severance package from work. She was soon unable to pay rent and had to move into her car, leaving many of her valued possessions behind. As the weather began to get colder, living in her car was becoming increasingly challenging. Mabel wasn't sure where to turn, but decided speak with a librarian at a local community centre. The librarian provided her with a print-off of shelters in Vancouver and he even let her use a phone to call around to find an available shelter bed.

At the shelter Mabel quickly learned she would not have any privacy. The staff asked her endless questions, and so did some of the residents. One resident even offered her drugs; she was terrified. Mabel returned to the library where she noticed a group of people in a room listening to someone read poetry. Mabel had always enjoyed poetry and decided to check it out. After standing in the doorway for several minutes, Mabel decided to step inside and sit near a woman who looked about the same age as her. The woman softly welcomed her, and noted that she hadn't seen her at an event before. After the reading Mabel chatted with the woman and realized they had several things in common. Before returning back to the shelter, Mabel and her new acquaintance exchanged numbers and planned to meet the following day for coffee. Mabel was overjoyed, it had been ages since she had something to look forward to.

The word “connection” or “inclusion” refers to a person’s feeling of safety and comfort from authentic contact with human beings. Enjoyable and supportive community connections can be formed in many ways. For example, meaningful connections can be made through participation in educational programs, employment, volunteer work, recreational classes, and support groups. However, attending scheduled activities is only one part of developing connections; many people prefer to meet others one-on-one, over the phone, or on the internet. A sense of belonging is fundamental to maintaining wellness. This section will explore the importance of human connection and provide examples of local resources that promote engagement and support for individuals with mental health and/or substance use challenges.

1. Getting Connected

Many people who experience distressing situations or emotions reach out to friends and/or family for support. Sometimes connecting with a trusted person is enough to calm overwhelming emotions and can alleviate feelings of distress. Having someone to lean on in particularly challenging times serves as protection against crises and is often an important part of individual well-being. A program called Wellness Recovery Action Plan, teaches that community connections are essential for recovering from mental health crises, maintaining mental wellness, and preventing distress from escalating to the point of suicidal ideation or self-harm (Copeland, 2018).

Connecting with others in the community can help foster friendships, build support networks, reduce feelings of isolation, and increase resiliency. Developing and maintaining connections within the community can be difficult. Building meaningful connections often requires energy, motivation and time, while maintaining connections often takes effort and consistency. Symptoms of mental health challenges and illnesses often reduce energy and motivation levels, and can be inconsistent throughout the day. This can create additional barriers for people seeking connection while also struggling with mental health and/or substance use challenges.

Developing healthy communication skills and boundaries can be useful when making new friends. These skills can be developed through interpersonal interactions, educational programs, therapy, support groups, and recovery-oriented services. For example, psychosocial rehabilitation (PSR) programs promote “resilience, personal recovery, full community integration, and a sense of purpose and meaning for those living with any mental health condition” and/or substance use challenges (PSR/RPS Canada, 2017).

Making new friends and building community can be daunting and frightening, however, once connections begin to develop, the rewards often far outweigh the initial feelings of discomfort.

“ True belonging only happens when we present our authentic, imperfect selves to the world, our sense of belonging can never be greater than our level of self-acceptance

– BROWN, 2012



3. Barriers to Community Connection

Mental health and/or substance use challenges can be difficult to explain to other people. Many program participants report feeling misunderstood or misinterpreted by employers, acquaintances, family, and friends, some of whom label participants as lazy, unmotivated, or irresponsible. Building connections with strong, supportive people is important; however, it is definitely not easy.

Many participants of the Peer Navigator program build and maintain healthy, strong community connections – even while experiencing mental health and/or substance use challenges. This takes courage, trial and error, and self-determination; although Peer Navigators provide support, it is the participant who must step outside their comfort zone to build connections within the community. In 2018, 90 participants of the Peer Navigator program set goals related to increasing their community connections; 66 participants achieved at least one community-related goal. Many participants stated in conversations with Peer Navigators that community connections are important.

2. The Impact of Social Inclusion

Research indicates that community engagement increases quality of life and promotes recovery for people who experience mental health challenges (Terry, Townley, Brusilovskiy, & Salzer, 2018). Additionally, feeling a sense of “belonging and acceptance by a larger group of individuals... may have the strongest impact on mental health” (Terry et al., 2018, p. 173).

The Consumer Initiative Fund, in collaboration with Vancouver Coastal Health, provides grants and bursaries for people who have experienced challenges with mental health and/or substance use. For example, recipients of the Education and Leisure Fund receive up to \$400 for leisure or educational courses and activities.

CONCLUSION

Community inclusion and social connection are important aspects of developing and maintaining wellness. Exclusion from experiences of warm, happy, and safe connection can have devastating impacts on mental and physical health. Fortunately, many mental health and/or substance use resources provide support to help people reconnect with others. Building community is highly valuable, and is often very personal as it reflects each person’s unique qualities, interests and skills. Risk and uncertainty are part of the development of healthy connections, and it is these experiences that build resilience.

RECOMMENDATIONS

- Increase public education that links community connections to health and wellness
- Create more grants and bursaries to increase accessibility of community-related engagement for people experiencing mental health and/or substance use challenges
- Provide child care, bus tickets and snacks at community centres
- Increase public education about the benefits of community connections



Works Cited

Systemic

Chanicka, J. (2018, March 19). Racist microaggressions are like death by a thousand cuts. *Huffington Post*. Retrieved from https://www.huffingtonpost.ca/jeewan-chanicka/microaggression-privilege-racism-discrimination_a_23387202/

Crenshaw, K. (1995). Mapping the margins: Intersectionality, identity politics, and violence against women of colour. In K. Crenshaw, G. Gotanda, G. Peller, & K. Thomas (Eds.), *Critical race theory: The key writings that formed the movement* (pp. 357-383). New York, NY: The New Press.

Reynolds, V. (2013). "Leaning in" as imperfect allies in community work. *Narrative and Conflict: Explorations of Theory and Practice*, 1(1), 53-75

Province of British Columbia (2017). A Human Rights Commission for the 21st Century: British Columbians Talk about Human Rights [PDF file]. Retrieved from <https://engage.gov.bc.ca>

Health and Wellness

Breton, M., Smithman, M. A., Touati, N., Boivin, A., Loignon, C., Dubois, C., Nour, K., Lamoureux-Lamarche, C., Brousselle, A. (2018). Family physicians attaching new patients from centralized waiting list: A cross-sectional study. *Journal of Primary Care & Community Health*, 9. doi: 10.1177/2150132718795943

Brandt, J., Shearer, B., & Morgan, S. G. (2018). Prescription drug coverage in Canada: A review of the economic, policy and political considerations for universal pharmacare. *Journal of Pharmaceutical Policy and Practice*, 11(1). doi: 10.1186/s40545-018-0154-x

Canadian Institute for Health Information. (2019a). How much does Canada spend on health care? Retrieved July 4, 2019, from <https://www.cihi.ca/en/health-spending/2018/national-health-expenditure-trends/how-much-does-canada-spend-on-health-care>

Canadian Institute for Health Information. (2019b). Where is most of the money being spent in health care in 2018? Retrieved June 2, 2019, from <https://www.cihi.ca/en/health-spending/2018/national-health-expenditure-trends/where-is-most-of-the-money-being-spent-in-health-care-in-2018>

Canadian Mental Health Association. (2018). Mental Health in Balance: Ending the Health Care Disparity in Canada. Retrieved from <https://cmha.ca/news/ending-health-care-disparity-canada>

The Canadian Press. (2018). New health plan to provide primary care to B.C. residents without a family doctor. Retrieved from <https://bc.ctvnews.ca/new-health-plan-to-provide-primary-care-to-b-ca-residents-without-a-family-doctor-1.3943969>

Centre for Addiction and Mental Health. (2019). Mental Illness and Addiction: Facts and Statistics. Retrieved June 3, 2019, from <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>

Centers for Disease Control and Prevention. (2019). Well-being concepts. Retrieved from <https://www.cdc.gov/hrqol/wellbeing.htm>

Doucet, J. (2017). Pharmacare: Cost-related non adherence to medications and pharmacare. *Canadian Oncology Nursing Journal / Revue Canadienne De Soins Infirmiers En Oncologie*, 27(4), 390-391. Retrieved from <http://www.canadianoncologynursingjournal.com/index.php/conj/article/view/847>

Province of British Columbia. (2019). Budget speech: budget that makes life better. Retrieved July 12, 2019, from <https://www.bcbudget.gov.bc.ca/2019/speech.htm>

Government of Canada. (2017). About mental illness: What is mental illness? Retrieved June, 2019, from <https://www.canada.ca/en/public-health/services/about-mental-illness.html>

Government of Canada. (2019a). Medical Services Plan. Retrieved July 3, 2019, from <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp>

Government of Canada (2019b). Social and economic influences on health. Retrieved July 3, 2019, from <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

Longhurst, A. & Cohen, M. (2019). The Importance of Community Health Centres in BC's primary care reforms [PDF file]. Retrieved from https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2019/03/ccpa-bc_march2019_chcs-in-bc.pdf

MaRS. (2019). Transforming Health Market Insight Series: The massive opportunity for the health of society and our economy: Preventative Healthcare. Retrieved July, 2019, from <https://www.marsdd.com/news/transforming-health-shifting-from-reactive-to-proactive-and-predictive-care/>

Mental Health Commission of Canada. (2012). Changing Directions, Changing Lives: The Mental Health Strategy for Canada [PDF file]. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/MHStrategy_Strategy_ENG.pdf

Ministry of Health. (2018). NEWS RELEASE: B.C. government's primary health-care strategy focuses on faster, team-based care [PDF file]. Retrieved from https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2018PREM0034-001010.pdf

Shi, L. (1994). Primary Care, Specialty Care, and Life Chances. *International Journal of Health Services*, 24(3), 431-458. doi:10.2190/bduu-j0jd-bvex-n90b

Vancouver Coastal Health. (2018). First Urgent Primary Care Centre in Vancouver to open. Retrieved from <http://www.vch.ca/about-us/news/first-urgent-primary-care-centre-in-vancouver-to-open>

Wait Time Alliance. (2014). The health and economic cost of wait times on Canadian patients and their families. Retrieved July, 2019, from <http://www.waittimealliance.ca/wta-reports/federal-role-health-care-wait-times-in-canada/>

Wand, T. (2017). Considering the culture of blame in mental health care and service delivery. *International Journal of Mental Health Nursing*, Volume 26(1). Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1111/inm.12258>

Income

Disability Alliance BC. (2019). Community Update: Province Announces Policy Changes Aimed at Reducing Poverty. Retrieved from <http://disabilityalliancebc.org/community-update-province-announces-policy-changes-aimed-at-reducing-poverty/>

Hudson, C. G. (2005). Socioeconomic Status and Mental Illness: Tests of the Social Causation and Selection Hypotheses. *American Journal of Orthopsychiatry*, 75(1), 3-18. doi: 10.1037/0002-9432.75.1.3

Works Cited

Humphrey, M. (2018). High cost of living in Vancouver prompts cancellation of Welfare Food Challenge. CBC News. Retrieved June 5, 2019, from <https://www.cbc.ca/news/canada/british-columbia/wel-fare-cancelled-1.4898264>

Province of British Columbia. (2019a). Basic Income. Retrieved August 21, 2019, from <https://engage.gov.bc.ca/bcpovertyreduction/basic-income/>

Province of British Columbia. (2019b). Cost of Living Calculator. Retrieved August 21, 2019, from <https://www.costofliving.workbc.ca/>

Province of British Columbia. (2019c). Provide your stories, ideas and input. Retrieved June 10, 2019, from <https://engage.gov.bc.ca/bcpovertyreduction/poverty-reduction-101/>

Sheahen, A. (2012). Basic Income Guarantee: Your Right to Economic Security. New York, NY: Palgrave Macmillan.

TransLink. (2019). HandyDART: Am I Eligible? Retrieved August 21, 2019, from <https://www.translink.ca/Rider-Guide/Accessible-Transit/HandyDART.aspx>

Wilkinson, R.G., & E. Pickett, K. E. (2017). The enemy between us: The psychological and social costs of inequality. *European Journal of Social Psychology*, 47(1), 11-24. <https://doi.org/10.1002/ejsp.2275>

Housing

British Columbia Rental Housing Task Force. (2018). Rental Housing Review: Recommendations and Findings [PDF file]. Retrieved April 9, 2019, from https://engage.gov.bc.ca/app/uploads/sites/121/2018/12/RHTF-Recommendations-and-WWH-Report_Dec2018_FINAL.pdf

Canada Mortgage and Housing Corporation. (2019). Housing Market Information Portal. Retrieved March 29, 2019, from <https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Apartment>

City of Vancouver. (2019a). 2019 Homelessness Count and Rapid Response to Homelessness through Partnerships [PDF file]. Retrieved from <https://council.vancouver.ca/20190612/documents/pspc1a-Presentation.pdf>

City of Vancouver. (2019d). Housing Vancouver Strategy: Our new housing targets. Retrieved August 23, 2019, from <https://vancouver.ca/people-programs/housing-vancouver-strategy.aspx>

City of Vancouver. (2019b). Temporary Modular Housing: Nora Hendrix Place. Retrieved August 23, 2019, from <https://vancouver.ca/people-programs/258-union-st.aspx>

City of Vancouver. (2019c). Temporary Modular Housing: Sarah Ross House. Retrieved August 23, 2019, from <https://vancouver.ca/people-programs/4480-kaslo-st.aspx>

Connolly, J. (2018). The Big Squeeze: Vancouver Rental Vacancy Rate Tightens Again. Retrieved from <https://www.vancourier.com/real-estate/the-big-squeeze-vancouver-rental-vacancy-rate-tightens-again-1.23512351>

Gaetz, S., Dej, E., Richter, T., Redman, M. (2016). The State of Homelessness in Canada 2016 [PDF File]. Retrieved from https://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf

Province of British Columbia. (2019). Income Assistance Rate Table. Retrieved August 23, 2019, from <https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables/income-assistance-rate-table>

Urban Matters CCC, & the BC Non Profit Housing Association. (2018). The Vancouver Homeless Count [PDF file]. Retrieved from <https://vancouver.ca/files/cov/vancouver-homeless-count-2018-final-report.pdf>

Vancouver City Council. (2018, November 26). Motion Revised: Protecting Tenants from Renovictions and Aggressive Buyouts [PDF file]. Retrieved from <https://council.vancouver.ca/20181114/documents/pspc12-RevisedMotion.pdf>

Legal

Canadian Mental Health Association BC Division. (2017). Re-establishing the British Columbia Human Rights Commission: Strengthening the rights of people with mental health and substance use problems [PDF file]. Retrieved from https://cmha.bc.ca/wp-content/uploads/2016/07/CMHA-BC_BCHRC-Submission.pdf

Community Legal Assistance Society. (2017). Operating in Darkness: BC's Mental Health Act Detention System [PDF file]. Retrieved from https://d3n8a8pro7vnm.cloudfront.net/clastest/pages/1794/attachments/original/1527278723/CLAS_Operating_in_Darkness_November_2017.pdf?1527278723

Wiebe, D. (2016). Vancouver Police Mental Health Strategy: A comprehensive approach for a proportional police response to persons living with mental illness [PDF file]. Retrieved from <https://vancouver.ca/police/assets/pdf/reports-policies/mental-health-strategy.pdf>

Community Connections

Brown, C. B. (2012). Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead. New York, N.Y.: Gotham. Terry, R., Townley, G., Brusilovskiy,

E., & Salzer, M. S. (2018). The influence of sense of community on the relationship between community participation and mental health for individuals with serious mental illnesses. *Journal of Community Psychology*, 47(1), 163-175. doi:10.1002/jcop.22115

Townley, G. (2015). "It Helps You Not Feel So Bad—Feel Like You Again": The Importance of Community for Individuals with Psychiatric Disabilities. *Journal of Psychosocial Rehabilitation and Mental Health*, 2(2), 113-124. doi:10.1007/s40737-015-0036-3

Province of British Columbia (2019). TogetherBC: British Columbia's Poverty Reduction Strategy. Retrieved from <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/poverty-reduction-strategy/togetherbc>

PSR/RPS Canada. (2017). What is PSR? Retrieved August 23, 2019, from [https://psrrpscanada.com/#targetText=Psychosocial%20rehabilitation%20\(PSR\)%20promotes%20resilience,condition%20and%20For%20addiction%20issue](https://psrrpscanada.com/#targetText=Psychosocial%20rehabilitation%20(PSR)%20promotes%20resilience,condition%20and%20For%20addiction%20issue).

Copeland, M. E. (2018). WRAP: Wellness recovery action plan. Sudbury, MA: Human Potential Press.



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