



October 8, 2020

Dear Mayor Helps and Council, and Fellow Mayors:

Re: Support for Mayors' Mental Health Position

The British Columbia Schizophrenia Society (BCSS) supports your position on mental health and related issues. We know that many of the people living in jails, tents, or on the streets have untreated serious mental illnesses, such as schizophrenia. However, these illnesses can be treated with sufficient clinical staff, hospital, and supported community beds and services, as well as appropriate legislation. We hope that the recommendations in this letter will assist you in your efforts to help citizens by highlighting these important issues and bringing them to the attention of provincial political parties. The key priority issues include:

1. Improved Access to Psychiatric Hospital Beds

BCSS often hears complaints that due to a shortage of psychiatric beds, people have to wait on gurneys in Emergency Departments, sometimes for days until a bed is available. Due to a bed shortage, some patients are discharged too quickly, often still unwell. A joint BCSS and BC Psychiatric Association report on this issue is available at: <https://www.bcss.org/wp-content/uploads/2019/12/Psychiatric-Beds-Report-.pdf>.

A report from Vancouver police also addresses the growing crisis of people with severe untreated mental illnesses. [For more information visit: <http://mediareleases.vpd.ca/2013/09/13/mayor-chief-constable-call-for-urgent-investments-to-help-those-with-severe-mental-illness/>]

2. Supported Housing

Housing is essential, but many people with serious mental illness also need assistance with the tasks of daily living, including managing medications and attending doctor appointments. Fortunately, the provincial government has announced six new ACT teams that provide intensive community services for people with the most disabling illnesses. However, we believe that mixing housing and other services for people with addictions with those with serious mental illness is counterproductive. Research shows that when people with mental illnesses are exposed to those with substance use disorders, they frequently go on to develop an addiction and, in turn, are exposed to new dangers. In addition, health care costs exponentially increase because these individuals frequently become homeless, and become increasingly in need of emergency medical assistance. There is a need for housing for people with severe mental illnesses, as well as for those with concurrent disorders throughout our province.

3. Police and Mental Health Teams

While there has been considerable recent discussion about 'defunding the police' we see police as playing a vital role in getting help for people whose serious mental illness prevents them from accessing services voluntarily. BCSS supports efforts to transfer functions from the police to telephone and other

services. However, Car 87 in Vancouver and similar services throughout the province provide a much needed service. The team consists of a police officer and a mental health worker who visit people experiencing severe mental illness. If this visit is done with mental health worker(s) without a police presence, there is not adequate protection for any of the parties involved. When the police are involved and a person clearly needs to be hospitalized, in the opinion of the mental health professional, steps can then occur to get the person the help they need. Under the Mental Health Act, police officers have the authority to take the person to hospital for an examination.

4. Support for the Right to Treatment in the Mental Health Act

Many people in jails or living on the streets do not realize they have a serious mental illness and reject voluntary help. Yet most of them can be helped through modern treatment. The Mental Health Act is designed to help these people in hospital, where the average length of stay is 15 days, and also within the community under extended leave where people can be required to take treatment. Some prominent rights groups in British Columbia want the Mental Health Act changed so that involuntary patients in hospital or within the community can refuse the treatment necessary for their recovery, well-being, and release. BCSS appreciates the Attorney General supporting the current Mental Health Act, which recognizes a right to treatment. If involuntary patients refuse treatment, the consequences include: long detentions, assaults on nurses and fellow patients, seclusion and restraints, and unnecessary ethical issues for doctors and nurses. [For more information visit: <https://www.bcsc.org/public-policy-advocacy/bcmhacharterchallenge/>]

Some groups also advocate for the controversial UN Convention on the Rights of Persons with Disabilities (CRPD) mental illness interpretation. The UN official committee on the CRPD wants all Canadian provinces to ban involuntary admission, involuntary treatment, community treatment orders, and the *Not Criminally Responsible on Account of Mental Disorder Defense*. If Canada accedes to that, every year approximately 20,000 British Columbians with serious mental illness who refuse voluntary admission and could and would be turned away from the chance to get well. People with acute psychosis would continue to have worsening symptoms that impact their own health, while potentially end up in jail, homeless, or causing harm to themselves or others. In addition, those whose mental illness end in a 'criminal act' would be sent to jail without treatment, and not to a forensic psychiatric hospital where they would receive treatment for their mental illness. [For more information visit: <https://www.bcsc.org/public-policyadvocacy/bcmhacharterchallenge/> and <https://www.bcsc.org/wp-content/uploads/2020/01/CRPD-Letter-Prime-Minister-January-2020.pdf>]

Please let us know if you would like more information and/or would like to discuss these matters. Thank you for your concern for citizens suffering from serious mental illnesses.

Sincerely,



David Halikowski
President, BC Schizophrenia Society



Faydra Aldridge
Chief Executive Officer