SUBMISSION TO THE

MENTAL HEALTH STRATEGY TASK FORCE

PREPARED BY THE:

PREMIER'S COUNCIL ON THE STATUS OF DISABLED PERSONS
440 KING STREET, SUITE 648
FREDERICTON, N.B. E3B 5H8
TELEPHONE: (506) 444-3000
TOLL FREE IN N.B.: 1-800-442-4412
FAX: (506) 444-3001
E-MAIL: PCSDP@GNB.CA
WEBSITE: WWW.GNB.CA/0048

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PREMIER'S COUNCIL ON THE STATUS OF DISABLED PERSONS

WHO ARE WE?

The Premier's Council on the Status of Disabled Persons is a body for consultation, study and information sharing, which was created to advise the provincial government on matters relating to the status of persons with disabilities. The Council reports directly to the Premier of the Province.

RESPONSIBILITIES

The Act governing the Premier's Council states that the Council shall advise the Minister on matters relating to the status of persons with disabilities; shall bring before the government and the public matters of interest and concern to persons with disabilities; shall promote prevention of disabling conditions; shall promote employment opportunities of persons with disabilities; and shall promote access by persons with disabilities to all services offered to the citizens of New Brunswick.

STRUCTURE

The Council consists of a Chairperson and twelve other members appointed by the Lieutenant-Governor in Council. Provisions in the Act guarantee representation by regions, agencies working on behalf of persons with disabilities and the public at large.

ACTIVITIES

To carry out its functions, the Council will receive briefs and suggestions from individuals and groups concerning the status of persons of any age with disabilities of any type; undertake research on matters relating to persons with disabilities; recommend programs concerning the status of persons with disabilities; make referrals to and consult and collaborate with universities and individuals on matters which affect persons with disabilities; propose legislation, studies and recommendations as the Council considers necessary; appoint special committees when needed; maintain an information library on subjects related to persons with disabilities and on any services/programs likely to be of interest to persons with disabilities; and offer advice and/or intervention in cases where persons with disabilities are having difficulties in gaining access to needed services.

INTRODUCTION

The Premier's Council on the Status of Disabled Persons is pleased that the government of New Brunswick has appointed the Mental Health Strategy Task Force headed by Judge Michael McKee.

We have participated in several sessions with Judge McKee and the senior consultants who are working on drafting the strategy based on what they hear from different stakeholders who deliver or receive services related to mental illness in New Brunswick.

We note that public consultations with consumer and community stakeholders as well as the various provincial departments and regional health authorities to develop a comprehensive provincial mental health strategy were recommended in the *Disability Action Plan Strategy – The Path to Self-Sufficiency and Inclusion for Persons with Disabilities in New Brunswick*, which we released in December 2007.

The Premier's Council has a mandate to deal with all types of disabilities and all types of issues that impact on the lives of citizens with disabilities.

We have long ago noticed that there is a very negative stigma attached to persons living with a mental illness. This stigma has likely prevented the necessary pace of improvements required to create a coordinated, comprehensive and positive mental health service strategy into a reality.

We are very hopeful that the attention generated by the new national Mental Health Commission of Canada coupled with the activities of the provincial Mental Health Strategy Task Force will pave the way for a new commitment for excellence and successful outcomes for those trying to cope with a mental illness.

Furthermore we are pleased to note that the Task Force seems to understand that the new Mental Health Strategy must take a holistic approach to include factors that can support mental health wellness and not just focus on clinical services and other treatment issues.

OBSERVATIONS AND RECOMMENDATIONS

*Please note that these examples of mental health issues are not necessarily listed in order or priority nor should they be considered a final exclusive list. This subject is very complex and includes differences of opinions on potential options to fix the system and what should be the order of priorities.

STIGMA

There remains a widespread and negative stigma attached to persons trying to cope with a serious mental illness. This has resulted in consumers and families being reluctant to share their concerns with others and perhaps to avoid or delay seeking treatment until the situation has spiralled downwards into a serious crisis requiring hospitalization and other significant interventions.

Despite the high rates of mental illness in our population at all age levels and at all socio-economic levels, many of the general public get their impressions about mental illness through sensational crime stories covered in the media or through characters in horror movies.

These isolated extreme stories and fictional characters have led to huge negative stereotypes and fears about how persons with a mental illness are expected to behave. This has led to serious lack of positive awareness, fear and lack of hope for those living with mental illness and how family, co-workers, neighbours and others in their lives will perceive and respond to them.

RECOMMENDATIONS:

1. Resources need to be provided for a long-term and coordinated multi-media social marketing campaign to create a better understanding and positive awareness of the public around the issues of mental illness.

2. There are a number of excellent awareness campaign resources already developed and in limited use. After some adaptation to the New Brunswick perspectives, these tools should be utilized in a coordinated manner by all of the departments and community stakeholder groups involved with mental health issues.

3. Efforts need to be consistently made to ensure that terminology and langue used in media coverage should be positive and respectful of individuals with different forms of mental illness.

4. Awareness campaigns need to focus on mental health wellness and prevention as well as being able to recognize the signs that one may be developing mental illness.

5. We would like to see school wellness programs promoting both mental and physical health and to try and break down negative stigma around mental illness. This should be done in all public schools as a way to reach the next generation of consumers and service providers before they acquire negative perceptions about mental illness.

POVERTY

It is hard to expect consumers and families who must try to cope with living with a serious chronic mental illness if they are also stressed out trying to provide the necessities of life. Many persons dealing with a mental illness may also be struggling with financial problems due to their difficulty in finding and keeping regular full-time work. Part of this may be related to functional limitations of their mental health disability and part of this could be related to the stigma they face due to the misconception of others about this type of disability.

RECOMMENDATIONS:

6. We would request that the Department of Social Development continue to move forward in efforts to increase the basic rates provided through provincial social assistance programs. The rates have not kept pace with annual inflation over the last twenty years and the base rates were always too low to cover the costs of basic necessities.

7. The amount of allowable earnings for the Transitional Benefits category of social assistance should be increased to the same levels allowed already for the other two categories of social assistance. Many persons with a chronic mental illness who are receiving

provincial social assistance are in this category. They are allowed to earn $100.00 per month less than the other two benefit categories before reaching the allowable earnings exemption threshold when earnings are deducted dollar for dollar from monthly social assistance benefits. This is not fair.

8. Clients with serious chronic mental health problems seem to have a very difficult time to be successful in their application to be "certified as a disabled person" so they can quality for the Extended Benefits category of social assistance. The monthly benefits are slightly higher plus the client who is "certified as a disabled person" receives the annual Disability Supplement payment of $1,000.00 paid out each October for such clients. There is no appeal process if you are not accepted to be "certified as a disabled person" and clients have to wait a minimum of six months before they can apply again as a new applicant. Unfortunately most mental health clients remain in the lower Transitional Benefits category.

9. Financial aid should be more readily available to cover personal costs such as healthy food; transportation; access to reasonable and regular recreation activities; appropriate season clothing; over the counter health and grooming products; and coverage of prescribed medications for both persons on social assistance and those on other low fixed incomes.

AFFORDABLE HOUSING

Everyone should have a safe, decent and affordable place to live. Too many persons living with a mental illness are forced to live in sub standard housing often with shared bathroom and kitchen facilities which limit their privacy, personal security and even options for food storage and preparation. Some of these boarding houses are also well known locations for alcohol and drug abuse and other criminal activities which cause significant risk and extra stress for those forced to live there due to their poverty. This is not helpful to the psychological stability and wellness of a person already trying to cope with an underlying disability. It is especially tragic when persons with a mental illness end up on the streets because they do not have access to affordable housing or the supports they would require to live successfully in the community.

RECOMMENDATIONS:

10. We need to see a large increase in the number of affordable housing units in the province.

11. Non-profit housing groups should be supported to encourage them to develop more non-profit housing units that have as many rent subsidized units as possible.

12. The government should respond to a proposal from community groups to establish an <u>independent Residential Quality Assurance Program</u> to ensure that any housing project or facility receiving government funding for housing persons with disabilities should be subject to regular surprise inspections or follow-up visits to ensure that the facilities and services to the residents are meeting proper standards. This would be separate from the Department's licensing inspections done by the same Department of Social Development that pays the operators to provide residential services.

13. Some of the rent subsidies should be assigned to the tenant and not to the landlord. That way the tenant could re-locate and take their rent subsidy with them if they can find a better housing rental at the same or lower cost. This would encourage landlords to be more attentive to the needs of the tenant.

14. Some persons who have mental health illnesses as well as other disabilities such as brain injury or physical disabilities may require supported housing options where they are supervised and have access to personal supports that they may not be able to manage on their own.

EMPLOYMENT

We need to increase the number of persons with a mental illness to find regular full-time or part-time employment. Employment income will immediately add to one's quality of life by having more disposable income for both necessities and other expenses.

Having a regular job also helps to build up a person's self-esteem and to assist in breaking down attitudinal barriers when the person is observed by others as being able to hold down a job.

RECOMMENDATIONS:

15. Ensure that Employee Assistance Programs are offering appropriate supports for workers dealing with mental illness.

16. Conduct an on-going provincial awareness campaign targeting employers with positive messages about hiring persons who may have a mental illness.

17. Ensure that employers work with employees to accommodate their mental illness.

18. Offer more information and training to employers to break down negative myths and to offer links to sources of help for both the employer and the employee.

19. Encourage employers to offer part-time and flexible work schedules to accommodate the employees with episodic conditions or those unable to handle full-time hours.

JUSTICE

Too many persons with mental illness end up in conflicts with the law and eventually wind up in jails or prisons. This is very costly to the public purse and often could be prevented by delivering early interventions with the person and their family before they go to jail.

RECOMMENDATIONS:

20. Perhaps we could provide a family or client advocate in addition to legal aid so that the person with a mental illness could better explain their mental health issue and ensure that these issues are considered prior to sentencing.

21. We need to offer on-going awareness training to police, lawyers, crown prosecutors, judges, correctional facility staff and others working in the justice system to better understand the facts around mental illness.

22. We need to see better coordination of information, use of resources, and planning on how to meet the needs of a person with a mental illness in the community as a better alternative to jail.

23. We would like to see greater use of the Mental Health Court model in cases that are appropriate across the province.

24. We would like to see further public reporting on actions undertaken to implement recommendations of the *Connecting the Dot* report concerning youth at risk and youth with complex needs.

25. We would like to see a review of the rights of clients with a mental illness who have legal financial and medical decisions made for them by other persons without going through due process to prove incompetency. This could be examined by the provincial Ombudsman and/or the office of the Public Trustee.

26. We would like to see further public debate on the "pros and cons" of using Community Treatment Orders for non-compliant clients with mental illness.

27. We would like to see further evaluation of the mental health services provided to youth within the Justice system. Are there ways to improve the coordination of services and roles of other departments who are involved with these same clients?

28. There needs to be better supports to enable more successful transitions back into the community after a person with a mental illness leaves jail or custody of a youth detention centre.

29. Inmates who come from another region who are in a detention facility may have problems accessing local mental health service systems until they are released back to their home region. Clinicians should be allowed to go outside their regions when necessary to meet client needs.

ACCESS TO TREATMENT AND SUPPORT SERVICES

It is critical that we improve coordination of available services, eligibility criteria and program mandates so we can maximize the efficient utilization of both professional and community resources. Timely and appropriate interventions can often assist the person and their families to manage their condition and not be forced into a medical crisis or a criminal activity before help is made available.

RECOMMENDATIONS:

30. There is a need for better coordination and cooperation between departments such as Health, Social Development, Education, Post-Secondary Education, Training and Labour, and Justice who may be providing different potential services to the same client and/or family. We need to ensure seamless delivery of services and supports for mental health clients and to reduce overlaps in the duplication of personal and medical information being collected from the same people in order to access different entry points of the system.

31. We would suggest that the patient advocates be transferred to a community agency like the Canadian Mental Health Association to convey more independence for the advocates.

32. We would like to see a review of all mental health services and protocols to ensure that we are properly addressing the multi-cultural aspect of clients.

33. Persons who are dealing with mental illness and/or addictions who are also part of the homeless population will require more aggressive strategies to help them.

34. We have a significant shortage of trained mental health professionals which is going to become more of a challenge as current professionals reach retirement age in greater numbers. We need a more effective strategy for recruitment and retention.

35. We should encourage more students to enter the mental health professions by offering financial assistance with tuition, etc. in exchange for commitments to practice in New Brunswick after graduation.

36. There should be stronger partnerships and financial resources provided to community and consumer groups such as the Canadian Mental Health Association, the Schizophrenia Society of Canada, Community Centres, etc. to help support consumers living with a mental illness.

37. We have to enhance the capacity of the mental health system to ensure that persons living with a chronic mental illness will receive timely access to services and not be constantly held at the back of the line while we deal with acute cases such as those at risk of suicide or those threatening to hurt themselves or others.

38. We would like to see good consultation and timely completion of the construction of the replacement provincial mental health hospital in Campbellton.

39. We would like to close the gaps in services available for addressing complex cases involving children and youth as well as those involving adults.

40. We would like to see more preventative measures being undertaken to address children's mental health through the school system. Timely access to school based psychologists could help in the evaluation and coping strategies developed to help troubled children. Increasing the number of school based psychologists would allow more timely interventions with children before they were allowed to spiral out of control to crisis.

41. Family doctors, teachers, social workers, nurses, human resource personnel and other professionals in the community need more training on how to support persons who are showing signs of mental illness and how to refer them to appropriate help from other sources.

42. Family physicians often end up as the primary responder to a person having mental health problems. They need to have more training on resources available and have the billing system expanded to allow for time given to counselling.

43. With the patient's consent, the family doctor should be given feedback about the patient's interventions if they were referred to the mental health system for treatment or services the same way reports come back from other specialists that were involved on the case through a referral from the family doctor.

44. Stronger supports should be in place to assist family members of veterans returning home from tours in conflict zones. They are often the ones who will suffer from the effects of post-traumatic stress syndrome of the veteran who will be able to get treatment but perhaps not for the family.

45. We need to see the Department of Health lead a consultation process to develop an appropriate strategy in New Brunswick to address the specific needs of survivors of serious brain injuries and their caregivers. These clients are not always adequately served in either our mental health service system or in our general rehabilitation system.

46. Clients who are Deaf or Hard of Hearing can pose special communication problems based on both hearing limits and cultural differences. When they have mental health and/or addiction issues, the system may not know how to respond. We noted that the Dr. James MacDougall of McGill University could be a valuable resource on training needs for this perspective.

47. How can we support more persons with chronic mental illness to live healthier and happier lives with potentially less reliance on medications as the primary treatment tool?

48. We would like to ensure that clients are matched in a timely manner to the right service provider with the right competency to meet the need.

49. As we move to electronic health records, we will need to be ever more mindful of the need to be respectful of patient record confidentiality. Penalties for unauthorized invasion of privacy by persons not involved in the case should be strengthened and enforced. Clients should be aware of who is supposed to have access to their files.

50. We need to see more ongoing public education about the issues around mental illness and what options are available to support the consumers and their caregivers and families on how to deal appropriately with a mental illness.

CONCLUSION

We realized that the mental health system is complex and that the Mental Health Strategy Task Force will perhaps hear different points of views from different participants in the review process.

We are hopeful that the efforts of the Task Force will lead to recommendations that will create a new understanding of mental illness and what we can do to help people cope with mental illness while living a life with dignity and purpose.

We will want to see better cooperation and real partnerships between the government and the community sector.

We need to aggressively attack the negative myths and stigma attached to mental illness and establish a new culture of inclusion and support for those who have to deal with a mental illness.

We must be mindful of the need to create an environment where mental wellness can flourish while we also address the needs and challenges faced by those already living with a mental illness.

A new mental health strategy for New Brunswick can help us to move forward with everyone heading in the same positive direction.