

## BOARD BRIEFING NOTE

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**Submission to:** Board of Directors Regular/Public (BoD)

**Date of Meeting:** April 28, 2021

<b>Title</b>	Mental Health and Substance Use Services in Interior Health
<b>Purpose</b>	To provide an update on Mental Health & Substance Use (MHSU) services.
<b>Brief Type</b>	For Discussion
<b>Presenter</b>	Roger Parsonage, Interim VP, Clinical Operations IH North (VP, CON) <i>Additional Guests: Debi Morris, Director, MHSU Network and Dr. Paul Carey, Medical Director, MHSU Network</i>
<b>Time Requested</b>	30 min
<b>Lead</b>	Debi Morris, Director, MHSU Network
<b>Portfolio Sponsor(s)</b>	Roger Parsonage, Interim VP, Clinical Operations IH North (VP, CON)
<b>Materials (Appendices)</b>	Appendix A – MHSU Services Strategy
<b>Link to a Strategic Priority or Goal</b>	Provide efficient, effective acute services that are linked across a coordinated system of care. 2. Deliver high quality care

### 1.0 PROPOSED RECOMMENDATION/RESOLUTION

That the Board receives this brief and attached presentation for information and discussion.

### 2.0 DISCUSSION

Interior Health (IH) has made significant progress in enhancing services to respond to the ongoing overdose emergency, implementing MHSU Specialized Community Services Programs (SCSP), providing culturally safe MHSU services, and ensuring compliance with the Mental Health Act (MHA). This brief and presentation provides an overview of our services and our progress in these priority areas.

### 3.0 INFORMATION SUPPORTING BOARD or COMMITTEE INPUT

#### 3.1 Background

IH continues to support our MHSU population within the context of the ongoing response to the dual public health emergencies of COVID-19 and opioid overdose. There has been a dramatic increase in overdose deaths in the first part of 2020 with most health authorities reporting the highest levels ever recorded (1). We are currently losing almost one person per day in the Interior Region to the effects of increased toxicity in the illegal drug supply, which is attributed to unintended consequences of COVID-19 restrictions (2). We continue to leverage targeted funding to strengthen the system of substance use care in IH, most recently with increasing access to overdose prevention services, interdisciplinary outreach teams, and nursing care to support the implementation of the Risk Mitigation Guidance<sup>1</sup> provided by the BC Centre on Substance Use.

Transformation of how IH delivers MHSU services continues as we move to the SCSP model of service delivery. SCSP are now functioning in the South Okanagan and Kootenay Boundary, implementation is underway in the East Kootenay, Central Okanagan and Cariboo Chilcotin, and planning has started for implementation in the Shuswap North Okanagan and Thompson South Cariboo.

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<sup>1</sup> “These recommendations are not intended to treat substance use disorders, but to reduce risks for those that would go into withdrawal without access to drugs or alcohol and provide safe alternatives to ongoing consumption.”

The 2019 Ombudsperson's Report "*Committed to Change: Protecting the Rights of Involuntary Patients under the Mental Health Act*" highlighted opportunities for improvement for all health authorities in meeting the legal and ethical rights of patients involuntarily admitted to a psychiatric facility under the MHA.

The report makes 24 recommendations focusing on three key areas:

- Increasing oversight and accountability by conducting regular compliance audits, setting 100% compliance targets and increasing public reporting about involuntary admissions.
- Training staff and physicians regarding the necessity of form completion and the codification of standards for compliance with the MHA.
- Developing an independent rights advisor service that would work in designated facilities and provide advice to patients about the circumstances of their detention and their options if they disagree with the detention or a related decision.

### 3.2 Options Considered

N/A

### 3.3 Outline Risk Considerations

1. (Clinical: Practice Standardization) Failure to standardize MHSU clinical practice processes across the region could result in inequitable service delivery.
2. (Human Capital: Organizational Capacity) Implementing and managing transformational change while carrying out regular day-to-day work may result in reduced capacity and staff burnout.
3. (External Relations: Community Expectations) Failure to engage with external stakeholders when planning new programs could cause lack of program acceptance and uptake.

### REFERENCES

1. BC Coroners Service, *Illicit Drug Toxicity Deaths in B.C. (2010-2020)*. Retrieved from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.
2. Canadian Centre on Substance Use and Addictions. (2020) Changes Related to COVID-19 in the Illegal Drug Supply and Access to Services, and Resulting Health Harms. Retrieved from <https://www.ccsa.ca/sites/default/files/2020-05/CCSA-COVID-19-CCENDU-Illegal-Drug-Supply-Alert-2020-en.pdf>
3. British Columbia Centre on Substance Use. (2020) Risk mitigation in the context of dual public health emergencies. Retrieved from <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>

### APPROVAL OF SUBMISSION & RECOMMENDATIONS

Name	Signature	Date Approved
Roger Parsonage, Interim VP, Clinical Operations IH North (VP, CON)		April 6, 2021

Name	Stamp of Approval	Date Approved
Susan Brown, President & CEO		April 13, 2021



"Show some compassion and be kind. You never know what that person has gone through."

**#EndStigma**



# Mental Health & Substance Use in Interior Health

Presentation to the Interior Health Board of Directors

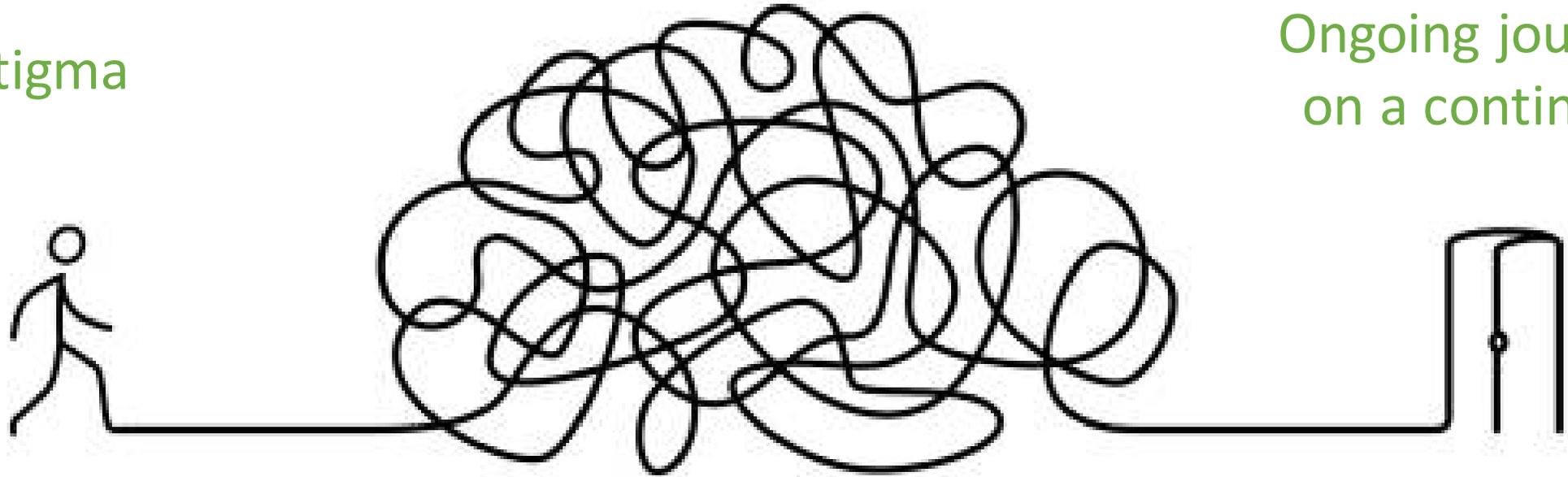
April 28, 2021



# Understanding and accessing services

Confusion about where to turn

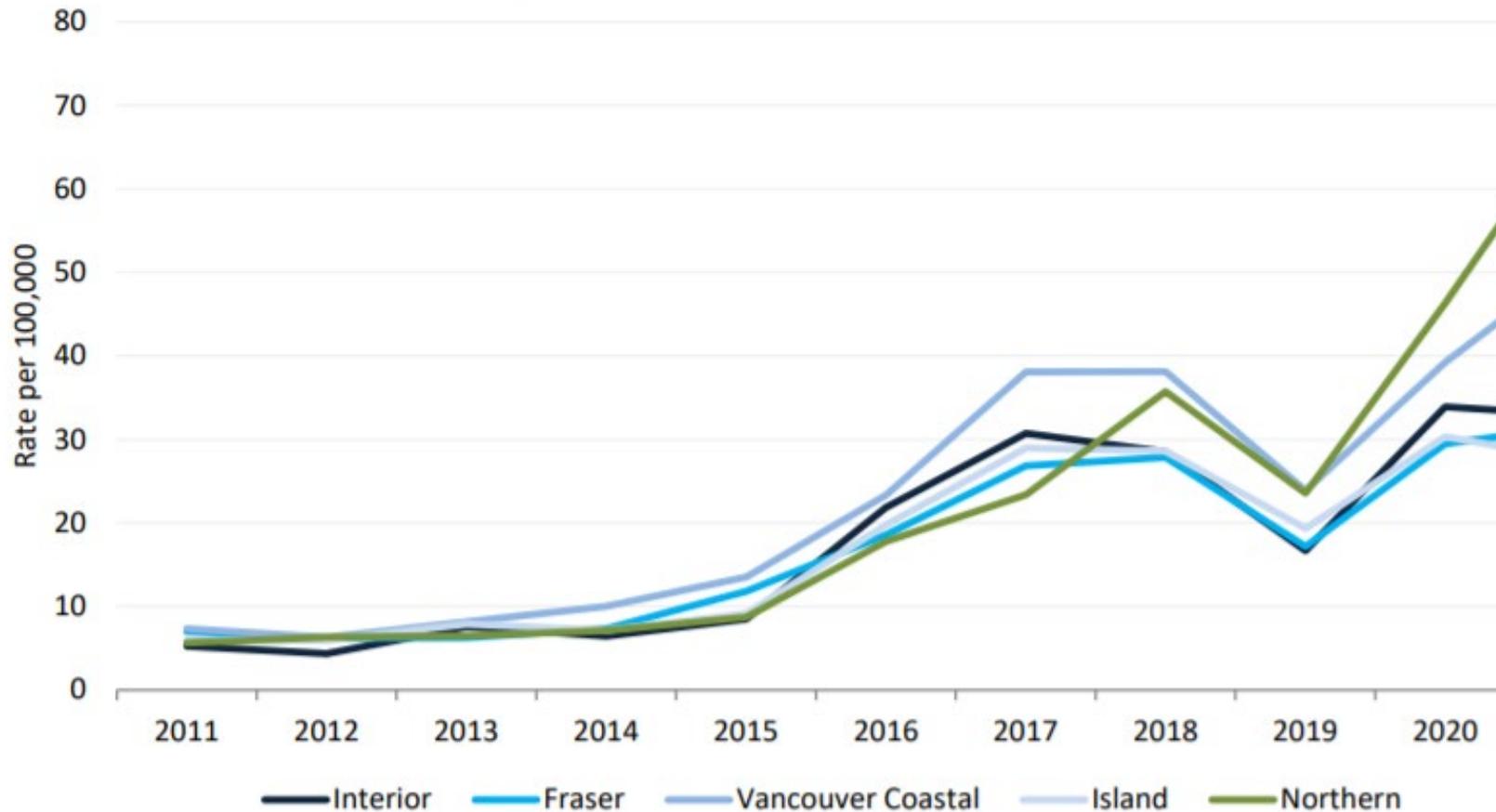
Stigma



Ongoing journey,  
on a continuum

# Dual public health emergencies

Figure 8: Illicit Drug Toxicity Death Rates by Health Authority, 2011-2021



**17**

*Number of drug alerts issued in IH during Jan. & Feb. 2021*

**Deaths due to overdose in Interior Health:**

**283**

*in 2020*

**138**

*in 2019*



# Our approach to care

## Improving Access:

- Community teams
- New youth beds
- One phone number: 310-MHSU

## Better links with primary care:

- Urgent and Primary Care Centres
- Most responsible clinician



## Focusing on the Person:

- Meeting people where they are
- Peer advisory

## Family connections:

- Family involvement policy
- 'Circle of care'

# Mental Health & Substance Use services: an overview



PREVENTION	CRISIS & HOSPITAL	COUNSELLING & TREATMENT	SPECIALITY SERVICES	SUPPORT & RECOVERY	SUBSTANCE USE SERVICES
MHSU Resources	Crisis response teams	Counseling & treatment services	Seniors Mental Health and substance use	Treatment support and recovery	Substance Use Outreach
Mental Health Services for Youth	Substance Use Connections	Perinatal treatment	Early Psychosis Intervention	Intensive case management	Overdose Prevention
Prevention	Addictions Medicine consultation	Kelty's Key Online Cognitive Behavioural Therapy	Eating Disorders Treatment	Assertive Community Treatment	Withdrawal Management
Public Health Programs	RCMP / Health Partnership Teams		Developmental Disability Mental Health Survivors	Therapeutic Volunteer Programs	Substance Use Day Treatment
Bounce Back	Aboriginal Patient Navigators		Interior Health Children's Assessment Network	Supported Employment Clubhouse	Integrated treatment teams
					Opioid Agonist Treatment
					Facility based treatment
					Substance Use Support Recovery Beds



# Improving access to services

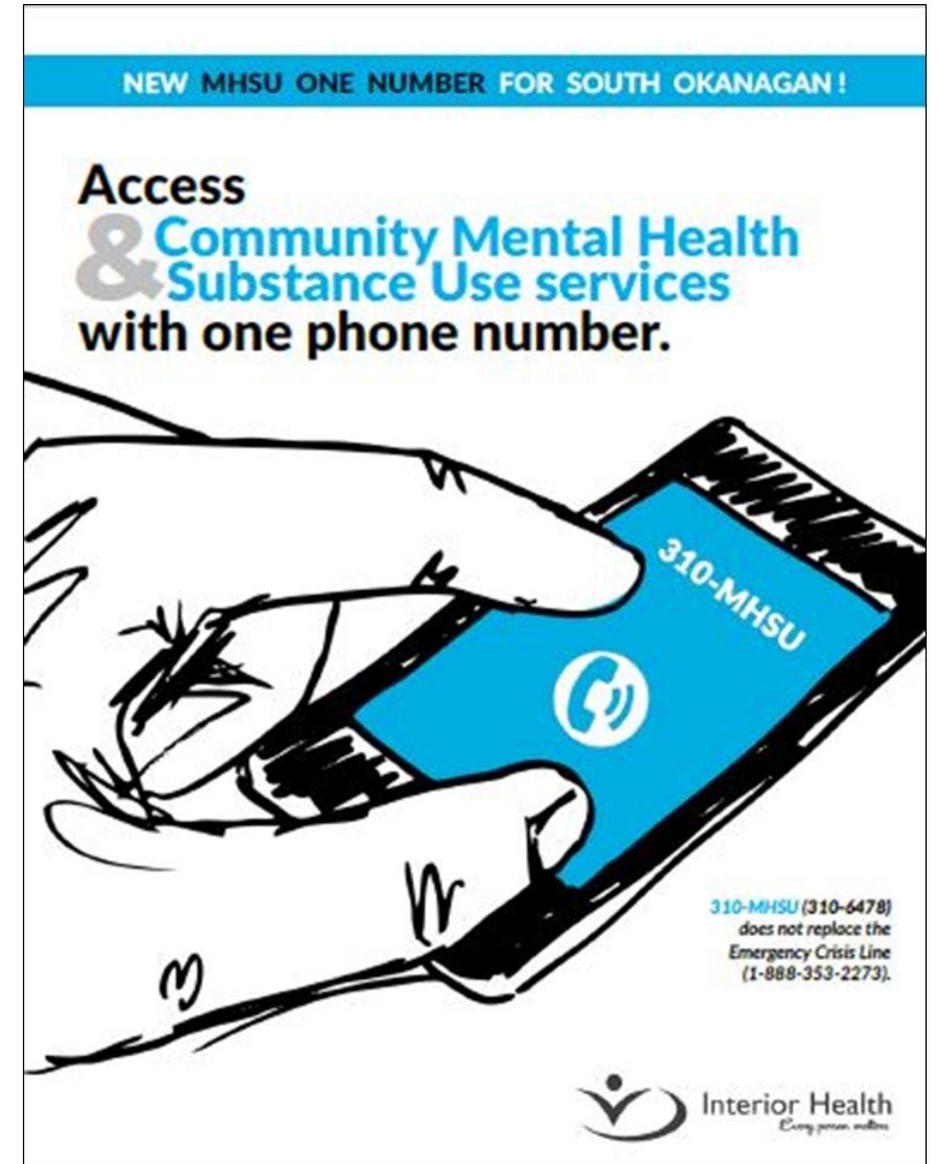
## Call 310-MHSU (6478)

to reach Mental Health  
and Substance Use services  
in your community

Additional Resources:

- Interior Crisis Line: 1-888-353-CARE (2273)
- Aboriginal and First Nation specific crisis line:  
KUU-US Crisis Line 1-800-588-8717

A full list of resources is available at  
[www.interiorhealth.ca](http://www.interiorhealth.ca)



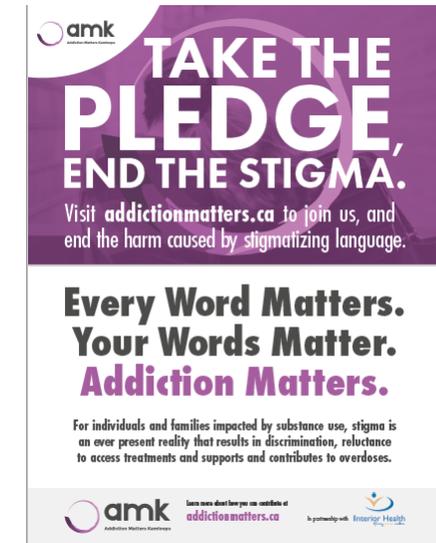
# Reducing stigma – welcoming services

## harm re·duc·tion

/härm//rə'dækSH(ə)n/

*noun*

Harm reduction, or harm minimization, refers to a range of public health policies and services designed to lessen the negative social and/or physical consequences associated with various human behaviors, and by doing so, pathways to support are opened and more accessible.

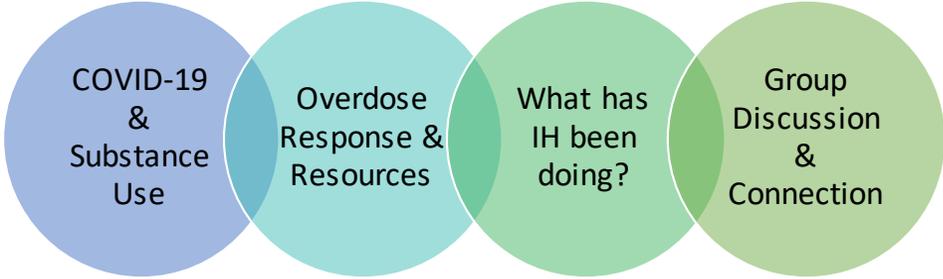


# Peer engagement: learning from lived experience



ARE YOU A PERSON WHO HAS LIVED EXPERIENCE WITH SUBSTANCE USE? SHARE YOUR PERSPECTIVE.

**JOIN THE INTERIOR HEALTH PEER ADVISORY GROUP**



“ The person tried to understand and to make me feel comfortable and to point me in the right direction. They didn't look at my addiction or my clothes and they didn't know what I needed, but they cared about me as a human being. That was all it took for me.

~ Advisory Group Peer



# Thank You

