

A Pathway to Hope

Progress report



SEPTEMBER 2023



BRITISH
COLUMBIA

*A Message from the Honourable Jennifer Whiteside,
Minister of Mental Health and Addictions*

On behalf of the Province of British Columbia as the Minister of Mental Health and Addictions, I am pleased to present *A Pathway to Hope: Progress Report for 2019-2022*.

A Pathway to Hope is our roadmap for building a comprehensive, integrated mental health and substance use system of care for all British Columbians.

No one is immune from mental health challenges. Stress and anxiety due to work or school, personal finances, changes in our physical health and more can all impact our mental health. There are also systemic factors that can trigger mental health challenges, often across generations, including the trauma from colonialism, discrimination, and global concerns such as climate change. Our unique experiences with mental health are also shaped by our culture, ethnicity, age, poverty, and sexual and gender identities.

Caring and compassionate people continue to provide much needed mental health care and substance use treatment to British Columbians. Yet gaps in care remain. People have shared their experiences with us including the challenges they have faced navigating the substance use continuum of care due to stigma, financial barriers, or systemic discrimination. We are committed to eliminating these gaps to ensure British Columbians have access to the care they need, when they need it, and are supported all along their wellness journey.

British Columbia's Ministry of Mental Health and Addictions was the first such ministry in Canada. Our primary focus includes working with other ministries such as Health, Housing, Social Development and Poverty Reduction, Children and Family Development, and Education and Child Care to cut across silos of care. Our goal is to ensure that when someone asks for help, every door is the right one.

This report looks back on the first three years of *A Pathway to Hope* and provides an update on the progress our government has made on our 10-year plan. It is written with deep appreciation for the individuals with lived experience, organizations, providers, front-line

workers, First Nations and other Indigenous communities, professionals, and researchers, who have informed and shaped this work.

So much has changed in the years since our government first presented our 10-year roadmap to build an integrated mental health and substance use system of care in BC. From the vast disruption of the COVID-19 pandemic to the consequent worsening of the toxic drug crisis, extreme weather due to climate change, and the trauma of the confirmation of unmarked graves of children on the grounds of former residential schools and Indian Hospitals, we've been through a lot over the last few years. These experiences have taught us about resiliency, hope in our communities, and the importance of sticking together.

These collective challenges have highlighted the urgency of our work. More than ever, it is critical for British Columbians to have the care and support they need, when they need it.

Through historic investments, we are building an integrated system of care that includes access to a full spectrum of treatment and recovery. We are adding new substance-use beds, out-patient, and virtual treatment, expanding medication-assisted treatment, and increasing access to low- and no-cost community counselling services throughout BC. We are also investing in lifesaving harm-reduction measures, such as prescribed safer supply, drug checking, and overdose prevention services.

In January 2022, we created and are now implementing complex care housing –a groundbreaking approach to support people with overlapping complex mental health and substance use challenges, who often experience cycles of homelessness, eviction, or jail.

It is critical that mental health supports are available for young people experiencing challenges, before they become lifelong struggles. To meet youth where they are, we have expanded Foundry Centres, implemented the Early Psychosis Intervention program (an evidenced-based specialized approach to providing services to individuals affected by first episode psychosis), and expanded Integrated Child and Youth teams across BC to help young people access health, wellness, and addictions supports. And in December 2022, we

announced the expansion of youth substance use services across BC in each of the regional health authorities, supported by approximately 130 new health-care workers, specifically for youth.

On January 31, 2023, BC took an important step in accelerating our response to the toxic drug crisis by decriminalizing people who use certain drugs. Substance use is a public health matter – not a criminal justice one. Decriminalization will help break down the barrier of stigma that so often prevents people from reaching out for life-saving supports, harm reduction resources and treatment and recovery services.

We have made significant progress working with our partners across all levels of government, in regional health authorities, with Indigenous partners and in community – but we know that there is still much more to do. We are determined to continue our work to build a system of care that is there for British Columbians. One full of healing and hope, where no one falls through the cracks. We also recognize that none of this would have been possible without the commitment and compassion of our frontline workers – thank you for all that you do to support the health and wellness of British Columbians.

A Pathway to Hope

On June 26, 2019, the Government of BC launched *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*. This roadmap lays out government's ten-year vision for mental health and addictions care to get people the services they need to address problems early on and support well-being. It aims to transform mental health and substance use care for children, youth, young adults, adults, families, and Indigenous populations, to reach them where they are – in their homes, communities, and schools.

In the spring of 2020, just nine months after the launch of *A Pathway to Hope*, BC declared a public health emergency due to the COVID-19 pandemic which had far-reaching impacts across the health, social, and economic sectors. It strained BC's health care system, impacted frontline workers, and fractured many of the social support networks that are critical to maintaining healthy communities. Data shows us that COVID-19 negatively affected the wellbeing of people across the province, exacerbating existing mental health

and substance use challenges in some, and triggering new levels of reduced mental health and wellness across all populations.

At the same time, the illicit drug supply has also become increasingly toxic and unpredictable. As of April 2023, 12,046 British Columbians living in communities across the province have lost their lives to toxic drug poisoning. BC has been a national and international leader in implementing a comprehensive continuum of innovative services and programs to address this public health emergency, but we continue to see high concentrations of fentanyl and other dangerous contaminants in the illicit drug supply.

In addition to simultaneously responding to these two public health emergencies, our province experienced a number of extreme weather events, including wildfires, floods, and heat waves, brought on by climate change. These crises displaced and devastated communities across BC, impacting residents' health, social wellbeing, and their livelihoods – impacts that were disproportionately felt by some of our most vulnerable citizens.

In May 2021, 215 unmarked graves were detected by the Tk'emlúps te Secwépemc First Nation at the former Kamloops Residential School. The confirmation of these and other similar sites across the country continues to reverberate throughout Indigenous communities and has triggered a national reckoning of Canada and BC's past and present relationship with Indigenous peoples. These tragic discoveries serve as an important reminder of the legacy of colonialism, and that our work towards reconciliation is just beginning.

These challenges have required government to work collaboratively with our partners in public and community health and social services to rebuild, reorient, and integrate mental health and substance use care into a seamless continuum across BC. This includes new frontline services such as the implementation of Integrated Child and Youth teams, new ways of connecting people to care, including more treatment beds, and advancing new Indigenous-led solutions. It also includes behind-the-scenes system improvements, like enhanced data monitoring and evidence generation, new standards for service providers, and strengthening how we work across the different levels of care. It takes time to build a cohesive, integrated system of care, but significant advances have been made as this report will detail.

When *A Pathway to Hope* was first implemented, we did not anticipate the challenges that would lie ahead. We have faced these challenges together with a commitment to work across government and with our health system partners to improve the wellbeing of British Columbians. As we begin planning our future priority actions, the progress and challenges of the past three years will inform how we look at the work ahead. We are moving forward with confidence that we have built a strong foundation to support the achievement of the ten-year vision set out in *A Pathway to Hope*.

MENTAL HEALTH AND ADDICTIONS ROADMAP

All British Columbians experience and maintain physical, spiritual, mental and emotional wellbeing and thrive in the communities in which they live, learn, work, and play.

Goals

1 Wellness Promotion and Prevention

- British Columbians experience physical, spiritual, mental and emotional wellbeing.
- British Columbians experience resiliency.
- British Columbians who are exhibiting early signs and symptoms of mental health and addictions problems are identified and supported to prevent problems from worsening.
- British Columbians experience well-being through health promotion and prevention approaches that support resiliency, and a sense of belonging and purpose.

2 Seamless and Integrated Care

- British Columbians and their families experience a system of evidence-based services and supports that are flexible and responsive to their needs at any place in time.
- British Columbians and their families are at the centre of planning service delivery approaches that enable treatment and recovery.
- Services, supports and policies are co-ordinated across governments and sectors.

3 Equitable Access to Culturally Safe and Effective Care

- A full range of evidence-based services, treatments and supports are available when and where they are needed.
- People with lived experience inform and are leaders in mental health and addictions policy, planning and delivery of services and supports.
- Services and supports are culturally safe and provided with humility, and are free from stigma and discrimination.
- Services and supports are evidence-based and are delivered using a healing, relational and strength-based approach.

4 Indigenous Health and Wellness

First Nations, Métis and other Indigenous peoples can access culturally safe and effective services across the entire provincial spectrum of services and are supported to address social determinants of health, build community and personal resilience and foster healthy child and family development.

Three Year Action Plan 2019/20 – 2021/22

Improved Wellness for Children, Youth & Young Adults

- Support for pregnant individuals and parents with substance use challenges
- Promote early childhood social emotional development
- Enhance programming in early childhood centres
- Expand Confident Parents: Thriving Kids
- Expand Foundry centres
- Mental health in schools
- Establish Integrated Child and Youth Teams
- Step up/down: Specialized care home beds and intensive day programs
- Create virtual counselling for post-secondary students

Supporting Indigenous-led Solutions

- Implement Tripartite MOU with the FNHC, FNHA and Government of Canada
- Develop 10-Year Strategy to achieve progress on the social determinants of health and wellness
- Embed cultural safety and humility across the provincial system
- Expand First Nations-run treatment centres
- Expand Indigenous Land-based cultural and healing services
- Enhanced capacity for Métis Nation BC for priority setting and planning
- Support First Nations-led primary health care initiatives

Substance Use: Better Care, Saving Lives

- Framework for improving substance use system of care
- Ensuring best evidence guides care in B.C.
- Increase access to evidence-based addictions care
- Integrated team-based service delivery to connect people to treatment and support ongoing recovery
- Overdose emergency response, including community-based harm reduction services
- Supportive recovery services
- Provincial Peer Network

Improved Access, Better Quality

- Expand access to affordable community counselling
- Team-based primary care (with mental health and substance use professionals) and specialized services
- Enhanced provincial crisis lines network
- Framework and standards to improve care under the Mental Health Act
- Implement peer support co-ordinators
- Develop peer support worker training resources
- Expand Bounce Back
- Mental Health & Wellness Disaster Recovery Guide
- Workplace mental health
- Create a web-based portal (focused on children and youth)

Our Progress to Date

A Pathway to Hope outlines four priority action areas to focus the first three years of investments and the work needed to achieve our long-term vision of creating an integrated, coordinated, and evidence-based system of care. This report details government's progress across these priority areas and takes stock of the impacts we have made on individuals, communities, and the mental health and substance use system.

In addition, over the past three years our government expanded a range of primary care services across BC, including opening Rapid Access to Addiction Care clinics and expanding Urgent Primary Care services. Our commitment to better integrate and coordinate mental health and substance use services across the primary care continuum will ensure that people can get connected to the services they need, when they need them.

The following details the progress made in each of the four priority action areas outlined in *A Pathway to Hope* while working towards our long-term vision to build a new system of mental health and substance use care.

Improved wellness for children, youth, and young adults

A cornerstone of *A Pathway to Hope's* initial three-year action plan is the focus on improving mental health and wellness for children, youth, and young adults, working across ministries and with Indigenous partners and service delivery partners. We have laid the foundation for transforming mental health and substance use care for children, youth, young adults, and their families by increasing efforts in prevention and early intervention, weaving together the existing fragmented patchwork of services, and filling gaps in care.

Below are highlights of our progress to March 31, 2022 across a broad suite of actions.

<p>Early Childhood Intervention Services</p>	<p>Led by the Ministry of Children and Family Development (MCFD), this initiative provides flexible, holistic, integrated care, offered through a partnership between child and youth mental health services (MCFD Infant Mental Health Clinicians) and local early intervention service providers contracted by MCFD. Contracted services include behaviour support, family support and infant (and Indigenous Infant) Development Consultants. Services are designed to meet the needs of vulnerable young children (before school age) with emerging mental health, developmental, and behavioural needs.</p> <ul style="list-style-type: none"> • Services are currently being provided to families with young children in Maple Ridge-Pitt Meadows, Comox Valley, Okanagan-Similkameen, Richmond, and Coast Mountain. • Work is underway to expand these services within 15 new communities, for a total of 20. These communities will be the same as those providing Integrated Child and Youth (ICY) teams.
<p>Integrated Child and Youth Teams</p>	<p>ICY teams are innovative, community-based, multidisciplinary teams delivering mental health and substance use services and supports for children and youth aged 0 to 19.</p> <ul style="list-style-type: none"> • Implementation is underway for 12 teams across the first five communities: Comox Valley (2 teams), Maple Ridge-Pitt Meadows (3 teams), Richmond (4 teams), Coast Mountains (2 teams) and Okanagan Similkameen (1 team). These communities will serve as a model for the next school district communities.

	<ul style="list-style-type: none"> • As ICY teams are formed, clinical and non-clinical team members are providing services to children, youth and families, including those on current waitlists, and strengthening relationships within the mental health and substance use systems of care. • Partners will soon start to implement ICY teams in seven more communities across the province: Nanaimo-Ladysmith, Powell River, Fraser-Cascade (Hope, Harrison, Agassiz), Pacific Rim (Port Alberni), Okanagan-Shuswap (Salmon Arm), Kootenay and Columbia (Trail), and Mission. • This is part of the expansion announced in Budget 2021, with a total of 20 communities actively being implemented by 2024.
Step Up/Step Down High Intensity Outreach Services	<p>Led by MCFD, Step Up/Step Down High Intensity Outreach Services are for children and youth with severe mental health and/or substance use needs, with presenting safety concerns, and whose needs cannot be met through community supports and services. Services include clinical outreach support that aims to avoid or shorten hospitalization and support transitions back to community-based services after hospitalization.</p> <ul style="list-style-type: none"> • Step-Up Step-Down High Intensity Outreach is operational in Maple Ridge-Pitt Meadows, Comox Valley, and Richmond. It will soon be operational in the Okanagan-Similkameen and Coast Mountain regions.
Expanding Foundry Youth Centres	<p>A program through Providence Health Care, Foundry is a network of centres and online supports that offer young people ages 12 to 24 integrated health and wellness resources, services and supports. Each centre includes access to physical and sexual health care, mental health and substance use services, peer support, and social services, making it easier for youth to get help when they need it.</p> <ul style="list-style-type: none"> • Currently, Foundry centres are open in 15 communities: Vancouver-Granville, North Shore (North Vancouver), Prince George, Campbell River, Kelowna, Abbotsford, Ridge Meadows, Victoria, Penticton, Langley, Comox Valley, Richmond, Terrace, Cariboo-Chilcotin (Williams Lake) and Sea to Sky (Squamish). • Eight new Foundry centres are also being implemented in Burns Lake, East Kootenay (Cranbrook), Port Hardy,

	<p>Surrey, Fort St. John, Tri-Cities, Kamloops, and on the Sunshine Coast.</p> <ul style="list-style-type: none"> As part of the expansion, Foundry is focusing on supporting local partnerships with Indigenous communities and building the network’s capacity to deliver culturally appropriate and culturally safe services. Foundry services can also be accessed from anywhere through the Foundry BC app, phone or at: foundrybc.ca/virtual. <p>Youth Accessing Support Through Foundry</p> <table border="1" data-bbox="646 667 1416 831"> <thead> <tr> <th></th> <th>2019/20</th> <th>2020/21*</th> <th>2021/22*</th> </tr> </thead> <tbody> <tr> <td># of Unique Youth</td> <td>10,368</td> <td>11,609</td> <td>13,473</td> </tr> <tr> <td>Total # of Completed Visits</td> <td>38,796</td> <td>47,874</td> <td>59,612</td> </tr> </tbody> </table> <p>*Includes access to Foundry Virtual Services Source: Foundry Toolbox data, including community centres and Foundry Virtual access.</p>		2019/20	2020/21*	2021/22*	# of Unique Youth	10,368	11,609	13,473	Total # of Completed Visits	38,796	47,874	59,612
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<p>Launching Foundry Virtual and the Foundry BC App</p>	<p>Early in the COVID-19 pandemic, the Province funded an accelerated launch of Foundry provincial virtual services. Young people aged 12 to 24 and their families can access Foundry Virtual BC including counselling, peer support, primary care, vocational services, and family support through voice calls, video, and chat from anywhere in the province.</p> <p>The Foundry BC app was launched in March 2021. The app incorporates features such as live clinician chat, clinical content (articles, videos, and podcasts), goal setting, scheduling, and other tools co-designed by clinicians and users.</p> <ul style="list-style-type: none"> The launch of the Foundry BC app in March 2021 facilitated a significant increase in new youth registering for services: in 2021/22, over 5,000 unique youth and over 1,100 families/caregivers registered on the app. 												

Program Spotlight: Foundry

Jumping in the lake and getting slushies may be all that teenagers wanted to think about on the last days of June 2019. For Aslam* (he/they), they had just graduated from high school, and like many others, they dreamed of leaving their small town for the big city.

“Planning to move to Vancouver gave me so much hope,” says Aslam. “I was finally free to be openly queer, meet new friends and be immersed in a multicultural community.”

Within six months, COVID-19 cases began to rise, and self-isolation became the norm. Suddenly alone, Aslam’s mental health began to decline, and they started to use ~~indulge~~ substances.

“Moving came with so many pros that I forgot it also came with the cons,” says Aslam. “I thought everything was normal — drinking every night with my new friends and being hungover during class, wasting what little money I had left on the next disposable vape.”

The isolation from early spring until the following summer made accessing resources almost impossible, impacting youth all over the province.

“At first, I wasn’t even aware that I was at my worst,” says Aslam, “I was so used to my routine: wake up, still feeling helpless and empty, pack a bowl and take a couple of tokes out of my bedroom window, then go back to sleep. It was intense denial, and numbing.”

During the summer of 2021, Aslam gained the courage to reach out and receive support for their substance use and mental health. They went to Foundry.

“I spoke to someone through Foundry in the past, when I was going through a lot of transitions mentally and spiritually,” says Aslam. “They really helped guide me through my struggles at the time.”



Working with peer supporters with similar lived experience, Aslam was able to openly speak about their struggles with homophobia, past trauma and how it led to their battle with substance use. Aslam eventually connected with a physician through Foundry Vancouver-Granville and was able to learn more about their mental health, including their hereditary anxiety and signs of depression and obsessive-compulsive disorder (OCD).

Similarly, Lee*, a Foundry provincial youth advisor alongside Aslam, also experienced worsening mental health during the pandemic.

“To those of you who feel isolated or lonely — know that you are not alone,” Lee (she/they) shares. “I was especially lucky that I was able to reach out to a counselor and doctor who have supported me through my path to recovery. I felt stuck for a long time, and with help, I realized the way I had been living was not the path I had to follow.”

Throughout high school, some of Lee’s close friends and peers used substances to alleviate feelings of anxiety and depression. As someone with lived experiences, Lee continues to encourage others to reach out to support services, no matter how difficult it may be to take the first step.

“Sometimes, we don’t realize when we need to get help,” says Lee, “until we know other people who have gone through similar experiences.”

As Foundry provincial youth advisors, both Aslam and Lee share their perspectives to make Foundry services youth-friendly and inclusive to others.

“Being a part of my community has always been a critical part of my healing journey,” shares Aslam. “Connecting with other youth and the opportunity to shape my own wellness journey has made me feel stronger and less isolated in my struggles.”

With the ever-changing lingo for substances and new trends on the internet, Foundry’s staff are well equipped to navigate diverse situations; some have their own lived experience as well. Encouraging youth to be open and honest about substance usage, and using harm reduction strategies, allows youth to feel less stigmatized.

“When I went to Foundry, I was accepted,” says Aslam. “I didn’t need to explain why I made the choices I did because they already knew why, and they didn’t care. They just wanted me to feel supported and loved.”

It is important to be able to meet youth where they are at in their journeys. Young people can walk into a local Foundry centre, explore online tools and resources at foundrybc.ca, or connect virtually through the [Foundry BC app](#).

“Our generation is strong, willing to grow and change for the better,” says Aslam. “With the services that Foundry is offering, no problem is too big or small. Foundry services are available, and they can help you.”

Support for pregnant individuals and parents with substance use challenges

The [Provincial Perinatal Substance Use Program](#), led by BC Women’s Hospital and Health Centre, is advancing provincial capacity and expanding services for pregnant and early parenting women and people affected by substance use, and their infants.

The project over the last three years has seen success in increasing the number of mother/baby pairs staying together while receiving services, and continues to learn, grow, and respond to the needs of women, working toward transforming our system of care to a principles-based practice (example, women and person-centered, harm reduction oriented, and culturally safe).

- In fiscal year (FY) 2021/22, the Program released the [Provincial Blueprint for a Perinatal Substance Use Continuum of Care](#), and began work on a housing model designed and led by women and people with lived and living experience.
- The project responds to the legacy and trauma of colonization and its current impacts by centering Indigenous ways of knowing and being. One example is through an Indigenous-led Elders Visioning for Perinatal Substance Use Toolkit. In the virtual toolkit, Elders outline how to support First Nations, Inuit and Métis women and children. Additionally, the project continues to support and prioritize Indigenous birth workers and doulas.

Engagement in Provincial Perinatal Substance Use Program

	2019/20	2020/21	2021/22
# of New Mothers & Babies Receiving Wraparound Perinatal Substance Services & Supports	511	679	1,156
# of Health Professionals Trained in Perinatal Substance Use	1,862	5,272	4,028

<p>Promote early childhood social emotional development</p>	<p>A package of initiatives is being implemented to support social and emotional development in the early years of life, through interventions and resources aimed at young children, families, communities, and professionals. This includes:</p> <ul style="list-style-type: none"> • To support the mental, emotional, and social development of children under the age of six, a one-stop-resource on early childhood development for foster caregivers, or anyone in a parenting role, was developed. Through this webpage, caregivers also have access to interactive tools such as animated videos, quizzes, and tip sheets, and a free mobile microlearning course. • With Child Health BC, developing a 13-week “Feelings First” social media capacity building initiative that focuses on fostering social emotional development in early childhood settings and at home. • With the Human Early Learning Partnership (HELP), expanding the Childhood Experiences Questionnaire (CHEQ) throughout the province to enhance our understanding of the experiences of children and families prior to school system entry and how they impact social and emotional development
<p>Expand Confident Parents: Thriving Kids</p>	<p>Confident Parents Thriving Kids is a free, family-focused coaching service delivered through the Canadian Mental Health Association – BC Division (CMHA-BC). Services consist of parent coaching, groups, and parenting support for families with children ages three to 12 who are struggling with anxiety and/or behaviours.</p> <p>Over the past three years (2019/20 – 2021/22):</p> <ul style="list-style-type: none"> • 3,470 families commenced service in the Anxiety program • 4,081 families commenced service in the Behaviour program <p>In addition, recently announced in July 2022, Indigenous families with children three to 12 who are experiencing big worries and fears will have access to free, culturally grounded wellness practices through a virtual parent and caregiver coaching program.</p>

	<p>With the support of the Province, the We Are Indigenous: Big Worries/Fears Parent/Caregiver Support Program was developed with the guidance of the Indigenous advisory group Caring in All Directions and Indigenous writers in collaboration with CMHA BC. The program is grounded in Indigenous perspectives to support First Nations, Métis, and Inuit families throughout BC.</p>
<p>Mental Health in Schools</p>	<p>The Mental Health in Schools (MHIS) Strategy was launched by the Ministry of Education and Child Care (ECC) in September 2020 and is guided by two provincial strategies: erase = expect respect and a safe education; and <i>A Pathway to Hope</i>. The MHIS Strategy is an approach to embed positive mental health and well-being in all aspects of the education system, including culture, leadership, curriculum, and learning environments. The three core elements of the strategy are: Compassionate Systems Leadership (CSL), Capacity Building, and Mental Health in the Classroom.</p> <p>Recent highlighted progress includes:</p> <ul style="list-style-type: none"> • Working with partners like UBC’s Human Early Learning Partnership (HELP) on actions and resources to support education leaders. • Establishing a provincial network to share mental health and substance use resources for K-12 students, educators, administrators, and families. • Providing \$3.6 million in mental health grants to help build capacity and promote mental health and well-being in schools. • Working with partners to identify and address impacts of the COVID-19 pandemic on schools. A product of this work was the Key Principles and Strategies for K-12 Mental Health Promotion in Schools. <p>MCFD continues to fund and coordinate the provincial implementation of Everyday Anxiety Strategies for Educators (EASE), a collection of evidence-informed, curriculum-aligned resources for educators to support them in teaching K–12 students effective anxiety management and resiliency skills. Topics include understanding anxiety, creating a supportive environment, calming strategies, facing fears, anxiety in the classroom,</p>

	<p>and much more. EASE at Home extends accessible EASE resources in a variety of languages (French, Arabic, Chinese Simplified/Traditional, Filipino, Punjabi, Spanish and Ukrainian) to parents, care providers, and families. Additional highlights can be found on EASE (gov.bc.ca).</p> <ul style="list-style-type: none"> • Approximately 5500 BC educators enrolled in at least one EASE online course in 2021/2022. • 92% of a sample of K-12 educators engaged in EASE agreed or strongly agreed that the resources taught them how to incorporate anxiety management strategies into classroom routines.
<p>24/7 mental health support for post-secondary students</p>	<p>In April 2020 government launched Here2Talk, a free, and confidential 24/7 mental health counselling and referral service that offers options to reach out by phone or online chat through the Here2Talk app or website for all post-secondary students registered at public and private post-secondary institutions in BC.</p> <p>For the first time in BC every student—whether rural, urban, domestic, international, public, private, full-time or part-time, studying at home or abroad—has access to on-demand, single-session 24/7 counselling and community referral services that supplement existing mental health supports on campus and in the community.</p> <ul style="list-style-type: none"> • Since its April 2020 launch, Here2Talk services have been accessed more than 23,600 times. Students used the chat feature 71% of the time and the phone feature 29% of the time. • 74% of students accessing the service said Here2Talk provided them with the support and tools they needed, and 71% would refer their friend or classmate to Here2Talk.

Program Spotlight: Here2Talk Virtual Counselling

Here2Talk was established in 2020 with the aim to provide more accessible mental health care to all post-secondary students in the province of BC. Here2Talk counsellors support students through a variety of concerns that they may experience in their academic journey.

"We've seen a drastic rise in post-secondary students seeking support for their mental health due to day-to-day challenges and the ever-changing conditions caused by the pandemic. Here2Talk counsellors at LifeWorks are available 24/7 via phone or chat to support students asking for help, wherever, whenever."

-Barb Veder, vice president, chief enterprise clinician and integrated health solutions clinical services lead, LifeWorks

Program evaluation data shows that 89% of students show an improvement in their level of concern about their main issue after a conversation with a Here2Talk counsellor. In the words of students:

"I was feeling so overwhelmed with everything I had to do this week as well as very homesick and chatting with a counsellor helped me to see how strong and brave I am, and gave me strength to face the week ahead and finally be able to sleep in peace. Thank you :)"

- Camosun College student

"You make me feel safe and accepted. I wish there were more Laurens (a Here2Talk counsellor) in this world. Lauren, I took a screenshot of our conversation so I can revisit it when I am sad. I think this would be the end of our wonderful talk. Thank you for giving me more hope and reason to live and love."

- Douglas College Student

Students have shared that access to this service is meaningful:

"Really appreciate your guidance, I wish I had someone who are like the counsellors in Here2Talk in my life"

-University Canada West Student

"I am feeling better. I feel more well equipped."

-Langara College

"It is very comforting to know I'm not alone. Thank you so much for listening to me, I really appreciate your time"

-University of British Columbia Vancouver Student

"Thank you. I've calmed down now and I feel more equipped to handle things."

-Douglas College Student

New Investments supporting children, youth, and young adults

Since the release of *A Pathway to Hope*, new challenges have shed light on new priorities, and our work has grown beyond the actions originally outlined in *A Pathway to Hope*.

Youth Substance Use System of Care

Starting in 2021/22, government is making an historic investment over three years in new and expanded youth substance use programs across the continuum of care and across all health authority regions, including school- and community-based prevention and early intervention resources, community-based youth substance use and concurrent disorder services, crisis intervention services and intensive treatment, wraparound youth substance use services to support the ongoing expansion of youth substance use bed-based services, and system supports which will help create a more seamless system of care for youth substance use.

These commitments build on government's expansion of bed-based services for youth across the province. In 2020/21, 20 new beds opened and government announced plans to open an additional 123 new beds, of which 34 of these new beds have opened to date. In addition to the bed expansion, funding was provided to support the addition of 33 new and expanded services ranging from prevention and early intervention to crisis intervention and intensive treatment. Currently, 32 have been implemented and there has been recruitment into over 80% of the new FTE's funded under this investment.

One example of a new service is the Vancouver Coastal Youth Outreach team, a new mobile youth outreach team in Vancouver's Downtown Eastside. The team serves youth experiencing mental health, substance use, and primary care needs who experience difficulties accessing mainstream services. Outreach workers are working with community partners who may have identified youth who may benefit from their services. The team was featured in a Vancouver Sun article and Vancouver Coastal Health is promoting the team in social media.

Government is also working with a wide range of partners to identify measures to improve hospital-based care for youth following a substance use emergency, including Indigenous peoples and organizations, service providers, system experts and organizations representing those with lived and living experience of substance use. Services will be implemented through new Budget 2023 youth substance use investments.

Early Psychosis Intervention

As part of Budget 2021, the Province is investing \$53 million over three years to enhance early psychosis intervention services across BC. Early Psychosis Intervention is an evidence-based approach that provides timely recognition, assessment, and comprehensive treatments and supports for young people experiencing psychosis and their families. This investment has expanded capacity at specialized programs across all regional health authorities by funding over 100 new full-time early psychosis care positions provincially, 90 of which have been hired as of December 2022. New care providers, including psychiatrists, nurses, case managers and peer support workers will be connected to each of the specialized programs, with outreach to rural and remote communities where appropriate.

Concurrent Disorder Clinicians for Transition-Aged Youth

Focusing on children and youth under 19 years of age is an important first step towards transforming the mental health and substance use system of care. However, gaps persist in the process of transitioning youth to adult services. Many existing health services are designed for pediatric or adult patients, rather than for transition-aged youth (loosely defined as youth aged 17 to 26). Additionally, many young people are faced with long wait lists for adult services upon turning 19, leading some to disengage from services altogether. This is even more difficult for youth transitioning from government care and others who lack parental supports.

Budget 2021 invested in transition-aged youth with \$5.19 million to provide access to clinicians who treat concurrent disorders (mental health and substance use challenges that happen at the same time), with a focus on youth transitioning out of government care throughout the province. Clinicians will be based in communities of need, as informed by analysis of provincial data and through engagement with health authorities, cross-ministry representatives, and other strategic partners. The enhancement of concurrent disorder services supports transition-aged youth as we continue to build an integrated, coordinated, evidence-based system of mental health and substance use care in BC. Concurrent disorder clinicians will provide culturally safe, trauma informed care.

Living Life to the Full Program

[Living Life to the Full](#) is an eight-week community-based course for youth ages 13 to 18 that provides simple, practical skills for coping with stress, problem solving, and improving mood. The Province invested \$0.2 million per year in this program through 2024/25. By digitizing the Living Life to the Full for Youth program, CMHA BC has expanded access to youth in rural/remote and Indigenous communities.

Indigenous-Led Solutions

One of the key pillars in *A Pathway to Hope* is supporting Indigenous-led solutions, recognizing that Indigenous peoples are in the best position to drive health programs and services in their communities and for their citizens. An important focus of *A Pathway to Hope* is collaborating with Indigenous partners on the design, planning and delivery of mental health and substance use services.

Our government acknowledges that many Indigenous people continue to face barriers to accessing the care and services they need. The *In Plain Sight* report commissioned by the Ministry of Health (HLTH) and released in 2020, shed light on racism, stereotyping and discrimination that Indigenous peoples experience in BC's health care system. This discrimination discourages many Indigenous people from seeking care, which negatively affects their health. Led by HLTH, BC is committed to addressing these issues and engaging in meaningful reconciliation with First Nations and Métis communities in the province and supporting Indigenous-led solutions to address mental health and substance use challenges. We know there is more work to be done to address these issues and ensure that our health care system provides services in a culturally safe manner, and that we are connecting people to the care that they need.

<p>Tripartite Partnership to Improve Mental Health and Wellness Services</p>	<p>The <i>Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (the MOU)</i> established a new flexible funding approach that contributes to nation rebuilding by supporting First Nations in BC to plan, design and deliver a full continuum of culture and strength-based mental health and wellness services.</p> <p>In 2018, the Province, the Government of Canada, and the First Nations Health Authority (FNHA) each committed \$10 million for a total commitment of \$30 million over two years under the MOU. The FNHA administers this funding. The implementation of the MOU has been extended by the Partners until October 2023 in acknowledgement of the multiple crises impacting First Nations communities, including the dual public health emergencies, residential school graves, and environmental disasters.</p> <ul style="list-style-type: none"> • As of March 2022, \$22.7 million of the \$30 million has been allocated to 52 First Nations-led mental health and wellness initiatives. • A total of 171 First Nation communities are participating in the process.
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	<p>The MOU funding supports communities to advance new models of care that integrate western and Indigenous approaches to mental health and wellness. Some examples of initiatives include:</p> <ul style="list-style-type: none"> • Nation-specific Mental Health Plans or Nation-Based frameworks. • Mental Health Divisions, Teams, or clinical staffing positions within Nations. • Traditional practices and connections to land which support mental health. • Community engagement and feasibility studies to address issues related to mental health and wellness and to provide recommendations. This includes engaging youth in creating Youth Mental Health Plans. <p>An evaluation of the implementation and impact of the MOU is underway, and a draft final report is being reviewed by partners. Preliminary findings indicate that the MOU funding is meeting a demonstrated need and making progress to improve mental health and wellness. Flexibility in reporting and support for communities when developing plans has helped increase access and address barriers; and there is a need for enhanced flexibility and long-term funding to build community capacity, address capital costs, meet immediate needs and support broader planning to address the social determinants of health.</p>
<p>10-year Strategy on Social Determinants of Health and Wellness</p>	<p>Experiences implementing the MOU are helping inform the development of a ten-year strategy to address the social determinants of health and wellness for First Nations in BC. This work is being led by FNHA in collaboration with the First Nations Health Council. Engagement with First Nations' community leaders is ongoing.</p>

<p>Cultural Safety and Humility</p>	<p>In 2018, the Ministry of Mental Health and Addictions (MMHA) signed the Declaration of Commitment to Cultural Safety and Humility (originally signed in 2015) with the FNHA, which commits MMHA to embed cultural safety and humility throughout its work and is reaffirmed in <i>A Pathway to Hope</i>. Since then, the 2020 In Plain Sight report highlighted the prevalence of and urgent need to address Indigenous-specific racism in the health care system.</p> <p>In March 2022, the BC Ministry of Indigenous Relations and Reconciliation (MIRR) released its first action plan under the <i>Declaration on the Rights of Indigenous Peoples Act</i>. The action plan contains 89 actions that BC plans to undertake over the next five years, including commitments to embed culturally safe and relevant Indigenous-led social services and supports for those who are in crisis.</p> <p>MMHA is working with Indigenous partners to actively embed anti-racism into all new initiatives by mandating that cultural safety and humility be defined as core attributes and characteristics of mental health and substance use services.</p>
<p>First Nations-Run Treatment Centres</p>	<p>As part of the commitment in the Tripartite MOU, the Province, Canada and the FNHA each committed \$20 million to renovate six existing and build two new First Nations-run treatment facilities in BC. Implementation of the replacement of six existing First Nation-run treatment facilities is underway. These treatment facilities include:</p> <ul style="list-style-type: none"> • North Wind Wellness Centre, Northern region • Carrier Sekani Family Services, Northern region • Telmex Awtexw Treatment, Fraser Salish region • New Treatment Centre, Fraser Salish Region • Namgis Treatment Centre, Vancouver Island region • Tsow-Tun-Le-Lum Healing Centre, Vancouver Island region • New Treatment Centre, Vancouver Coastal Region • 7 Nations Soaring Eagles, Interior region
<p>Indigenous Land-Based Cultural and Healing Services</p>	<p>Land-based healing strengthens connection to the land while supporting the learning, revitalizing, and reclaiming of First Nations traditional wellness practices.</p> <ul style="list-style-type: none"> • Since 2018/19, MMHA funded the FNHA to expand land-based healing programs. \$10.75 million was provided

	<p>towards land-based healing initiatives in 2021/22, supporting over 147 community-driven land-based healing Initiatives across all five health regions.</p> <p>With the funding received from MMHA, the FNHA provided the funding to the five regions in BC to support land-based healing initiatives that operate at community, sub-regional, and regional levels. FNHA is planning an evaluation of land-based healing and treatment and healing centres.</p>
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Program Spotlight: Indigenous Land-Based Cultural and Healing Services

Funding for land-based healing supports First Nations communities to provide culturally safe treatment and healing services related to mental health and wellness issues by focusing on healing from trauma, including through connecting people to traditional practices and protocols and sharing knowledge, foods, and stories that promote spiritual, emotional, mental, and physical wellness.

One example is the Tahltan Traditional Wellness Project, which celebrates Tahltan’s unique cultural traditions and promotes awareness of Tahltan values. Land-based activities included fish camps, berry camps, traditional games, arts and crafts, skill building, language and harvesting methods. All of this was done by embedding Tahltan culture into programming.

<p>First Nations-Led Primary Health Care</p>	<p>First Nations-led Primary Health Care is a component of both <i>A Pathway to Hope</i> and HLTH’s Primary Care Strategy, which is aimed at creating an integrated system of full-service community-based primary and community care. Through this strategy, the FNHA, with government partners, is developing up to 15 First Nations Primary Care Centres (FNPCC) in both urban and rural BC settings by 2024. The FNPCC model will enable team-based, culturally safe primary health care for Indigenous peoples. FNPCC models combine both Western and Indigenous approaches to health and wellness, incorporate and promote First Nations’ knowledge, beliefs, values, practices, and employ holistic models of health and wellness.</p> <p>Two FNPCCs have been implemented, with several more expected in the coming year.</p>
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<p>Enhanced Capacity for Métis Nation BC</p>	<p><i>A Pathway to Hope</i> committed to funding Métis Nation BC (MNBC) to advance Métis-specific priorities in mental health, substance use, and cultural wellness, and to support their participation in the design, planning and implementation of provincial initiatives. This includes supporting MNBC's Ministry of Mental Health and Harm Reduction, which advocates for culturally appropriate mental health, substance use, and harm reduction programs and services at the national, provincial, and regional levels. The Ministry's goal is to improve mental health and harm reduction services and increase access to programs to meet the needs of the Métis Nation. They continue to highlight and address the gaps in existing services and advocate for changes needed at the health authority level for the Métis Nation to have better mental health and wellness outcomes.</p> <p>Highlighted progress of select projects over the past three years includes:</p> <ul style="list-style-type: none"> • <i>Ooma la Michinn (Here is Medicine)</i> Initiative: This project is working to create a series of free online modules grounded in Métis voices and perspectives that focus on life promotion as a means of suicide prevention for Métis youth. Once completed, these modules will be offered for free online and will be made accessible for Métis individuals across BC. Modules will focus on connection to wellness; connection to culture; connection to community; connection to self; and connection to land/nature. • Working with the Canadian Mental Health Association to develop a Métis adaptation guide for the Living Life to the Full program, an eight-week, group based mental health promotion course, and deliver Métis-led cohorts of Living Life to the Full. To date, ten cohorts have been delivered by nine Métis facilitators to Métis participants across BC, including seven adult cohorts and three youth cohorts. • Developing a Mental Wellness and Harm Reduction Sash which works to represent the wisdom shared by the Métis participants of Métis Nation BC's Alcohol and Community Health Dialogue Sessions. • Working with creators of the Lifeguard app to adapt the app to resonate exclusively with the Métis community –
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the first Indigenous Nation in Canada to do so. With culturally sensitive imagery and language, the Métis-specific Lifeguard app provides instant access to Métis crisis lines, resources for mental health and addiction treatments and direct links to prevent drug-related deaths.

This funding is ongoing and together with MNBC we continue to explore a long-term health and wellness partnership that reflects our shared commitment to improving mental health and wellness outcomes for Métis people in BC.

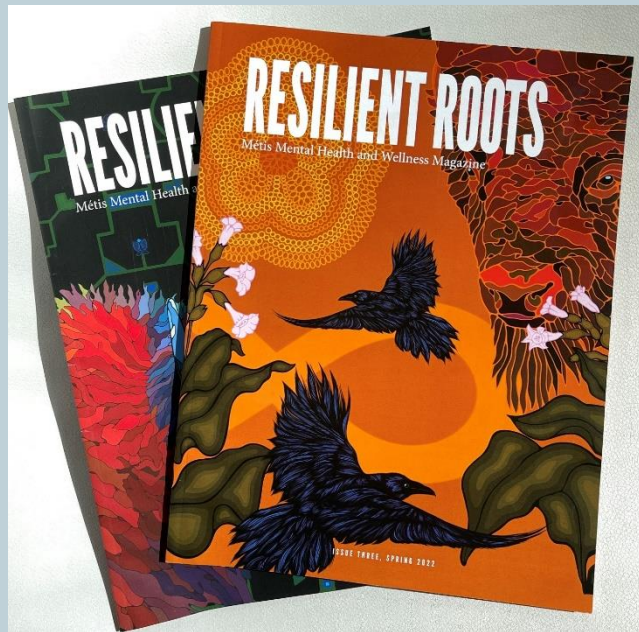
Program Spotlight: Métis Nation Youth Mental Health and Wellness Initiative

The Métis Nation Youth Mental Health and Wellness Initiative (MY Initiative) is comprised of ten core members of Métis youth. Together, the MY Initiative works to raise awareness, to empower Métis youth and communities, and to make a difference in mental health within the Métis Community through actioning projects, fostering education, reducing stigma, and providing opportunity for community discussion and engagement.

Resilient Roots: Métis Mental Health and Wellness Magazine is the cornerstone project of the Métis Youth Mental Health and Wellness Initiative. Since April 2020, three issues of *Resilient Roots* have been published, with issues released yearly in the spring and the most recent issue published in May 2022.

As shared by Minister Kate Elliott, *"this magazine hopes to be a testament to the shining strength and resilience of the Métis community. Every part of this magazine – from the stories, to the art, to the poetry – comes from the powerful voices of our Métis contributors. To our readers, we hope that what you find within these pages will bring you inspiration, connection, and act as a reminder of the deep resilience that lives within us all."*

Since publication began in 2020, several thousand hard copies of *Resilient Roots* have been distributed across the province – to Métis youth, health authorities, Métis Chartered Communities, and beyond. This publication is also available for free download on MNBC's website.



Substance use: better care, saving lives

While continuing to accelerate the response to the toxic drug crisis, we are also taking a province-wide approach to building an integrated health care system where people have access to seamless and cohesive care. This includes improving access to overdose prevention services and prescribed safer supply to help separate people from the highly toxic and unpredictable drug supply.

We are working with our health system partners to successfully integrate substance use care across the continuum in every health region. Our partners have implemented new teams in every regional health authority to ensure that more people are able to stay connected to the treatment and recovery services they need. We have also expanded access to medication assisted treatments by adding more time with physicians and nurse practitioners. Finally, we recently released the [Adult Substance Use System of Care Framework](#), a new technical policy framework to guide the planning and implementation of BC's ideal substance use system of care.

Expanding integrated approaches is key to increasing access and reducing barriers to mental health and substance use services in the community. Models such as Urgent Primary Care Centres bring together and enable coordination between health care providers, services and programs. They make it easier for people who often face barriers to accessing services to receive followup care and connect to other supports that they may need.

Developing options for virtual care is also making treatment and recovery accessible to more people around the province, particularly in rural and remote locations. For example, investments through Budget 2021 established a virtual prescribing service with the Interior Health Authority and expanded the Fraser Virtual Health Addictions Clinic throughout the region. In addition, the First Nations Health Authority Doctor of the Day provides First Nations with culturally safe virtual services to persons living in communities across the province. Finally, the Provincial Health Services Authority's (PHSA) Office of Virtual Health offers 24/7 access to web based applications for anonymous, confidential and person-centred treatment for challenges with mental health and substance use. These are a few of an expanding set of virtual and online tools designed to improve access to mental health and substance use services.

[Rapid Access Addictions Clinics](#) (RAACs), available in several Health Authorities as well as at St. Paul's Hospital, is connecting patients who use substances to evidence-based medical treatment and short-term stabilization through an integrated care team that includes addictions medicine physicians, nurses and social workers, working closely with local service providers in applicable health authority regions.

Below are highlights of our progress to date.

<p>Adult Substance Use System of Care Framework</p>	<p>Building off work already underway to strengthen substance use services and supports, we have developed a new policy framework that articulates a shared vision for the adult substance use system of care. The is intended to help guide health system planning and policy development as we continue to improve the system of care.</p> <p>Starting in Fall 2020, MMHA engaged over 300 key partners to develop the Framework, including health authorities people with lived experience, Indigenous partners, research institutions, clinical experts, community organizations, and partners from communities that have historically not been well-represented but disproportionately experience substance use-related harms, including racialized and migrant communities, trans and gender-diverse communities, and survivors of violence. This extensive engagement helped ensure that the framework is meaningful and responsive to the current context of substance use challenges in BC.</p> <p>The Adult Substance Use System of Care Framework was released in December 2022.</p>
<p>Ensuring Best Evidence Guides Care</p>	<p>To establish standards and best practices in the clinical care of substance use disorders, we are working with the BC Centre on Substance Use (BCCSU) to develop and implement evidence-based guidelines for prevention and addiction treatment and recovery, including alcohol and other drug addictions. Highlights include:</p> <ul style="list-style-type: none"> • In December 2019, we released a new made-in-BC alcohol guideline to help health care providers connect individuals — both youth ages 12 to 25 and adults — to services and treatment that better suits their needs. • In September 2020, the BCCSU and Canadian Institute for Substance Use Research published Operational Guidance for Implementation of Managed Alcohol for Vulnerable Populations, which provides guidance for setting up and delivering managed alcohol programs for individuals experiencing severe alcohol-related harms. • In March 2020, the Interim Clinical Guidance: Risk Mitigation in the Context of Dual Public Health Emergencies was released by the BC Centre on Substance Use

	<p>(BCCSU), in partnership with the Province for providers supporting clients who use substances during COVID-19. This guidance was updated in January 2022.</p> <ul style="list-style-type: none"> • A supplemental clinical guideline specific to high-risk drinking and alcohol use disorder in patients who are pregnant and post-partum was released in March 2021. • A practice update for the Opioid Use Disorder guideline was released in 2022, providing new information on the provision of opioid agonist treatments and introducing practice options to reduce individuals' reliance on the illicit drug supply and associated harms. • A practice update on Stimulant Use Disorder was released, providing an overview of evidence-based treatment options and new information for providers caring for people who use illicit stimulants. • A Fentanyl Patch protocol was released in 2022, providing standardized guidance for prescribers and care teams for the provision of fentanyl patches as prescribed safer supply to reduce reliance on the illicit drug supply and associated harms.
<p>Increase access to evidence-based addictions care</p>	<p>This initiative increases rapid access to addictions medicine through enhancements to prescriber services. Our progress includes:</p> <ul style="list-style-type: none"> • Expanding access to first-line medications for substance use disorders, such as Opioid Agonist Treatment (OAT) for opioid use disorders including buprenorphine/naloxone, methadone, and slow-release oral morphine; naltrexone, acamprosate for alcohol use disorders; and other prescription alternatives. • Strengthening addictions medicine education across disciplines, including through the BC ECHO on Substance Use, a community of practice that aims to build capacity within primary care to treat and manage substance use disorders, and by training 624 new professionals as part of an initiative to expand rapid access to addictions medicine. • Improving access to addiction treatment through the implementation of Rapid Access to Addictions Care Clinics in all health regions. • Adding over 1,260 additional session times with physicians and nurse practitioners to meet with clients and provide consult support in all regional health

	<p>authorities to improve access to prescriber services. This includes:</p> <ul style="list-style-type: none"> ▪ 721.5 prescriber sessions in Fraser Health Authority ▪ 248 sessions in Interior Health Authority • 297.79 prescriber sessions in Vancouver Coastal Health Authority
<p>Integrated team-based service delivery: Substance Use Integrated Teams</p>	<p>We are supporting the regional health authorities to implement Substance Use Integrated Teams to put people at the centre of care, helping to engage and retain clients in treatment and recovery services and supporting seamless transitions between services. Teams include a diverse range of professionals, such as nurses, counsellors, social workers, outreach workers, and peers.</p> <p>Teams have been located based on regional needs. In total, the regional health authorities have established seven new and nine expanded teams. All teams are now fully implemented and serving clients.</p> <ul style="list-style-type: none"> • The seven new teams are located in: Abbotsford; Hope and Fraser Canyon; Nanaimo; Cowichan; Oceanside; Shuswap North Okanagan; and the South Okanagan. • The nine expanded teams are located in: the Northeast Health Service Delivery Area (HSDA; North Peace); the Northwest HSDA (Smithers and Houston); Northwest HSDA (Prince Rupert); the Northern Interior HSDA (Prince George); Campbell River; Sea to Sky; Powell River; North Shore; and Vancouver. <p>The team-based model for these new regional teams is aligned with existing team-based structures for each region (e.g. Integrated Treatment Teams in Interior Health). This has allowed for regional health authorities to use these additional team-based resources to fill key service gaps and build on existing strengths.</p>

Program Highlight: Integrated Treatment Teams in Interior Health

Addiction is a highly stigmatized medical condition and people may be worried about how friends, family and employers will respond. For example, they may not want to be seen at a Mental Health and Substance Use centre. For many people, facility-based treatment is not the best option, as they may be worried about asking their employer for time off work or may be juggling a busy schedule caring for children or other family members.

Fortunately, there is a new, flexible, and discreet option for those interested in treatment for substance use in their community. As a form of Substance Use Integrated Teams, Interior Health has established [Integrated Treatment Teams](#) which are now available in Kamloops, North Okanagan, Penticton, West Kelowna, and Cranbrook. As of March 2022, these teams were serving approximately 226 clients.

These interdisciplinary teams provide support that includes: online and in-person counselling; assessment and support in developing personal treatment goals; individual and group counselling; education and self management support; connection to prescription medications for the treatment of substance use concerns; peer support from people with personal experience with substance use and with accessing similar supports; connection to cultural supports and/or land-based healing where available; and, personal wellness optimization.

“We work as a team directly supporting the individual person,” says team member Shawna Calhoun. “Our goal is to engage and retain participants who are not already in treatment. They can call or text us directly when they are ready. We work with them to create a treatment plan. We can do substance use treatment virtually, over the phone or using Zoom, or email.”

In the words of peer support worker Jessica, “I’m most excited about the collaborative aspect of the Integrated Treatment Team. Not only do we have a peer support worker, but we have a counsellor, and a nurse, and it just gives more options for people. For me, it’s given me a space where I can go and use my lived experience to hopefully help somebody else work through their journey.”



The integrated treatment team is different from traditional substance use services, and the team is available to provide treatment and support for people wanting to change their relationship with alcohol or other substances. Peer support worker Patrick shared that, “Really, what this is about, is I’m an options guy. If someone comes to me, as a peer support worker, and wants to move toward health and wellness, then I’ll support them however I can in achieving those goals – and I don’t have any attachment to what those goals are. It’s a low barrier service, so you don’t have to stop your job or go away somewhere to do this. It’s not a huge commitment of time, maybe it’s a couple hours a week, and it’s just about getting the conversation started. This is a big change for how we approach substance use and mental health.”

The teams are working hard to build their profile and establish relationships, embedding themselves in their respective communities. “I think the beauty of the Integrated Treatment Team is that we’re working proactively to build relationships. We have partnerships with primary care, pharmacies, and businesses. Someone may see a poster in a pharmacy and call or text us who may not have called or walked into a Mental Health and Substance Use office. We are really focused on that hard-to-reach population,” says Team Lead Jennifer Howes.

“I think that the integrated treatment teams are going to make a huge difference in people’s lives. It’s about meeting people where they’re at, and recovery might look different for one person than it does the other. There’s no set way to recover, so it’s about self care and learning to love ourselves. I think that the integrated treatment teams, especially the peer support aspect, will give people more tools and more options to move forward in their life, and whatever that might look like for that person.”

-Peer Support Worker Jessica

For more information on Integrated Treatment Teams in Interior Health, call [310-MHSU](tel:310-MHSU) to connect with a local Mental Health & Substance Use Centre.

<p>Treatment and Recovery Services</p>	<p>Government’s work on treatment and recovery services is strengthening the quality, consistency, and oversight of bed-based supportive recovery services. Highlights of our progress include:</p> <ul style="list-style-type: none"> • BC expanded existing virtual mental health programs and services and launched new services during COVID 19 to support British Columbians, including Indigenous communities and those living in rural and remote areas. This includes expanding the BounceBack and Living Life to the Full programs, and
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	<p>expanding access to no- and low-cost community counselling programs.</p> <ul style="list-style-type: none"> • In August 2021, we launched a new website called Wellbeing.gov.bc.ca. The Wellbeing website helps people find mental health and substance use information and supports through an easy-to-use online tool. Wellbeing was developed as one of the <i>Pathway to Hope</i> priority action items aimed at improving access to care. • Introducing the Provincial Standards for Registered Supportive Recovery Services in September 2021, along with training to support implementation. • The <i>Community Care and Assisted Living Act</i> has been amended, and the Assisted Living Regulation has been implemented to increase the regulatory oversight of supportive recovery homes. To support this change, we developed resources and provided training grants. • In October 2019, the per diem for eligible income assistance clients living in registered or licensed residences, including supportive recovery homes, was increased for the first time in 10 years. • In 2022, government started work to develop a multi-phased approach to improving oversight and accountability in bed-based treatment and recovery settings.
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New Investments in Treatment & Recovery

The Province is building a system of care through unprecedented expansion of treatment and recovery services. In Budget 2021 and Budget 2022, the Province announced investments totalling \$144.5 million over the fiscal plan for new and expanded services across the province. This includes supporting the creation of 195 new substance-use treatment and recovery beds to help more people access treatment, as well as community-based post-treatment follow-up services and supports to help people stay connected to care on their long-term recovery journey.

Treatment and recovery investments are focused on improving availability to a range of services including opioid agonist treatment, outpatient programs such as Day, Evening and Weekend programs, services that specialize in supporting people struggling with alcohol and stimulants, bed-based services and more.

Examples of recent investments and new models of care include:

- Launch of the Vancouver Junction, a recovery community centre to provide low barrier, community-based recovery oriented supports and services.
- Expanding Community Transition Teams to support connections to care for individuals transiting from provincial correctional centres.
- Establishing a Cognitive Assessment and Rehabilitation for Substance Use program for individuals impacted by brain injuries due to overdose.
- Establishing new managed alcohol programs.
- Implementing new outpatient withdrawal management services.
- Expanding peer services to support ongoing connections to care and recovery.

In 2020, MMHA provided grant funding to CMHA-BC to implement 105 new publicly funded adult treatment and recovery beds across 14 organizations around the province. All beds were implemented between Spring and Fall 2021. Between April 2022 and December 2022, 390 clients accessed the beds and average occupancy was 88%. To meet continued need for these beds, the Province has committed funding to expand by another 100 beds through Budget 2023. This is in addition to the work to double the number of treatment beds for youth struggling with addictions, announced in August 2020

As of March 2022, there are 3,261 publicly funded adult and youth community substance use beds. This includes 3,156 health authority funded beds (3,005 for adults and 151 for youth) and 105 adult CMHA grant funded beds. There are an additional 145 health authority funded adult tertiary substance use/concurrent beds.

Toxic Drug Crisis Response

Guided by *A Pathway to Hope*, MMHA continues to accelerate the response to the toxic drug crisis and ensure communities have access to life-saving interventions such as Take Home Naloxone kits, overdose prevention and supervised consumption services, drug checking, prescribed safer supply, and low barrier and flexible treatment services and supports.

Deaths from confirmed or suspected illicit drug toxicity have been increasing since the beginning of the COVID-19 public health emergency in March 2020. One of the key drivers

of increased mortality is the highly toxic and unpredictable illicit drug supply. The Province's response to the toxic drug crisis continues to be advanced through the work of MMHA, in partnership with community organizations and health system providers. The BC Centre for Disease Control (BCCDC) estimates that from January 2017 to March 2022, 7,150 death events were averted due to Take Home Naloxone, overdose prevention and supervised consumption services, and opioid agonist treatment.

The [Unregulated Drug Poisoning Crisis Dashboard](#) reports the magnitude of toxic drug poisoning crisis and progress on selected interventions and is available publicly on the BCCDC website. The toxic drug crisis remains widespread across the rest of Canada and the United States.

Between January and December 2022, the majority of toxic drug related deaths occurred in BC (2,342), Ontario (ON) (2,201), and Alberta (AB) (1,499) accounting for 87% of all opioid toxicity deaths in Canada. The crude death rate (per 100,000 population) of total apparent opioid toxicity deaths was the highest in BC at 44.0 death, followed by the Yukon at 43.4 deaths, AB at 33.0 deaths, SK at 19.7 deaths, and Canada 18.80 deaths.¹

Changing drug use patterns and preferences have also made responding to the toxic drug crisis more complex, with increases in inhalation as the primary mode of consumption and growing poly-substance use throughout the province.² For example, the percentage of toxic drug deaths from smoking versus other methods of consumption has increased from 29% in 2016 to 56% in 2021.³ Also, from April 2020 to November 2022, approximately 14% of cases had extreme fentanyl concentrations compared to 8% from January 2019 to March 2020.⁴

Highlights of some of our successes between 2019/20 and 2021/22 include:

- **493 new sites** where people can access BC Take Home Naloxone kits.⁵
- **929164 Take-Home Naloxone kits** shipped to sites in BC.
- **165 new sites** where people can access Facility Overdose Response Boxes (Facility Overdose Response Boxes (FORB) containing naloxone and supplies and are free for not-for-profit community-based organizations where staff work with clients at risk of illicit drug toxicity events).

¹<https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>

² Kamal, Ferguson, Xavier, et al. (2023). Smoking identified as preferred mode of opioid safe supply use. <https://doi.org/10.1186/s13011-023-00515-4>

³ https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/bccs_illicit_drug_mode_of_consumption_2016-2021.pdf

⁴ <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug-type.pdf>

⁵ <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>

- **1.81 million visits** to overdose prevention or supervised consumption services, with 11,920 overdoses survived at these sites.
- Increased number of people receiving opioid agonist treatment (OAT): **24,991 as of March 2022** compared to 22,378 in March 2019.
- Connect by Lifeguard app, a mobile technology that alerts emergency first responders to a person at risk of an illicit drug overdose. Since its launch in late May 2020 and up to the end of March 2022, the app has been used **99,000 times by 8,600 app users**. To date, no drug-poisoning deaths have been reported through the app. Lifeguard also now provides drug alerts.
- People have been accessing prescribed safer supply since March 2020, when the Province introduced the first phase of the program. From March 2020 to December 2021, **more than 12,200 people** were dispensed prescribed safer supply through Risk Mitigation Guidance and, of those, more than 7,000 (58%) were prescribed an opioid.
- The second phase of prescribed safer supply under the provincial prescribed safer supply policy released in July 2021, is being implemented in health authorities and federally funded SAFER programs settings.
- In October 2021, began distribution of a drug checking service which uses a federal Section 56 exemption to allow for the collection of drug samples in rural/remote locations and transportation of these samples for testing at locations equipped with FTIR spectrometry or higher-quality instruments.
- As of March 2022, 143 RNs and RPNs from all health authorities have enrolled and 71 have fully completed their training to begin prescribing medication-assisted treatment (OAT). This follows the Provincial Health Officer (PHO)'s order in September 2020 allowing registered nurses and registered psychiatric nurses to prescribe controlled drugs and substances to reach people who have been traditionally underserved.
- As of March 2022, there were **40** overdose prevention sites (OPS) and supervised consumption sites (SCS) locations in BC, including **13** inhalation sites, up from 38 sites as of March 2021.

<p>Prescribed Safer Supply</p>	<p>With the intent to separate people who use drugs from the toxic illicit drug supply, BC is the first province to offer prescribed safer supply. People have been accessing the program since March 2020.</p> <p>In July 2021, the Province released the Access to Prescribed Safer Supply in British Columbia: Policy Direction – the first of its kind in the country to support the prescribing of a safer drug supply to those at risk of dying from the toxic illicit drug supply.</p> <p>To support prescribers and increase access to prescribed safer supply, clinical protocols and education sessions are being developed by the BCCSU based on emerging evidence and clinical expertise. The first prescribing protocol for fentanyl patches was</p>
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	released in October 2022.
Reducing stigma	<p>A new StopOverdoseBC campaign was launched in fall 2021 and a refreshed StopOverdoseBC website in fall 2022, to address the stigma surrounding substance use and addiction. Informed by public opinion research and focus groups, the key messages aim to increase awareness that addiction is a complex health condition and not a choice. The province-wide campaign has been delivered through television, radio, out-of-home, and digital channels. Additionally, partnerships with the Vancouver Canucks, BC Lions and Vancouver Whitecaps help amplify the reach and extend the messages to the target audience. Early insights demonstrate shifts in perceptions and beliefs across BC and excellent campaign recall.</p> <p>Over three years, Community Crisis Innovation Fund grants have funded 14 projects to address substance use stigma in health care settings.</p>

Program Spotlight: Stop the Stigma Campaign

In fall 2021, many British Columbians encountered “Stop the Stigma”, a campaign developed by MMHA to help shift perceptions about people who use drugs, as well as their families and loved ones.

In early 2021, public opinion polling continued to show that many people in British Columbia believed that people who use drugs have made “poor choices”, and that people who use drugs should “just stop” using them. These beliefs are reflective of stigma – harmful assumptions made about a group of people, which can have negative impacts on many areas of their lives. Stigma associated with substance use can lead people to hide their drug use, use in riskier ways and prevent them from accessing services and supports.

Recognizing the devastating impact of stigma, the team set out to create a message that would promote empathy and understanding, help foster compassionate connections, and ultimately create environments that support people to be safe.

Speaking to people with personal experience of drug use, as well as their family members was vital to informing the campaign. The team heard from many British Columbians about how stigma makes it hard to reach out for help for fear of judgement. That people felt branded by the harmful language that is used towards people who use drugs. That friends and family were judged and criticized for

maintaining relationships with family members who use drugs and were blamed for enabling their use by continuing to love and support them.

These stories became the heart of the campaign. In the videos, viewers see a family who experiences stigma first-hand. When the father was sick – with a more conventional illness – neighbours would bring by food and offer to drive the kids to school. Now that their son struggles with opioid use, no one knows what to say – they avoid the family, leaving them isolated and with no one to turn to.



Powerful and heart-breaking, participants shared that stories like this were all too common. From these conversations, three main themes emerged:

- There is a widespread misunderstanding about the nature of substance use and addiction.
- Stigma isolates people and prevents them from reaching out – for fear of being told that they have made bad decisions, or have done something wrong, and that they aren't deserving of support.
- Connecting in compassionate ways is important, and “tough love” is not an effective way of supporting someone.

The final campaign was shared broadly across the province – in television commercials, on billboards, in sports stadiums and community organizations, through social media, and online at StopOverdoseBC.ca. To date, thousands of people in BC have heard these stories and seen these messages. Champions in the community, such as the Vancouver Canucks, the BC Lions, and the Vancouver Whitecaps stepped up to lend their voices to the cause, sharing their own experiences with stigma. Many people across the province shared the messages with family and friends, beginning compassionate conversations to help stop the stigma.

In early 2022, Stop the Stigma was honoured with two awards at the 2022 Reed Awards in Nashville, Tennessee. The campaign was recognized for Best Canadian TV Advertisement (30 second) and Best Canadian Online Video (60 second).

While reception to the campaign been widespread, MMHA knows that there is still work to be done when it comes to shifting attitudes and creating safer communities for people who use drugs. People in BC can look forward to seeing “Stop the Stigma” continue throughout 2022.

Visit StopOverdoseBC.ca to find resources and view the campaign video [here](#).

Engaging
People with
Lived and
Living
Experience of
Substance Use

MMHA continues to engage people with lived and living experience of substance use through the Provincial Peer Network, a grantee network representing 25 drug user groups from across BC, who share experience and expertise and take action on the ground in communities to respond to the toxic drug crisis.

Community Action Teams in 36 communities across BC work with the support of health authorities to plan and undertake multi-sectoral work, including with people with lived and living experience of substance use, leading their communities to collaboratively respond to the crisis.

Health authorities are implementing policies and engaging in activities to support the inclusion of peer coordinators, peer participation, and peer perspectives. These activities include:

- Hiring peers and peer coordinators to support peer engagement
- Developing toolkits and other resources for peer inclusion
- Developing peer advisory committees, hosting events by peers for peers
- Engaging Indigenous peers
- Engaging peers in decision-making committees and action tables

MMHA also works with Moms Stop the Harm to provide supports to family members grieving the loss of a loved one to drug toxicity, or supporting loved ones who are currently using substances.

New Investments in Toxic Drug Crisis Response

The Province continues to enhance BC's response to the toxic drug crisis, investing \$430 million over three years, through 2024/2025. This includes funding with a focus on overdose prevention services, harm reduction supplies, and increased access to nursing care and interdisciplinary outreach teams.

As First Nations peoples are disproportionately represented in illicit drug toxicity deaths in BC, \$24 million over three years will support the First Nations Health Authority with the drug-poisoning emergency response, with an increased focus on addressing the impact of the emergency on First Nations people. \$1.13 million has been provided to the Métis Nation BC to support Métis-led mental health and wellness initiatives, including the development of a cultural safety and wellness curriculum and a harm-reduction and stigma-reduction campaign.

Improved access, better quality

People in every part of the province need to have access to the full spectrum of evidence-based mental health and substance use care. To better meet those needs, the *A Pathway to Hope* action plan includes several initiatives to improve access to services and supports and advance building a seamless and integrated system where people are connected to care in a timely way.

<p>Expand Access to Affordable Community Counselling</p>	<p>As part of A Pathway to Hope, MMHA has invested in community-based mental health care with an equity-focused approach to ensure adults in British Columbia have access to low-barrier mental health supports. Since 2019, MMHA has provided \$20 million in funding to Community Action Initiative (CAI) to administer grants to 49 community-based non-profit and First Nations, Métis, or Urban Indigenous organizations to deliver counselling services.</p> <ul style="list-style-type: none"> • Since 2019, funded organizations have supported more than 48,000 individuals and families with low-barrier, inclusive counselling services across urban and rural geographies, of which at least 34,000 individuals had not previously accessed counselling services with those agencies. • Grantees have hired more than 140 counsellors, Elders, and traditional Knowledge Keepers; and trained and mentored more than 170 counselling interns and practicum students using these funds. • In the first 3 months of 2022 alone, these services reached 2,789 people who had not previously accessed individual, couples, family, or group counselling from the organization they connected with.
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Program Spotlight: Community Counselling

The Community Counselling Fund (CCF) fills a gap in services available to people who cannot access essential mental health care from the formal system or from private counselling practices:

“We were able to recruit experienced counsellors who are trained in trauma therapy to provide vital counselling for those who need it the most and can afford it the least. Though

this is a significant, ongoing, and underserved community need, this was particularly salient during this past year of a global pandemic. Mental-health crises are continuing to be on the rise, with not enough services to support all those in need. This funding has been crucial in providing timely support for many of these individuals.”

- Grantee - Pacific Centre Family Services Association

Impact of the Community Counselling Fund

The CCF has direct and lasting impacts on clients, their families and the organizations that provide counselling:

“One thing that is so important is that when I have my own family, I do not want to bring all this burden and trauma and issues onto them. My therapist said that [I am] doing the work to break that cycle for your kids one day. That just made my heart explode. The fact that they just get it. They can empathize with you, and you can touch them as well.”

- Client, Grantee - CMHA Prince George

“Our organization has greatly benefited from the CAI Surge Funding as it allowed us to build a base of infrastructure, administrative processes, and materials for programming. Our programming is now integrated well into the workflow of our primary care clinics as well. We also have developed relationships with community partners and elders who acted as co-facilitators [...] Our outreach efforts are now leading to greater community awareness of the services. [A] place-based community mental health approach can flourish to provide great wrap around care, given the appropriate resourcing.”

- Grantee - REACH Community Health Centre

Positive outcomes in community

Community-based organizations are important entry points in the continuum of mental health care. They are uniquely situated to cultivate trusting, lasting relationships with clients who would not otherwise seek out care because of prior experiences with the formal health care system or due to cost, geography or other barriers. Community-based counselling organizations, who are often central hubs in their communities, are also well-positioned to connect clients with wraparound supports. As a direct result of the CCF, not only have people accessed counselling services, but people across British Columbia have obtained housing, reconnected with families, formed lasting relationships with others, found support for their substance use, and connected with other programs and services in their community.

“Residents who have been seeing the counsellor are also accessing other harm reduction staff more frequently, reaching out for support to staff and peers more often, have increased capacity for planning and are less isolated.”

- Grantee - Peers Victoria Resources Society

“We believe that “burn-out” occurs not because of “difficult clients” but rather because of lack of resources or unresponsive systems. Community counselling can help address this; our clients feel heard and valued because our counsellors are knowledgeable and understand the challenges and strengths of our community.”
- Hiiye'yu Lelum (House of Friendship) Society

People with lived and living experience, Indigenous Elders and Knowledge Keepers, social workers, outreach workers, nurses, physicians, and other practitioners work together in the community setting with the shared understanding of how mental health is intimately shaped by the social determinants of health. The CCF continues to demonstrate the positive outcomes of counselling located in the community setting and set an example of the many ways that community nurtures meaningful mental health connections.

<p>Team-Based Primary Care</p>	<p>This initiative is a component of HLTH’s Primary Care Strategy, aimed at creating an integrated system of full-service community-based primary and community care that better supports access to mental health and addiction care. Implementation is well underway with 61 Primary Care Networks and 30 Urgent and Community Care Centres in place.</p> <p>As part of the primary care strategy, 59 of these centres have successfully recruited staff with MHSU specific classifications to ensure increased access to MHSU services. Of those, 232 FTEs are delivering dedicated MHSU services, with more expected as the number of PCNs, Urgent and Primary Care Centres (UPCCs), Community Health Centres (CHCs) and others continues to grow. New MHSU clinical positions include psychologists, counsellors, social workers, outreach workers, and life skill workers.</p>
<p>Provincial Crisis Lines</p>	<p>BC’s crisis lines services provide a vital service to British Columbians who need mental health and substance use support. In spring 2022, the Provincial Health Services Authority (PHSA) assumed responsibility of overseeing all crisis line services in BC, which were previously managed by regional health authorities.</p> <p>PHSA and community partners in each health authority are working on a Crisis Line Enhancement Project that will improve the system and give British Columbians access to more reliable, seamless, high-quality crisis line support. This provincial project will support a coordinated and</p>

	<p>effective provincial system that will enhance capacity and build upon the expertise and community connections that exist with current crisis line service providers. As part of the project, in January 2022 the Province announced an additional \$2.35 million in annual funding for crisis lines.</p>
<p><i>Mental Health Act</i> Framework and Standards</p>	<p>MMHA created the <i>British Columbia Mental Health Act Quality Improvement Framework: Involuntary Admissions — 2019</i> and supported HLTH in developing provincial standards for involuntary admissions (released December 2020).</p> <p>In December 2020, HLTH released updated <i>Mental Health Act Standards for Operators and Directors of Designated Mental Health Facilities</i>, focusing on accountability measures, audit and reporting requirements, cultural safety and humility, training and education, protocols with police, disclosures of personal information, and completion of forms. Provincial <i>Mental Health Act</i> standards were developed and endorsed by a provincial advisory committee comprised of senior representatives of health authorities, MCFD, CLBC, MMHA and the First Nation Health Authority.</p> <p>HLTH established quantitative and qualitative provincial audit measures for the completion of the <i>Mental Health Act</i> forms. Since 2019 quarterly audits are undertaken by Health Authorities of each designated facility to measure improvements in form completion.</p> <p>Both ministries continue to work together in partnership with the health authorities to identify and act on further opportunities to improve the quality and safety of care.</p> <p>One example of an initiative to improve care is a new patient rights advice service. In spring 2022, government introduced legislation to establish a province-wide independent rights advice service for all patients who are involuntarily admitted to designated facilities under the <i>Mental Health Act</i>. The role of the rights advice service will be to explain rights and options available under the Act, assist individuals to exercise these rights, and refer individuals to a lawyer or advocate if a court hearing or Mental Health Review Board hearing is requested. The</p>

	legislation received Royal Assent on June 2, 2022.
Peer Support Curriculum	<p>The “Where We are At: Provincial Peer Support Worker Training Curriculum” was launched in July 2021 and is available at PeerConnectBC.ca. It is the first of its kind, provincially approved curriculum that’s been guided and evaluated by existing peer support organizations and people with lived experience in the province – from start to finish. It’s designed to enhance support worker training and to ensure quality and consistency across BC.</p> <ul style="list-style-type: none"> • More than 200 people with lived and living experience participated in the development of the curriculum – through surveys, interviews, participation on expert working groups, and in review processes. • From August 2021 to April 2022, the site had 2,800 visits, with 756 people registered to the site. • As of March 2022, 89 people have completed the "Provincial Peer Support Worker Training Curriculum" and received the certificate, and 85 have completed the “Employers Guide to Supporting and Engaging Peer Workers”.

Program Spotlight: Peer Support Worker Curriculum

One of the key objectives outlined in *A Pathway to Hope* is ensuring that when people seek services, “...every door is the right door.”

Jonathan Orr, project manager at BCcampus, which developed the Peer Support Worker Curriculum, explains that “We know that if the door you knock on is opened by someone who shares their lived and living experience, the likelihood you will stay connected to care is greatly increased. The unique relational capacity of those with lived and living experience to create bonds of trust and encourage clients toward hope-inducing strategies is one the most powerful and effective interventions in our health-care system. As peer workers, you are always that ‘right door.’”

*“Lived experience in the service of hope is the greatest expertise humans have.”
-Anonymous, Peer Support Worker*

The Provincial Peer Support Training Curriculum was created by peers for peers. This work integrates the valuable contributions of peer workers in helping people with mental health, prevention and treatment, stigma, harm reduction, and recovery. We have heard that this has had meaningful impacts both on the mental health and substance use system:

"I was never given any core values to have as a guide to interacting with those I worked with. I only had my own values to rely on. It takes the onus off me knowing that I have a set of standards that are the same across the board. "

-Anonymous, Peer Support Worker

"The fact that the modules were created by people with lived experiences makes it unique."

-Anonymous, Peer Support Worker

The lived expertise of peer-support workers is a powerful and effective tool employed in a wide range of mental health and substance use services throughout the province that can create bonds of trust with service users that result in fewer hospitalizations and a lessening of potential emotional distress.



The creation of the Peer Support Curriculum was also a powerful experience for those involved in its creation. In the words of Millie Schulz, a member of the working group:

"It was cathartic for me to be a part of this project. Helping people find ways to support someone like me gave me confidence that I lacked from the start. The process honestly helped me figure some things out about myself by learning new ways to examine and share them. Many people going into this had some hesitancy – it's a big institutional kind of project, so we were all careful to ensure we didn't get lost in the weeds, worried that we'd say things but not be heard. But that wasn't the case – in the modules I've read, I recognize people's input: direct quotes from some of the people involved. It makes sense, and it was more than I expected."

Millie also shared,

"There's this outsider feeling, and you need these people to connect with because you're a little bit rejected by society. If you're one in 100 people, then you're surrounded by only the other 99, then you feel alien, but if you find the other 1 per cent, then it makes you feel like you're not alone. With peers, you can compare stories and lives, and understand it's just how it was supposed to be at the time."

Expand BounceBack	<p>BounceBack is a free online or phone-based cognitive behaviour therapy program, designed to help adults and youth aged 15+ manage low mood, mild to moderate depression, anxiety, stress or worry. Funding provided as part of <i>A Pathway to Hope</i> has helped BounceBack to reach more people throughout BC. An expansion of 2,000 additional BounceBack sessions were funded on a one-time basis as part of the COVID-19 response.</p> <ul style="list-style-type: none"> Over three years (to March 31, 2022), a total of 17,784 adults aged 25+ and 4,253 youth aged 15-24 were referred to BounceBack.
Workplace Mental Health	<p><i>A Pathway to Hope</i> includes a commitment to build on existing training and education programs to increase access and expand the reach of workplace mental health training throughout BC. Initially, work has focused on workplace settings significantly impacted by the COVID-19 pandemic — long-term and continuing care; tourism and hospitality; and community social services – that experienced high incidences of mental health claims prior to the pandemic, and employment circumstances that increased their risk of psychological distress.</p> <p>New and expanded resources include:</p> <ul style="list-style-type: none"> CareforCaregivers.ca was launched in May 2020. The website provides tailored content for workers and managers in long-term and continuing care. As of January 31, 2022, the site received over 127,000 pageviews and continues to host weekly webinars that have had over 2,700 registrants. Care to Speak was launched in June 2020. This peer-based text, chat and phone service provides emotional support to healthcare workers and assists with service navigation. They received 300 calls/text as of January 31, 2022. The Mobile Response Team (MRT) provides psychological first aid to healthcare workers experiencing increased fear, stress, and anxiety due to COVID-19. Between April 1 2020, and March 31st, 2022, the MRT has connected with more than 6,000 individuals and more than 1,400 agencies across the province. WorkMentalHealthBC.ca, BC's Hub for workplace mental health was launched in April 2021. The Hub

	<p>provides workshops, webinars, and information to support employers and employees, particularly those who work in the tourism, hospitality, and community social services sectors. The Hub has received over 21,000 pageviews and continues to grow.</p> <ul style="list-style-type: none"> • It also hosts the the CARE Training Program, a three-level, self-paced training course in workplace mental health for employees, managers, senior leaders, and human resource professionals. • Tailgate Toolkits delivered through the Vancouver Island Construction Association (VICA) is made-in-BC trades-specific harm reduction education and training that connects workers with valuable information, supports and local resources available to people who use substances. The training is free of charge and can be delivered in-person or virtually upon submission of an application form on the website. As VICA is a registered distribution site with the BCCDC's Take-Home-Naloxone Program, Tailgates Toolkits can also supply Naloxone kits to workers who partake in training.
WellBeing.gov.bc.ca	<p>Wellbeing.gov.bc.ca has been launched to help people living in BC find mental health and substance use supports. The site was designed to help citizens who may be searching for supports for the first time by offering an intuitive guided search and curated lists of supports specific to their interests. Wellbeing also offers trusted information about commonly searched mental health and substance use topics, written to be accessible for a wide and diverse audience across the province.</p>

Moving forward

Through Budget 2019, government invested \$74 million into building a better, more integrated system of mental health and substance use care, under *A Pathway to Hope*. Through this strategy, we began a long-term plan to transform BC's mental health and substance use system. Budget 2021 made a historic investment of \$500 million to continue to expand mental health and substance use services to better connect people to the culturally safe and effective care they need. Budget 2022 continued to support actions of *A Pathway to Hope*, and it is estimated that, government-wide, the Province spends approximately \$3.3 billion annually on mental health and substance use service delivery.

MMHA works across government – with the Ministry of Public Safety and Solicitor General (PSSG) on crisis response in communities; with Ministry of Housing on homelessness and supportive housing initiatives; with MCFD and ECC on more integrated service delivery for children, youth and young adults; with HLTH on health human resource planning; supporting vulnerable populations across the social sector - and much more – to ensure systemic change that is coordinated, meaningful, and puts people at the centre.

Though we have made a tremendous amount of progress towards the priority actions outlined in *A Pathway to Hope's* three-year action plan, unprecedented societal and environmental events over the past three years, along with the continuing toxic illicit drug supply, have created even greater need for mental health and substance use services. These challenges provide us with the opportunity to reassess our focus within the context of a changing and evolving landscape around us while we celebrate the progress we have made. Our work has grown beyond the actions originally outlined in *A Pathway to Hope*. We are looking ahead to how the needs of British Columbians are evolving, and we are taking action to address these necessary changes in mental health and substance use care.

As we move beyond our initial three-year plan, we continue to build on our progress and drive the change that will make a difference to those impacted by the toxic drug crisis. Going forward our resolve is deepened to improve the lives of those who continue to struggle with mental health and substance use and develop a comprehensive, integrated continuum of care spanning from harm reduction supports to treatment and recovery services.

This commitment is reflected in new historic levels of targeted investments to scale up detox, treatment and recovery services across the full spectrum of care so people can find and stay connected to vital supports. Our focus includes finding ways to act early to support young people at risk, like expanding supports in their communities through new Foundry centres and other early intervention and prevention actions that can stop small problems from becoming bigger down the road. These efforts continue to recognize the

underlying causes that lead people to use drugs, including the ongoing effects of colonialism and intergenerational trauma. Prevention is a key strategy and we are working across government on a range of initiatives, including new housing, food security and crisis supports in communities. Our goal is to always be there with the support and care people need, when they need it, to save and change lives for the better.



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