EMAIL RESPONSE

954311

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Dear colleague,

I am writing in response to your email of November 16, 2012, requesting a summary of the engagement processes for Families First Agenda topics.

I am pleased to know that Ministry of Health (the Ministry) staff provided a report out on its engagement and consultation activities to your office back in September. Further, I understand that since then, Ministry staff provided additional feedback to you in October following commentary relating to the Ministry's responsibilities posted on the Families First website.

Please find attached the Ministry's summary of the engagement processes for Families First Agenda topics. This package builds off the original response template provided back in September. Ministry staff reviewed the original submission and provided updated comments and information where relevant. Additionally, in this response you will find a brief snapshot of occasions where Ministry staff delivered the Families First Agenda and engagement materials directly to the public and stakeholders. Lastly, I understand Ministry staff offered up further opportunities to engage directly with the public on our social media channels and that these were not pursued.

I look forward to hearing back from you on what the next steps are for the Families First Agenda. I trust that our respective offices will continue to work well together on any required information in the interim.

Sincerely,

Graham Whitmarsh

pc: Mr. John Paul Fraser, Assistant Deputy Minister, Strategic Planning and Engagement, Government Communications and Public Engagement

Ms. Susan Ibbott, Corporate Director, Government Communications and Public Engagement

Families First Agenda for British Columbia 2012
Ministry of Health Submission

Overview

This document lists by topic the questions government has set out for public engagement, specific to the Ministry of Health. Of those questions set out for public engagement by the Ministry of Health, program leads within the Ministry, together with Health Engagement Unit have identified which questions have been answered already by British Columbians through public consultation and how these questions have been implemented into change or program initiatives.

The responses (i.e. data/answers/reports) gathered during pubic consultation have been included in this document. Further, of these questions already answered through public engagement, this report includes responses to the "questions for program leads" set out by GCPE HQ. If the program area has determined that a plan, report or public consultation has not taken place, then the program leads have identified what their plan is to ask stakeholders the Families First Agenda questions.

Families First Agenda Questions – Ministry of Health

Below we identify which of the Families First Agenda questions have been answered already by British Columbians through public consultation. Of these questions that have been answered through public engagement, we have supplied the "answers" (data/ reports etc.) The responses to each of the questions were formulated and structured by asking the following questions to the program leads:

- Have the engagement questions (or similar questions) in the Families First Agenda been delivered to appropriate stakeholders or the public? Have people been asked to respond?
- When did this happen?
- How did the engagement take place (what format)?
- Who was consulted?
- What were the results? How were the results compiled?
- Were any key policy decisions made, or program changes made, as a result of this engagement process?
- Did you learn anything new as a result of this engagement? What did you learn?
- Can you provide some (anonymous) quotes or excerpts of stakeholder or public feedback?
- What information do you have that can be included in a public summary of this process?
- Is there a final report, or, when are the final results due?
- Can the results be posted online? If not, why?

The following responses for each topic are structured based on the above questions.

<u>Ministry of Health - Engagement Questions</u>

Topic: Addressing Mental Illness and Addiction

- **Question:** How can those supporting a family member living with mental illness be better assisted?
- **Question:** For parents who are living with a mental illness, can they be better supported in effective parenting?

These two questions were explored during an extensive provincial consultation while developing *Healthy Minds, Healthy People: a Ten-year Plan to Address Mental Health and Substance Use in B.C. (HMHP) in November 2010.* This led to the inclusion of an action statement in HMHP to: "implement supports for families with parents who have mental health and/or substance use problems to facilitate healthy family development." This action is linked with a corresponding outcome statement in the document: "By 2013, health authorities and key partners will use a cross-sector framework for planning, and children and families with parents who experience mental health and/or substance use problems will receive more coordinated services and supports."

To support achievement of this outcome, MoH and MCFD provided a one-time grant to the F.O.R.C.E. Kid's Society for Mental Health to develop a family mental health framework, identifying approaches that support good mental health for families affected by mental illness. As part of the development of the framework, between **April and June 2012**, The F.O.R.C.E. conducted a **highly targeted engagement** of **119 people across the province**, including:

- Youth and parents with diagnosed mental illness
- Parents with diagnosed mental illness whose children also had mental health challenges and diagnosed mental illness
- Parents and grandparents of children/ adult children, ranging in age from 6 to 45 years, with mental health challenges and diagnosed mental illness

In May 2012, The F.O.R.C.E published "*Families Matter: a Framework for Family Mental Health in British Columbia*" as a blueprint for potential next steps in responding to the two questions outlined in the Families First Agenda (http://www.forcesociety.org/sites/default/files/23154_FAM_Framework-3.6-LR.pdf).

Other initiatives underway through the HMHP that support parents and other family members include:

- A nurse-led, in-home individual parent training program for first-time, at-risk parents and their infants, provided during pregnancy and up to two years after delivery
- Support for physicians to take the time to establish individual care plans for patients with mental health and/or substance use problems
- Improvements to supports for parents and caregivers of youth with complex needs

In terms of supports for problematic substance use, treatment has traditionally utilized a holistic approach that includes working with the client's family. The current treatment approach uses a bio-psycho-social-spiritual model – a holistic model that views problematic substance use as the net result of a complex interaction between a combination of biological, psychological, social and spiritual determinants. The client's wellbeing is viewed in the context of their environment and the family is seen as the primary aspect of their environment.

Provincial substance use services also recognize the impacts that substance use issues have on the family as a whole. As such, we seek to provide services and supports to the client as well as the client's family. For example, family counselling is often combined with individual substance use treatment and family members are offered direct support or referred to self-help groups such as Al-Anon. Family work is a strong and continuing theme of many treatment approaches in the substance use field and plays a key role in the client's recovery.

The Ministry of Health released in September 2011 the *Service Model and Provincial Standards for Adult/Youth Residential Substance Use Services,* (http://www.health.gov.bc.ca/library/publications/year/2011/adult-residential-treatment-standards.pdf which is based on comprehensive review of the literature and extensive public consultation with service providers in the field. The consultation took place between 2009-2011 through a series of face-to-face conversations, emails and focus groups. The Standards include best practices for improving services and supports for parents experiencing problematic substance use as well as those who are supporting family members with substance dependence. For example, evidence shows that parents of young children have better treatment outcomes when residential facilities offer childcare services. Ideally, children of people with substance use issues should be treated as clients in their own right (rather than as simply or exclusively as the child of a client). Research also suggests that this approach can significantly mitigate the emotional, physical, and developmental impacts of their caregivers' substance use. Finally, the Standards highlight the importance of including a focus on a client's relationships with family as part of the treatment planning process.

Considerations for the role of family in care are occurring throughout many program areas. For instance, clients receiving Assertive Community Treatment (ACT) services are experiencing opportunities to re-engage with family members and where such individuals are present in their daily lives, are encouraged to be a part of the care plan. Family members play a critical role in the overall care of youth experiencing early psychosis and have therefore been built into the B.C. Early Psychosis Intervention (EPI) Standards and Guidelines as a key service component.

Health literacy is an important approach to supporting family members caring for individuals with a mental illness. In 2000, the Ministry produced a best practice document regarding family support that is still relevant today. This report outlines the benefits of counselling for families, stress management support, psycho-education, respite care, self management support, and the inclusion of families in the development of the treatment plan.
See Report:
http://www.health.gov.bc.ca/library/publications/year/2000/MHABestPractices/bp_family_support.pdf
Further, a variety of health literacy options are available to improve awareness and education such as the 'Here to Help' website found at http://heretohelp.bc.ca

In 2002, the Ministry initiated work specifically looking at parental mental illness including the development of training materials for service providers on how to support the family in care. The Ministry is further collaborating with the Ministry for Children and Family Development to explore improvements in mental health and substance use services from a family context, where parents experience mental health problems. The next step for the Families Matter document will be to develop

an action plan to implement the framework. In support of this, the HMHP directorate hosted a Healthy Minds, Healthy People knowledge exchange event "Focus on the Family" on November 5, 2012. This event bought together policy makers, academics and families to focus on issues facing families with mental health and substance use challenges. The objectives for the day were to 1) increase engagement and interaction among researchers, policy makers, service providers and family and 2) to develop a more practically defined notion of "family focused" in various key settings (i.e. waiting room, hospital, workplace, recreation centre, school).

The overall goal of the day was to support shifts in practice towards a more family-focused approach within the mental health and substance use systems. A planning workshop held the following day on November 6th again bought together academics, service providers and families to start developing the action plan.

- **Question:** Are there mechanisms available for early detection and intervention?

In 2006, Cabinet directed the Ministry of Health to develop a 10-year plan to address mental health and substance use, including milestones for achievement over the life of the plan. The 2008 Throne Speech announced the development of a 10-year plan, and government's 2009 strategic plan reaffirmed this commitment. In November 2010, BC released *Healthy Minds, Healthy People: a Ten-year Plan to Address Mental Health and Substance Use in B.C. (HMHP)*. This plan lays out a transformational cross-government, multi-sector approach, and identifies six provincial milestones for achievement and over 50 'action' statements. HMHP calls for an expanded upstream response that promotes positive mental health, prevents mental illness, and intervenes early when necessary.

An important component of developing HMHP was external stakeholder consultation. Between February and June 2009, facilitated workshops were held with interested members of the public in each health authority region, as well as provincial groups from the health, education, justice and corrections sectors, and related organizations. Stakeholders from labour and multicultural organizations were also able to participate in a web-based forum, and other individual and community stakeholders were invited to submit written responses based on a discussion guide. Specific consultations were held with people with mental illness and youth at risk. Input from the consultation process was analyzed to further inform the development of the 10-year plan. A summary of this engagement process has been compiled and is imbedded below as well as included in the Appendix.

10- Stakeholder Enagement- Summary

Government is currently working with the broad public sector, as well as private sector and community partners across the province with ongoing implementation of *Healthy Minds, Healthy People*. The Healthy Minds, Healthy People Directorate Team (Director Ron Duffell email ron.duffell@gov.bc.ca) coordinates implementation of the 10 year plan across all partner Ministries.

Families First Agenda for British Columbia 2012
Ministry of Health Submission

Governance and accountability functions for *Healthy Minds, Healthy People* are provided through two existing provincial government structures; adopting a matrix leadership model, two decision making bodies ensure horizontal and vertical levels of government and partner organizations are engaged.

The **Assistant Deputy Ministers Action Committee** acts as the *Healthy Minds, Healthy People* plan sponsor. The ADM committee members also promote and coordinate cross-ministry engagement to achieve the *Healthy Minds, Healthy People* plan milestones, priorities and actions and targets. Chaired by the ADM, Health Authority Division, MoH, the committee is comprised of the ADM, Population and Public Health, MoH, and the ADM, Integrated Policy and Legislation, MCFD. The ADM committee already established to support the cross government strategy to prevent chronic disease will be engaged as necessary to promote the engagement of all of the government Ministries. **The Directorate**, reporting to the ADM Action committee, oversees the activities of the Directorate Team and act as a decision making group with members being accountable to support their respective Ministries' engagement and activities under the Healthy Minds, Healthy People plan. Executive Directors are expected to report to their respective ADMs. Facilitated by the Directorate Team, the Directorate is comprised of Executives Directors from MoH (PPH & HAD) and MCFD. Main Functions of the Directorate Team include the following:

Functions	**Directorate Responsibilities**	**Ministries, HAs, and Partners Responsibilities**
Reporting	• Develop public reporting approach including schedule and format, • Develop report(s)	Provide: • Input to the report format • Provide data and Review report drafts
Monitoring and updating actions and milestones	• Create reporting formats and mechanisms • Coordinate development of new milestones and actions.	• Implement Actions • Report on actions and milestones • Participate in the development of new actions and milestones
System Transformation	• Develop and implement a transformation framework in collaboration with partners and research community.	Review and approve the framework to: • Evaluate new and existing services • Improve and realign services
Governance & Engagement	• Establish and support ADM committee • Establish and support ED committee • Establish and support working group(s) • Develop engagement strategy with stakeholders and whole of Government	Participate in governance and other committees to provide: • leadership, • advice, • Recommendations.

Knowledge Management & Communication	• Establish KM events • Manage internal and external communications • Manage emerging issues	Provide communication through respective organization

The Ministry is currently working with the MCFD to respond to recommendations outlined in a recent Representative for Children and Youth report *Honoring Kaitlynne, Max and Cordon: Make their Voices Heard Now* that directs government to develop improvements in identifying and treating parental mental illness. The action plan includes focussing on improvements in community liaison, training and implementation of a two phased pilot of screening, referral and service delivery to families throughout the healthcare and child serving systems.

- **Question:** Can there be improved outreach to rural and remote areas?

Providing outreach services to those experiencing substance use problems is a key component of the continuum of substance use services and supports. The large geographical service areas in rural and remote settings provide challenges for service providers in terms of reach to clients. However, dedicated practitioners are able to travel to reach clients in their homes and communities even in remote locations in BC. This is being examined through the HMHP Plan. Initiatives underway through HMHP that will enhance outreach services and supports in rural and remote areas include:

- Developing guidelines to enhance the provision of outreach services, and services provided in settings such as homes, schools and jails

In the development of particular models of outreach-based care (such as Assertive Community Treatment and Intensive Case Management), considerations/adaptations for rural communities has been included.

- Developing a plan for expanded, integrated use of tele-health services

Research indicates that the use of technology such as Telepsychiatry can assist in providing access to the necessary consultation and treatment services in rural areas. Such technology exists in B.C. and is practiced in many rural communities. In response to an action identified in the HMHP Plan, the Ministry is however, reviewing the existing practices in relations to current best practice literature regarding enhancing clinical MHSU service provision through the use of a telepsychiatry and emerging ehealth technologies, including home health monitoring.

- Conducting focus groups with youth with complex needs, with a particular focus on rural and remote areas, to determine how to better meet their service needs The McCreary Centre Society has been contracted to conduct focus groups with youth from June to August, 2012. They have travelled to many communities throughout the Province to conduct in-person focus groups, interviews and paper surveys. Participants were referred by health authority staff and their community partners. McCreary Centre Society staff are currently analysing the data and a draft report is expected in October, 2012. McCreary Centre Society staff will return the results to the youth participants early next year.

- **Question:** Are there better ways to utilize non-governmental agency services?

In 2008, the British Columbia (BC) Mental Health Foundation received $10 million from the Population and Public Health branch of the Ministry of Health for the establishment of a Community Action Initiative (CAI) for Mental Health and Substance Use. The purpose of CAI is to support innovative and collaborative community-based activities intended to promote mental health, prevent mental health and substance use problems and enhance related treatment paradigms in BC.

Since 2010, CAI has awarded over almost $4 million in convening grants, service innovation grants and training grants to 105 community groups across the province. These grants support innovative non-government agencies to connect with each other and develop potential action plans, to implement the action plans and to boost the capacity of community members and service providers to better support individuals and families struggling with mental health and substance use problems.

The Community Action Initiative Report: (http://www.communityactioninitiative.ca/wp-content/uploads/Community-Action-Initiative-Impact-Report-June-2012.pdf). An evaluation of the CAI initiative is being conducted. Preliminary learning suggests the approach is a very good model for engaging communities in targeted action on mental health and substance use.

Non-government organizations have been partners in the continuum of care in B.C. for many years. For instance, the BC Alliance on Mental Health/Illness and Addiction is a group of 21 Health, Social Service and Criminal justice organizations that have developed a campaign to get the "ear of Government" in order to work in partnership towards an "evidence based" system of care. This collective provides the Ministry with one source of access to the variety of community non-government organizations concerned with the mental health and substance use wellness of BC citizens. Further, the variety of mental health literacy activities that have been developed in the province are led by various community organizations such as BC Schizophrenia Society, Canadian Mental Health Association, The F.O.R.C.E., and a multitude of online resources are available from such websites as Here to Help. (http://heretohelp.bc.ca/)

The Ministry has also supported individual and family involvement in care through the Patients as Partners agenda, providing funds to non-governmental organizations to provide tools and supports in community. Such evidence-based programs as Bounce Back provided through Canadian Mental Health Association is designed to help adults experiencing symptoms of mild to moderate depression, low mood, or stress, with or without anxiety. Through access to a video that provides practical tips on how to recognize and deal with depressive symptoms or the workbook-plus telephone coaching, Bounce Back community coaches assist in the teaching of problem-solving and other skills to overcome difficulties such as inactivity, unhelpful thinking, worry, and avoidance. See: http://www.cmha.bc.ca/how-we-can-help/adults/bounceback

- **Question:** Are there better ways of addressing those with severe mental illness combined with addictions?

In 2002, the B.C. government acknowledged that many individuals experience both mental health and substance use problems concurrently, initiating the integration of the two service streams. In 2004, the *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction* was published:
http://www.health.gov.bc.ca/library/publications/year/2004/framework_for_substance_use_and_addiction.pdf

This Planning Framework outlined the need for a comprehensive, integrated, evidence-based system of mental health and addictions services that focuses on promoting health, preventing harm, treating dependency, and supporting individual and family resiliency and self-care. The Ministry developed this Planning Framework to support community and health authority efforts to address problematic substance use and associated mental health problems with integrated responses. The Framework helps service providers and community partners understand how problematic substance use and associated mental health problems may affect people at different stages of life.

In response, health authorities have focused on integrating adult mental health and substance use (MHSU) service delivery, where appropriate. The objective of the integration is to ensure that service providers have the skills to identify, assess, refer, and treat individuals with concurrent disorders through effective interventions that best meet their needs. The service delivery model offers a continuum of programs, and includes specialized community-based and residential programs for people with concurrent disorders.

Clinicians are also better supported to provide evidence-based services for both substance use and mental health concerns. In *Healthy Minds, Healthy People,* it is acknowledged that improved access to training increases a service provider's capacity to respond effectively to each individual's diverse needs. The Province has initiated an online training program for practitioners working with youth and mental health and/or substance use problems that will enhance their capacity to serve youth with concurrent disorders. The Core Addiction Practice Training is also expanding with the development of specialized modules and customised learning materials, including a specialized module on concurrent disorders. This training has been tailored to multiple audiences and has been made available to substance use and mental health practitioners, as well as allied professionals in education, health, justice, and other social service areas. Expansion of this training across the province is identified as a target in the HMHP ten-year plan.

The Burnaby Centre for Mental Health and Addiction, which opened in July 2008, is a provincial resource dedicated to individuals with severe substance use dependence and concurrent disorders. The Burnaby Centre assists community mental health and substance use services to improve their capacity to serve this challenging, high needs population in each of the health authorities. Services at the Burnaby Centre include on-site medical, nursing, psychiatric, substance use services, and trauma counselling. Close collaboration with assertive case management and supportive housing support reintegration into the community.

With the development of program standards and guidelines in BC, comes an enhanced emphasis on developing services that meet both the mental health and substance use needs of individuals being

served. This is evidenced in the standards for Assertive Community Treatment (ACT) where BC has taken a position outside traditional ACT programs that ensures that the substance use needs of this population are also addressed. A similar concurrent lens can be found in the EPI Standards and Guidelines, the developing Intensive Case Management Standards & Guidelines and PsychoSocial Rehabilitation Framework, all actions identified in the HMHP Plan.

Topic: End-of-Life Care

- **Question:** Advance care planning is all about talking to your loved ones and health care providers so that they know the kinds of health care treatments you wish to receive, or not, if you become incapable of expressing your own wishes. These are difficult conversations. How would you start this conversation with those closest to you? Check out our resources and guide http://www2.gov.bc.ca/gov/topic.page?id=E7A581A9BC0A467E916CFC5AD2D3B1E8&title=Advance%20Care%20Planning
- **Question:** How could we better provide you with the information you need on end of life care options?

Both questions under this topic have been asked within public engagement sessions. With respect to the question, "How would you start this conversation with those closest to you?" The Ministry of Health has been working closely with health authorities, patients and physicians to promote a provincial model of advance care planning across British Columbia. The Ministry provides policy direction on end-of-life care services based on the *Provincial Framework for End of Life Care* (2006) and in 2011, focused on the implementation of British Columbia's updated health care consent and personal planning laws that allow a capable adult to make an advance directive and/or name a Representative as options for advance care planning.

To support this work, the Ministry of Health developed key resources including the *My Voice Expressing My Wishes* advance care planning guide with brochures, and supporting videos in three languages. Patients contributed to the development of *My Voice* through in-person focus groups. My Voice may be found at http://www.health.gov.bc.ca/library/publications/year/2012/MyVoice-AdvanceCarePlanningGuide.pdf

Health authorities, physicians and other health care providers are responsible for the delivery of end-of-life care services across the continuum including promoting advance care planning conversations with patients and as part of that engagement, would inform staff and others to pose the question above. Seniors BC, Healthlink BC, and health authorities also offer information on advance care planning online that reinforces the important of this question. B.C. residents may call 811 for more information about advance care planning and the provincial resources.

Families First Agenda for British Columbia 2012
Ministry of Health Submission

In March 2012 the Ministry of Health hosted a provincial forum on advance care planning in Richmond. Close to 100 stakeholders from across the province attended with volunteers from Vancouver Coastal Health's Community Engagement Advisory Network facilitating workshop discussions. 'Normalizing' advance care planning and promoting conversations were key themes. The forum helped identify emerging priorities and possible next steps for implementation. Feedback is being used internally in the Ministry of Health to support planning. The forum report is attached below but **not approved for public release at this time.**

Microsoft Office
Word Document

The Ministry also provided a 'TIPS sheet' to support use of My Voice which health authorities and physicians requested. It is posted online at:
http://www2.gov.bc.ca/assets/gov/topic/2038E757D68E49D5DC8C3CD0061E8E1B/pdf/advancecareplanningquicktips.pdf .

Topic: Dealing with Dementia

- **Question:** Has someone in your family been diagnosed with dementia? How are you planning for the future with this disease? What is the most important piece of information or advice that has helped you and your family plan appropriately?

This question is often posed by staff, volunteers or health care providers connected to the First Link Program of the Alzheimer Society of British Columbia (ASBC). In 2007, the Province gave a $1 million grant to the Alzheimer Society of British Columbia (B.C.) for seven pilot projects to demonstrate strategies intended to improve dementia care. Projects included providing in-depth information to support those with dementia and their families and the creation of First Link.

First Link is an early intervention service designed to connect individuals and families affected by Alzheimer's disease or another dementia with services and support as soon as possible after diagnosis. First Link is available in six areas throughout B.C. (North Fraser, Greater Victoria, North and Central Okanagan, North and Central Vancouver Island, Northern Interior and Skeena, and Richmond/South Delta), and recently also in Vancouver. For more information about First Link and how it works, visit: http://www.alzheimerbc.org/We-Can-Help/First-Link.aspx.

The Ministry of Health has given the Alzheimer Society of B.C. additional $1 million in funding in each of 2010/11, 2011/12 and 2012/13 to build and expand First Link's reach across the province so more individuals with dementia and their families can be supported and partners in their care. Patients, families and caregivers are partners in health care when they are supported and encouraged to do the following:

- Participate in their own health care
- Participate in decision making about that care
- Participate at the level they choose
- Participate in quality improvement and health care redesign in ongoing and sustainable ways

Additional government funding to improve dementia care and support families caring for loved ones with dementia includes:

- $15 million to the Pacific Alzheimer Research Foundation to support research on prevention or arrest of Alzheimer disease and related dementias.
- $78 million to the Alzheimer's Drug Therapy Initiative to gather and examine clinical evidence on the effectiveness of cholinesterase inhibitors, a family of medications which may have specific benefits for people in the mild to moderate stages of Alzheimer disease. This program was recently expanded until 2014.
- $25 million to the Brain Research Centre at UBC Hospital to support the development of the Djavad Mowafaghian Centre for Brain Health. This is a new facility that will bring together, for the first time, all the multidisciplinary areas of brain health under one roof to support the development of new treatments for people with illnesses and injuries of the brain.

- **Question:** Approximately 60,000 to 70,000 British Columbians have dementia and its prevalence is increasing. Our communities will increasingly need to accommodate people with dementia and become age-friendly. What has your community done and what more could be done to support care in the community?

This question falls largely under the purview of the Ministry of Health's Senior's Healthy Living Secretariat (SHLS). SHLS has not posed this question to communities at this time and presently does not plan to consult communities on this topic (verified August 31, 2012). Some of the caregiver support work discussed below has addressed this question at the community level. Additionally, the age friendly and non-medical home support initiatives described below address the general issue of dealing with an aging population at the community level.

- **Question:** Research shows that people with dementia and who have a caregiver are more likely to be cared for at home. Caregivers can be family or friends and need our support. How do we better recognize caregivers and the role they play in caring for vulnerable seniors?

This question, with respect to the value and importance of recognizing and supporting caregivers, has been posed by the Ministry of Health in 2009 through a grant funding awarded to the Family Caregivers' Network Society. At that time, the Ministry provided a grant of $100,000 to the society to identify the needs of caregivers, and identify strategies to build capacity and resilience in their role. Building capacity of caregivers in their communities is integral to the effectiveness and sustainability of community health services for people with chronic conditions, especially the frail elderly and persons with dementia.

The Society developed a report, *"Supporting Family Caregivers: An Action Plan for British Columbia"*, that collates current resources for family caregivers, identifies gaps in the existing support network, and identifies four key strategies to improve province wide support for family caregivers. More than 60 local caregiver associations, chronic disease societies and health provider organizations participated in stakeholder consultations to provide input into the development of the report. The full report with accompanying tools and a helpful contact list are found here: http://www.fcns-caregiving.org/2010/10/support-family-caregivers-an-action-plan-for-bc/ .

In Fall 2009, the Cowichan Family Caregivers Society launched their book, *A Guide for Supporting Family Caregivers*. The *Guide* was written with support from the Public Health Agency of Canada, Vancouver Island Health Authority Aboriginal Health and the Vancouver Foundation. The Society is a small non-profit organization in the Duncan – Cowichan Valley area of Vancouver Island and has developed a successful support model for family caregivers, working collaboratively with First Nations communities, healthcare professionals, community organizations and businesses. Information about the guide is found here: http://www.familycaregiverssupport.org/17.html

The Ministry of Health also developed a website to support caregivers and their role on the care giving journey, which is found here:
http://www2.gov.bc.ca/gov/topic.page?id=64F3FDFED99C4AD8839054A28845D076

Provincial Dementia Action Plan

- On November 22, 2012 the Minister of State for Seniors released the Provincial Dementia Action Plan, which demonstrates government's continued commitment to people with dementia and their families, and underlines the significance of dementia as a contributor to frailty and the loss of independence, particularly for seniors.
- The action plan outlines province-wide priorities for improved dementia care through health system and service redesign work currently underway in British Columbia. It is intended to support collaborative action over the next two years by individuals, health professionals, health authorities, and community organizations to achieve quality care and support for people with dementia, from prevention through to end of life.
- The goal of the action plan is to increase individual, community and health service capacity to provide early, appropriate and effective care and support to assist people with dementia to remain at home and in their communities to the greatest extent possible. Throughout the course of the disease, improvements in dementia care can make a positive impact on health outcomes of both the individual and their caregivers, reduce the need for emergency department or hospital care, as well as reduce or delay the need for placement in a residential care facility.

Topic: Helping Seniors Stay Active

The Seniors Healthy Living Secretariat has conducted several engagement activities to receive input from seniors and other stakeholders over the past two years. As well, there are plans for engagement activities to take place in late 2012/early 2013 as described below, which will address the Families First topic of Helping Seniors Stay Active.

- **Question:** What other tools and resources would be useful to encourage B.C. seniors to stay healthy and active?

During April and May 2011 the Ministry of Health conducted information and outreach focus groups to address this question for seniors. A series of focus groups were held by the Seniors' Healthy Living Secretariat (SHLS) on how best to support seniors with information and resources. Participants were asked where they look for information and about the best way to reach seniors. They were also asked about what type of planning for healthy aging they consider most important, what they are currently doing to plan for healthy aging, and how government could support them in planning.

These focus groups included approximately 90 seniors and other stakeholders from various backgrounds who took part in seven BC locations—Victoria, Parksville, Vancouver, Prince George, Cranbrook, Vernon and Kelowna.

Results/what was learned:

- Some participants are aware of and have used resources for seniors such as the BC Seniors Guide, Healthy Eating for Seniors resources (guide, audio book and DVD), Move for Life DVD, 8-1-1 and the Health and Seniors Information Line, but awareness was not widespread. Those who were familiar with the resources found them valuable.
- A minority of participants use the Internet to find information.
- It is a challenge to get information out to seniors, especially to seniors who are isolated.
- Information sources and formats that seniors prefer are: face to face workshops, printed resources, libraries, cultural centres, local radio, doctor's offices and social gathering places such as cafes. Those who do not speak English as a first language want more access to translated information and services in their language.
- Many older British Columbians feel it is important to plan for healthy, active aging, but they only start thinking about planning once a change in circumstances, such as a life threatening illness, debilitating injury or the death of a spouse, forces action. They said they don't want to begin planning because it represents an acknowledgment that they are getting older – which suggests there is still a stigma about older age, and a need to highlight more positive images and experiences of aging.
- Participants liked the idea of tools, developed by government, to assist with planning. Participants were aware of the linkages between the different areas in which planning is required – housing, finances, social connectedness, health matters, etc – and suggested a comprehensive workbook and checklist for individuals that could assist in conversations with family, caregivers, health professionals and others.

The information gathered in 2011 provided insight into the information priorities and needs of seniors across the province, and from various backgrounds. The SHLS has incorporated the ideas into various information products, including the updated BC Seniors Guide and the current revision of SeniorsBC.ca. The SHLS is embarking upon a program to help support older adults and seniors in planning for healthy aging (see detailed description in next section re: Active Aging Symposium 2011).

Families First Agenda for British Columbia 2012
Ministry of Health Submission

Following the consultations a report was compiled (attached below) however there was limited distribution to the stakeholders. It was not posted publicly as the results were intended to inform next steps in policy development, it was not intended to be circulated widely.

What we Heard -
2011 Focus Groups.pd

On June 9, 2011 the **Active Aging Symposium** was held. This was the 4th Active Aging Symposium held at Simon Fraser University's Harbour Centre on the theme "Planning for Healthy Aging" on. About 120 seniors, caregivers, professionals, health care providers and policy makers provided input on what they felt should be considered when developing topics and tools to support helping seniors stay active as they age.

Results/what was learned:

- These discussions revealed that health, social networks, finance, housing, transportation, and volunteering are all connected and that most people plan for one or two areas, especially finances and housing, but that they do not plan for all areas. End-of-life care planning, falls prevention, victimization and elder abuse were also identified as key topics for planning.
- Participants suggested that older adults require tools and resources that are in plain, clear language, and are sensitive to cultural, gender and age differences, and low literacy. They also advised that promotion of the need to plan and availability of the tools should be widespread and include television, radio, toll-free telephone information service (specific reference was made to the Health and Seniors Information Line), 8-1-1, and 2-1-1 (provides community information). Tools to support planning should include educational courses and workshops that involve seniors teaching seniors in face-to-face learning opportunities, as well as checklists, handbooks, and DVDs in different languages. Participants mentioned that including personal stories would be particularly powerful in identifying the benefits of planning and the risks of not planning. The tools should be developed with input from advocates, NGOs, health sector professionals, government, and the private sector. Planning must start earlier in life to provide the most benefits.
- The results have been compiled into a report that has been distributed to participants and posted on SeniorsBC.ca.

The Seniors' Healthy Living Secretariat (SHLS) has developed a number of tools and resources to promote healthy, active aging – ranging from Move for Life DVDs, It's Never too late to Quit, and Healthy Eating for Seniors, to promoting the creation of age-friendly communities. SHLS is now developing a population-based health promotion strategy to raise awareness of the need for individuals and families to plan for their senior years.

Planning for Healthy Aging will include appropriate tools to support people to think about planning in all aspects of their lives - such as health, housing, finances, social connections, community engagement, safety or end of life care. Research shows that planning, and preparing for the changes that come with age, can help individuals better cope with these changes, and prevent the stress and associated health impacts of dealing with change in a crisis situation.

The first deliverable in this project is a new web section on Planning for Healthy Aging that launched with SeniorsBC.ca on **September 28, 2012** to introduce the idea of planning to a broad audience, and provide some initial basic information to get British Columbians started. The content includes links to existing planning resources and key planning questions. Additional content will be developed over the fall of 2012 and will include checklists.

A Request for Proposals (RFP) is also in development to identify a partner organization to lead development of additional tools and resources targeted to seniors and pre-retirees including an online tool, workshops and print resources, and marketing to encourage more British Columbians to plan for healthy aging. The RFP is expected to be posted in late 2012/early 2013. Once the contractor is selected, further engagement opportunities are anticipated to involve stakeholders from the key sectors of finance, housing, transportation, health and safety to gain their input and expertise on the subject matter, and help broaden awareness. Additional engagement with seniors and older adults is also anticipated to help develop content and identify marketing opportunities.

Report:
http://www2.gov.bc.ca/assets/gov/topic/AE132538BBF7FAA2EF5129B860EFAA4E/pdf/active_aging_symposium_2011_report.pdf

- **Question:** What role can communities play in supporting healthy, active aging?

To address this, the Ministry of Health developed age-friendly BC videos. These Videos feature local people in several communities from across B.C., created to showcase successful age-friendly actions.

To develop these videos, interviews and production took place over the fall of 2011 and early 2012. The videos were announced in a Government news release and made available to the public on April 25, 2012. Seniors, local government and community representatives from Lumby, Revelstoke, Saanich, Sechelt, Abbotsford, Richmond, Vancouver and the North Shore were asked to outline their views on the role for communities in supporting healthy, active aging, and to highlight successful examples in their communities.

Results/what was learned:

- Examples of concrete actions that local governments can take by involving seniors, leveraging existing work and priorities, and creating partnerships in their communities,
- To ensure seniors are supported in the following areas: transportation, housing, outdoor spaces, community services, employment and volunteering, and social participation.

The videos are being used to help inform other communities of what they can do to support healthy, active aging, and inspire further actions to create age-friendly communities across B.C. In an age-friendly

community, B.C. seniors are supported to live active, socially-engaged and independent lives. An age-friendly community provides welcoming public spaces, accessible transportation, affordable housing options and employment and volunteer opportunities, and information and services which fit the needs of seniors. The videos are promoted on SeniorsBC.ca and featured in discussions with seniors at events such as the Council on Senior Citizens Organization (COSCO) conference (Oct. 1-2 2012 in Richmond), and with local government representatives during the Seniors' Healthy Living Secretariat's ongoing support function for local governments. The entire video series is comprised of quotes from seniors and others. Location of videos: Ideas in Action - Age-friendly BC - Province of B.C. (http://www2.gov.bc.ca/gov/topic.page?id=A1056E6FCBD04A3C92EF04D4F5BE0185)

Community Action for Seniors' Independence

Face to Face Meeting with CASI Community Representatives

The United Way of the Lower Mainland (UWLM), the Province's partner on the Community Action for Seniors' Independence (CASI) non-medical home support pilot projects, hosted on June 27, 2012 a meeting with representatives from the five pilot communities delivering CASI services. The Ministry of Health participated in this meeting and helped to facilitate one of the discussions.

The 20 attendees included CASI coordinators and advisory group members (some of whom are seniors) from the five CASI pilot communities (Maple Ridge, the Renfrew-Collingwood area of Vancouver, the Newton area of Surrey, Dawson Creek and Osoyoos), as well as representatives from the UWLM and the Ministry of Health.

The purpose of the meeting was to get input and ideas from CASI coordinators and advisory group members to help inform the design of the new expanded non-medical home support program (Better at Home) being implemented by UWLM with funding from the Province. No formal report was prepared following, however meeting notes were compiled and shared with the attendees at the meeting but are not intended for public distribution.

In February 2012, the UWLM received $15 million from the Province to expand non-medical home support services to seniors in more communities across the province over the next three years. Non-medical home support services include a range of services, such as housekeeping, transportation and yard work, to support seniors to remain living in their own homes longer. **The UWLM has identified a number of potential sites for Better at Home programs and will conduct community consultations to assess local readiness and capacity.**

Age-friendly BC Evaluation

In October and November 2012 the Seniors' Healthy Living Secretariat consulted with local governments representatives from the first nine recognized age-friendly communities for input to evaluate the Age-Friendly BC program. Representatives from Duncan, Esquimalt, Metchosin, Saanich, Revelstoke, West

Vancouver, Surrey, Sechelt, and White Rock were asked to provide input on the priorities and approaches to evaluate the provincial Age-Friendly program. Based on this input an evaluation plan is being refined and information will be collected from seniors and local government representatives from a sample of communities across the province. The intended outcome of the evaluation is to better inform the Age-Friendly BC program, and its support of local government taking action towards healthy, active aging in their communities.

- **Question:** Are there financial tools or programs that our government could put in place to make housing more affordable for seniors?

The SHLS has not conducted any engagement related to financial tools or programs that government can put in place to make housing more affordable for seniors. Consultation noted in the previously-mentioned sections on Planning for Healthy Aging, and Age-friendly communities includes some aspects of housing. For example, the Ministry is embarking upon a program to support older people in Planning for Healthy Aging. This will include appropriate tools to support people to think about planning in all aspects of their lives – including housing, along with health, finances, social connections, community engagement, safety or end of life care, because all of these areas are interconnected and support active aging and independence. In the engagement regarding Age-friendly communities, examples of concrete actions that local governments can take by involving seniors, leveraging existing work and priorities, and creating partnerships in their communities were discussed, to ensure seniors are supported in a number of areas including housing, along with transportation, outdoor spaces, community services, employment and volunteering, and social participation.

Families First Agenda for British Columbia 2012
Ministry of Health Submission

APPENDIX

Collection of engagement reports and findings through public consultation and engagement measures as noted above in document.

Published In May 2012 (following April and May consultations)

"Families Matter: a Framework for Family Mental Health in British Columbia" as a blueprint for potential next steps in responding to the two questions outlined in the Families First Agenda (http://www.forcesociety.org/sites/default/files/23154_FAM_Framework-3.6-LR.pdf).

Published In September 2011

Service Model and Provincial Standards for Adult/Youth Residential Substance Use Services, (http://www.health.gov.bc.ca/library/publications/year/2011/adult-residential-treatment-standards.pdf

Published in 2000 The Ministry produced a best practice document regarding family support that is still relevant today. This report outlines the benefits of counselling for families, stress management support, psycho-education, respite care, self management support, and the inclusion of families in the development of the treatment plan. See Report:
http://www.health.gov.bc.ca/library/publications/year/2000/MHABestPractices/bp_family_support.pdf

Health literacy options are available to improve awareness and education such as the **Here to Help website** found at http://heretohelp.bc.ca

Published November 2010 Healthy Minds Healthy People
http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf

Stakeholder Engagement Summary Between February and June 2009, facilitated workshops were held with interested members of the public in each health authority region, as well as provincial groups from the health, education, justice and corrections sectors, and related organizations.

10- Stakeholder Enagement- Summary

Community Action Initiative Report – Published June 2012
http://www.communityactioninitiative.ca/wp-content/uploads/Community-Action-Initiative-Impact-Report-June-2012.pdf

Published 2004 *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction* was published: http://www.health.gov.bc.ca/library/publications/year/2004/framework_for_substance_use_and_addiction.pdf

Report Published 2011: Active Aging Symposium Report http://www2.gov.bc.ca/assets/gov/topic/AE132538BBF7FAA2EF5129B860EFAA4E/pdf/active_aging_symposium_2011_report.pdf

- **Location of seniors videos:** Ideas in Action - Age-friendly BC - Province of B.C. (http://www2.gov.bc.ca/assets/gov/topic/AE132538BBF7FAA2EF5129B860EFAA4E/pdf/active_aging_symposium_2011_report.pdf)
- **My Voice Expressing My Wishes** advance care planning guide with brochures, and supporting videos in three languages. My Voice may be found at http://www.health.gov.bc.ca/library/publications/year/2012/MyVoice-AdvanceCarePlanningGuide.pdf
- **Published in March 2012** the Ministry of Health hosted a provincial forum on advance care planning. The forum report is attached below but **not approved for public release at this time.**

Microsoft Office Word Document

- The Ministry also provided a 'TIPS sheet' to support use of My Voice which health authorities and physicians requested. It is posted online at: http://www2.gov.bc.ca/assets/gov/topic/2038E757D68E49D5DC8C3CD0061E8E1B/pdf/advancecareplanningquicktips.pdf

Published in 2009

"Supporting Family Caregivers: An Action Plan for British Columbia" http://www.fcns-caregiving.org/2010/10/support-family-caregivers-an-action-plan-for-bc/

A Guide for Supporting Family Caregivers. http://www.familycaregiverssupport.org/17.html

The Ministry of Health also developed a website to support caregivers and their role on the care giving journey, which is found here: http://www2.gov.bc.ca/gov/topic.page?id=64F3FDFED99C4AD8839054A28845D076

Published in 2011

What we Heard - 2011 Focus Groups.pd

Planned Ministry of Health Engagement Activities

MINISTRY OF HEALTH ENGAGEMENT AND PUBLIC CONSULTATION EVENTS					
Date	**Event**	**Event type**	**Location**	**Lead attendee**	**Action**
September 25 October 22 November 26	BC Alliance on Mental Health/ illness and substance use	Meetings	Vancouver	MoH program staff	Prepared package of information
September 26 October 23 November 27	Community Action Initiative (CIA)	Meetings	Vancouver	MoH program staff	Prepared package of information
September 26-29	Healthy Minds / Healthy Campuses Summit	Conference	Victoria	Minister Attending - Confirmed MoH program staff	Prepared package of information
Fall 2012	School-based Mental Health Coalition	Meetings	Vancouver	MoH program staff	Prepared package of information
October 1-2	Council of Senior Citizen Organizations of BC (COSCO)*	Conference	Richmond	MoH program staff	Prepared package of information
October 2012	Prince George Health Expo – "Healthier You" Expo	Conference	Prince George	MOH Staff and Prince George HA Staff	Prepared package of information
November 22	Launch of Dementia Action Plan	Media event	Richmond	Minister of State for Seniors MoH program staff	Garner media coverage
November	Knowledge Exchange for Healthy Minds, Healthy Campuses	Meetings	Vancouver	MoH program staff	Prepared package of information
December 2012	Elder Abuse Prevention, Identification and	TBD	TBD	TBD	TBD - Prepare package of information

	Response Strategy				
December 2012	Translated 10th edition BC Seniors' Guides (Chinese, Punjabi and French)	Media event - three separate events for the launch of each language	TBD	Minister of State for Seniors MoH program staff	Media Coverage
December 2012 to January 2013	The Seniors' Healthy Living Secretariat "Age-friendly BC program" engagement	Public Engagement Engagement with seniors in recognized age-friendly communities	Focus groups	MOH program staff	Local government staff will be asked to provide input on who in their communities should be consulted.
Spring 2013	The Seniors Healthy Living Secretariat – "Helping Seniors Stay Active"	Engagement with seniors community	TBD	Possibly Minister - TBD	Engage seniors and stakeholders on planning for healthy aging
OTHER TACTICS					
Date	Item	Action	Channel	Responsible	Details
August	Families First Agenda	Distributed		MOH Staff	Families First Agenda was distributed to MOH Executive to share with staff
August	Develop, get approvals, distribute material to stakeholders and contact list	Requesting their assistance	Email	GCPE to develop HPSE staff to complete	Include electronic version of print material

King, Jessica HLTH:EX

Subject: FW: Families Agenda: Engagement Summary Report
Attachments: FamilyFirstAgenda-EngagementSummaryReport_Booklet_December2012_LR_enabled.pdf

From: Mentzelopoulos, Athana GCPE:EX
Sent: Wednesday, December 19, 2012 1:11 PM
To: Brown, Stephen R MCF:EX; Whitmarsh, Graham HLTH:EX; Sieben, Mark MSD:EX; Gorman, James EDUC:EX; Wanamaker, Lori JAG:EX; Fyfe, Richard J JAG:EX; Milburn, Peter R FIN:EX; Wenezenki-Yolland, Cheryl AEIT:EX
Cc: Taylor, Sheila A FIN:EX; Fraser, John Paul GCPE:EX; Ibbott, Susan GCPE:EX; Sweeney, Neil PREM:EX
Subject: Families Agenda: Engagement Summary Report

Colleagues – as you know, last spring we released the Families First Agenda for British Columbians. Among other important initiatives, the document included a series of question sets as a basis for engagement with the public, along with a commitment to report back on public input this fall.

We have worked with your ministries and prepared the attached report.

There are hyperlinks within the document that connect to more detailed online information on ministry websites or specific programs or documents.

Also, the summary will be posted on the Families First website once complete.

Ministry-designated editors can edit a copy of the PDF by using the commenting and editing tools in Acrobat reader. Instructions:
- right click on the attached document to Save As.
- update file name to include ministry name.
- edit ministry-specific content.
- save edited file and return to GCPE by ....date/time.

For background: the Families First engagement summary is designed to reflect the original document structure to establish familiarity. It is organized to describe engagement activities (and comments where available) by question set, then to acknowledge ministry actions that have moved elements of the Families Agenda forward.

Please review the following document in the next few days and advise of your approval. I am hopeful that this is a solid reflection of input from your ministries, and it is our intention to web-post this late next week.

Thanks, and best of the season.
Athana

From: "Mentzelopoulos, Athana GCPE:EX" <Athana.Mentzelopoulos@gov.bc.ca>
Date: 16 November, 2012 4:43:54 PM PST
To: "Milburn, Peter R FIN:EX" <Peter.Milburn@gov.bc.ca>, "Gorman, James EDUC:EX" <James.Gorman@gov.bc.ca>, "Brown, Stephen R MCF:EX" <Stephen.Brown@gov.bc.ca>, "Whitmarsh, Graham HLTH:EX" <Graham.Whitmarsh@gov.bc.ca>, "Fyfe, Richard J JAG:EX" <Richard.Fyfe@gov.bc.ca>, "Wanamaker, Lori JAG:EX" <Lori.Wanamaker@gov.bc.ca>
Cc: "Fraser, John Paul GCPE:EX" <JohnPaul.Fraser@gov.bc.ca>, "Ibbott, Susan GCPE:EX" <Susan.Ibbott@gov.bc.ca>
Subject: Families Reporting

Colleagues,

I am writing to ask that you please provide a summary of your ministry's engagement processes for Families First Agenda topics **no later than November 30th**. For your convenience, a list of engagement questions, listed by ministry, is attached.

You may recall that, in June, the Premier committed to consult with British Columbians on some key areas of the Families Agenda. Each of your ministries has had responsibility for one or more topic areas, including questions (identified in the Agenda by gray-shaded boxes).

I requested your support to address these questions – by engaging relevant ministry stakeholders and/or the public – and to compile findings.

The Premier committed to report back publicly this fall with a summary of Families First consultations. GCPE is now collecting this information for a report to be issued in mid-December.

To help guide your ministry's summary, a template is provided below. Please submit your summaries to Susan Ibbott (susan.ibbott@gov.bc.ca).

Template for Response: Families First Engagement

Please determine if an engagement or consultation process has occurred that addresses the relevant engagement questions for your area. Are you ready to report out?
If YES, see the 'Reporting back' section below (suggested template).
If NO, prepare a plan to engage with your stakeholders, then report back using the questions below.

Reporting back on engagement

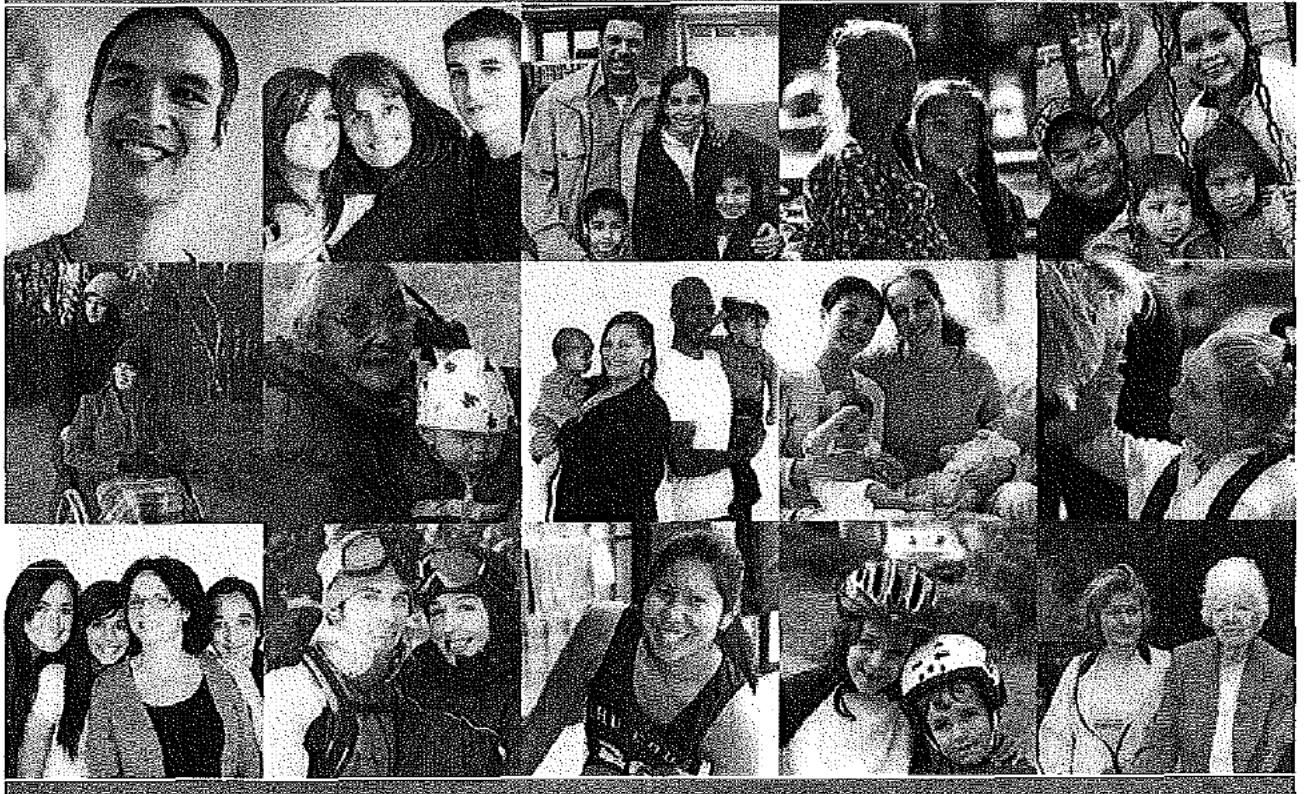
- Have the Families Agenda engagement questions (or similar questions) been shared with appropriate stakeholders or the public?
- When did – or when will – engagement activities happen? (dates) If relevant, where?
- How did the engagement take place? (in-person, online, survey, etc)
- What stakeholders were consulted, why? (specific groups, individuals)
- What were the results? How were they evaluated and compiled?
- Were any key policy decisions or program changes at issue for this engagement?

- What did you learn from this engagement? Are any service/program changes to be made as a result?
- What 'good ideas' from this engagement would you share with Executive Council?
- Can you provide some (anonymous) quotes or excerpts of stakeholder or public feedback?
- What information can be included in a public summary of this process?
- Is there a progress or final report to refer to? If yes, where can it be found?
- Can the results be posted online? If not, why?
- Who is the ministry contact that can discuss this engagement? (Please provide contact info.)

Thank you!

Families First Agenda for British Columbia

ENGAGEMENT SUMMARY REPORT
DECEMBER 2012



CANADA STARTS HERE

FAMILIES FIRST

Every family in the Province should have the chance to build a strong base, be self-sufficient and look ahead to a positive future.

Table of Contents

MESSAGE FROM THE PREMIER 3

INTRODUCTION 5

FAMILY AFFORDABILITY PILLAR 7

KEEPING THE COSTS OF GOVERNMENT LOW 7

STRONGSTART BC IMPROVEMENTS 10

EARLY CHILDHOOD DEVELOPMENT PROGRAMS 11

CHILD CARE OPTIONS 13

SAVING FOR A STUDENT'S EDUCATION 15

HELPING SENIORS STAY ACTIVE 18

SUPPORTING VULNERABLE FAMILIES PILLAR 23

SUPPORTING THOSE LIVING WITH MENTAL ILLNESS AND ADDITIONS 23

DEALING WITH DEMENTIA 25

END-OF-LIFE CARE OPTIONS 27

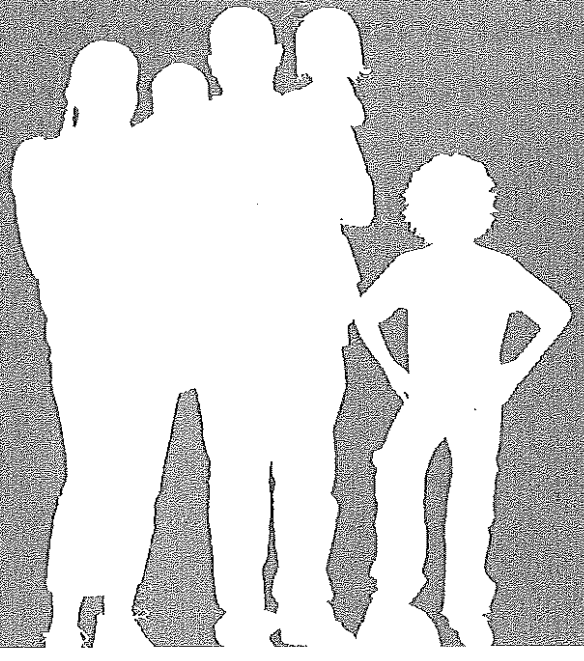
SAFE COMMUNITIES, STRONG FAMILIES PILLAR 31

IMPROVING CRIME PREVENTION AND COMMUNITY SAFETY 31

CONCLUSION 37

RESOURCES 37

The BC Jobs Plan is our roadmap for economic development and we are seeing results – results that mean jobs for British Columbians.



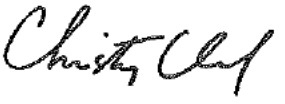
Message from the Premier

In June 2012, I launched the Families First Agenda for British Columbia to outline government's commitment to support families to grow and thrive. Families are at the heart of everything we do and every day, across government, we take action and move forward on three pillars at the core of the agenda: to make family life more affordable, to support our most vulnerable and to make communities safer.

An important part of our work for families is to listen to you and implement good ideas to build on or modify our programs and services. For the Families First Agenda, I asked for your ideas on several important topics, to inform our budget priorities and make better decisions for 2013. I'm delighted to say that many of you responded and, in this report, you'll find a summary of what we've heard and see the real progress we've made in many areas.

I believe that good, stable jobs are fundamental to the success of families. That's why my government remains focused on building the province's economic strength and capacity for growth. The BC Jobs Plan is our roadmap for economic development and we are seeing results – results that mean jobs for British Columbians.

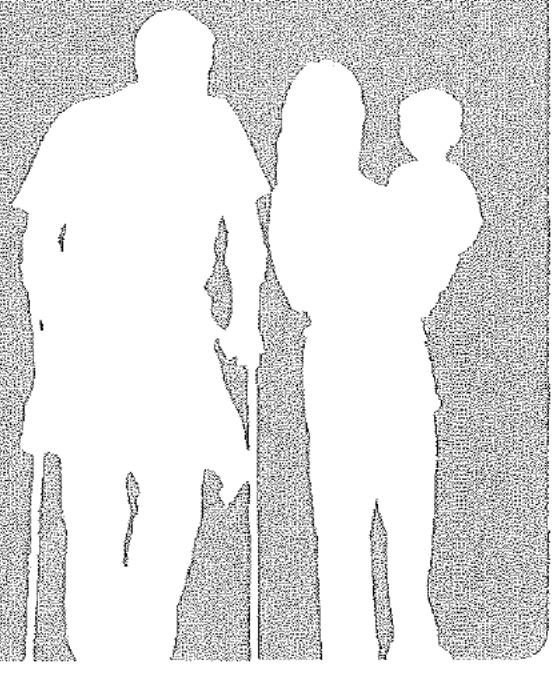
Thank you to all of you from throughout the province who have taken time to provide your feedback, online or in-person, in engagement sessions, town halls, surveys, roundtables, forums and more. Government needs your input to improve how it responds to the needs of citizens. I invite you to continue sharing your ideas to improve our support for families in British Columbia.



THE HONOURABLE CHRISTY CLARK
PREMIER OF BRITISH COLUMBIA

HTH-2014-00296
Page 30

With the contributions of British Columbians on the Families First Agenda, government can make life better and more affordable for families, despite our difficult economic times.



Introduction

This document provides a summary of engagement processes undertaken for the Families First Agenda for British Columbia. Launched by Premier Christy Clark on June 25, 2012, the agenda describes government policies and programs that support families – in all their range and diversity – who live in our province. With the help of British Columbians, we are building on a range of established programs and accepting new ideas that can help make life more affordable, support vulnerable families and keep communities safe.

Healthy, strong families are important building blocks for local communities and ultimately, for a strong, successful province. Government's commitment to a balanced budget and prudent fiscal management is the foundation of the Families First Agenda. Fiscal responsibility is essential to ensuring that B.C. thrives and families have the opportunity to get ahead, particularly in this time of global economic uncertainty.

Premier Clark invited British Columbians to provide input in several key areas of the agenda to: 1) help inform the decision-making process on priorities for budget 2013, and, 2) to seek ideas on what changes might improve our programs and services. Various engagement processes – from simple to complex – have taken place with stakeholders and the public during 2012. This report summarizes what we've heard to date and what actions we've taken in response. Note: On some families-related topics, engagement began before the agenda launched; in other areas, engagement will take place in 2013.

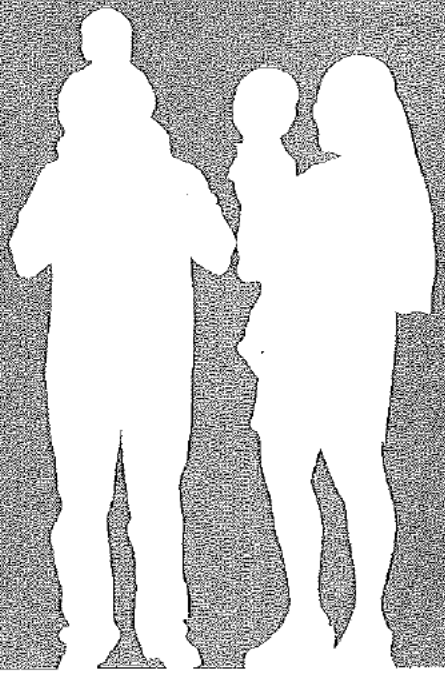
Following this introduction, you'll get a flavour for how government is doing business now: talking openly about areas where we need new ideas and suggestions, or asking for your help on decisions – such as our very first Family Day in B.C.: Monday, Feb. 11, 2013. Our goal is to listen, respond, take action and implement good ideas where possible.

Government is connecting with citizens using different methods of engagement. Ongoing technology advancements are creating opportunities for broader and more immediate contact. B.C. ministries are increasingly holding discussions online, such as those for **BC's Education Plan**, or on health-system reform at **ThinkHealthBC**. This past year, students engaged on Twitter for **student financial aid**, and on Facebook for **Aboriginal education**. Alternatively, a ministry may – when internal resources are limited – engage outside resources, or provide funds to partner organizations, to conduct consultations. Whatever the method, the commitment is to continue to expand our repertoire for listening to citizens as new possibilities emerge.

For more information about the Families First Agenda, or provide input, go to **www.familiesfirstbc.ca**. This website provides easy access to the document in either regular text (HTML) or portable document format (PDF) and we continue to look for your input on the 11 topic questions posted on the home page.

HTH-2014-00296
Page 32

Across government, we are working to keep taxes low and government spending under control to help make life more affordable for British Columbians.



Family Affordability Pillar

Being fiscally responsible is essential to the future success of British Columbia. Across government, we are working to keep taxes low and government spending under control to help make life more affordable for British Columbians.

Keeping the Costs of Government Low

IN THE FAMILIES FIRST AGENDA, WE ASKED FOR INPUT ON HOW TO KEEP THE COST OF GOVERNMENT DOWN. HERE ARE THE QUESTIONS:

- *Are there areas where government spends money that you think could be spent more effectively or reduced to keep life affordable for British Columbians?*
- *In 2012/13, the Province is projecting to spend almost $44 billion, of which approximately 41 per cent is allocated to health care, 14 per cent is allocated to elementary and secondary education, 12 per cent is allocated to post-secondary education and 9 per cent is allocated to social services (i.e. social assistance and child welfare). Do you think government has allocated the right level of resources to each of these priority areas?*

ENGAGEMENT SUMMARY

The Ministry of Finance has worked hard over the past year to engage and consult with a range of stakeholders and the public. Here are some of the activities that took place.

EXPERT PANEL ON BUSINESS TAX

Established by the minister of finance in January 2012, the Expert Panel on Business Taxation (seven members) considered the competitiveness of British Columbia's tax environment for business and tax expenditures, and identified administrative improvements to streamline the Provincial Sales Tax (PST). The panel issued a progress report in March and government adopted a number of recommendations. To read the public submissions and to see the panel's final report – released Sept. 17, 2012 – visit the **Ministry of Finance website.**

CARBON TAX REVIEW

During the 2012 Budget, government announced its intent to hold a comprehensive review of the province's revenue-neutral carbon tax. The last scheduled increase in the carbon tax took effect July 1, 2012; there is no plan for further increases. British Columbians had the opportunity to submit comments for the review from July 1-Aug. 31, 2012, by email or in writing, to the Tax Policy Branch, **Ministry of Finance.** Submissions are under review as part of the 2013 budget consultation process.

HTH-2014-00296
Page 34

In October 2012, the minister of environment said that the Carbon Tax has not hurt the B.C. economy. See the interview on **YouTube.**

2013 BUDGET CONSULTATIONS

From Sept. 13 to Oct. 18, 2012, the all-party Select Standing Committee on Finance and Government Services – a committee of The Legislative Assembly – held provincewide public consultations on the Budget 2013 Consultation Paper. In total, the committee held 19 regional hearings and one video conference event covering three communities. The committee also invited the public to provide written submissions and respond to an online survey. Overall, 811 submissions were received. To see the committee's report on the budget 2013 consultations (issued Nov. 14, 2012) including 29 recommendations for government to consider, view the **PDF,** or visit the **Legislative Assembly website.**

MY B.C. BUDGET SIMULATOR

In September 2012, the Ministry of Finance invited British Columbians to try balancing B.C.'s budget using an **online budget simulator.** The simulator is an educational tool designed to help start a conversation with British Columbians about their budget priorities for 2013-14.

TELEPHONE TOWN HALLS WITH THE MINISTER OF FINANCE

In October and November 2012, the minister of finance conducted three regional town halls: in Peace River and the South Peace, Central Vancouver Island and East Kootenay. The purpose was to discuss with citizens priorities for the 2013-14 budget. During each town hall, participants had the opportunity to speak directly with the minister, listen to others and respond to poll questions. Up to 50,000 publicly listed land-line numbers were dialed in each region. *(Note: While telephone town halls are an effective way for ministers to speak with citizens, the process does not represent the views of all British Columbians. However, health care, education and reducing the provincial debt remain top budget priorities. If resources are available, more regional telephone town halls may occur in early 2013.)*

ACTIONS TAKEN TO HELP KEEP THE COST OF GOVERNMENT LOW

The ideas submitted through recent stakeholder consultation and public engagement are under consideration by government now, during our 2013 budget process. Decisions on budget priorities will be announced on Budget Day, Feb. 19, 2013. Here are some actions taken by government in 2012 to make life more affordable for B.C. families.

» In 2012, government clearly stated that there was no new money to fund public-sector wage increases and no desire to download these costs onto families or future generations. During the year, a number of negotiations took place under a Cooperative Gains Mandate with B.C. public-sector employers, including the public service, health sector and community social services. The mandate provided public-sector employers with the ability to negotiate modest wage increases funded from savings within existing budgets, with no added costs

HTH-2014-00296
Page 35

to taxpayers and ratepayers, and no service sacrifices. The 2012 Cooperative Gains Mandate applied to all public sector employers whose collective agreements expired on or after Dec. 31, 2011. To see updated bargaining information, visit the **Ministry of Finance website**.

» In February, as announced in Budget 2012, during the transition period from the Harmonized Sales Tax (HST) back to the PST tax savings are available for B.C. families.

- The temporary B.C. First-Time New Home Buyer's $10,000 Bonus. For more information, visit the **Ministry of Finance website**.
- The B.C. Seniors' $1,000 annual Home Renovation Tax Credit, for those 65 years of age and older. For more information, visit the **Ministry of Finance website**.
- The HST New Housing Rebate threshold increased from $525,000 to $850,000 for eligible new housing, where the HST is payable on or after April 1, 2012 and before April 1, 2013. See the details on the **PSTinBC pdf**, or, call the B.C. Ministry of Finance toll-free: 1-877-388-4440.
- Grants of up to $42,500 to those buying new residential housing for use as a secondary or recreational residence. These apply in qualifying areas of the province outside the Capital Regional District and the Greater Vancouver Regional District. Find more information on the **PST in BC website**.

» In June, government introduced two new credits for families with children. With these non-refundable children's fitness and arts credits, families can claim up to $500 in eligible fitness expenses and an additional $500 in eligible arts expenses per child.

- The Children's Fitness Credit is a non-refundable tax credit of 5.06 per cent of eligible expenditures up to $500 for each child, providing a benefit of up to $25 per child.
- The Children's Arts Credit is a non-refundable tax credit of 5.06 per cent of eligible expenditures up to $500 for each child, providing a benefit of up to $25 per child.
- For both the Fitness and the Arts Credit, eligible expenditures are those that qualify for the federal children's fitness and arts credits.

» In July, after a review of Crown corporation management staffing, government established a new policy on executive compensation. The aim is to attract and retain skilled leadership, but at an affordable cost to taxpayers and ratepayers. Compensation for all current Crown corporation executives was frozen and newly recruited executives will be paid 10 per cent less than incumbent salaries. Find full details on the **Ministry of Finance website**.

» In August, after a comprehensive financial and administrative review of BC Hydro by a provincial government panel of senior officials, government and BC Hydro announced intent to file a 50 per cent reduction to its rate increases over the next three years to the BC

HTH-2014-00296
Page 36

Utilities Commission (BCUC). The reduction strikes a balance between keeping rates down for B.C. families and enabling BC Hydro to invest in future needs for the business. The panel's report is available **online**.

» In October, changes to income and disability assistance programs took effect. These changes will help people with disabilities – including developmental disabilities – take care of their daily needs.

- A single person receiving disability assistance can earn up to $800 per month by working and still receive full benefits.
- For a couple who both collect disability assistance, they can jointly earn up to $1,600 per month and still receive full benefits.
- For clients who were previously on disability assistance and have to reapply, no wait period will occur before claiming earnings exemptions.

» In 2013, people will also be able to calculate their earnings on an annual basis rather than monthly, to help address the different needs people face, such as when a person is well enough to work sometimes but not at others. Trust and asset levels for people on disability assistance have also been improved. For more details, visit the **Ministry of Social Development** web page.

» In November:

- The Ministry of Health announced a new drug-pricing regulation that will come into force on April 1, 2013, reducing the price of generic drugs to 25 per cent of the brand name price immediately, and to 20 per cent as of April 1, 2014. Currently, British Columbians pay 35 per cent of the brand name price for generic drugs. The drug price regulation is the first in a suite of regulations required to implement the Pharmaceutical Services Act, which came into force in May 2012.
- The minister of finance announced that, despite a challenging economic climate, government continues to reduce and control government spending. With the release of the Second Quarterly Report, the minister indicated that government has reduced discretionary spending, frozen public sector management salaries and maintained a hiring freeze in the public service. To see the Second Quarterly Report, visit the **Ministry of Finance website**.

StrongStart BC Improvements

StrongStart BC is a free, school-based, drop-in learning program for children up to five years old and their parents. Led by qualified early-childhood educators, the program is available in 326 locations around the province. Feedback from parents has been very appreciative of the program. Many say it provides support for parents and is good preparation for children entering the K-to-12 system.

HTH-2014-00296
Page 37

IN THE FAMILIES FIRST AGENDA, WE ASKED BRITISH COLUMBIANS FOR IDEAS TO IMPROVE STRONGSTART. HERE ARE THE QUESTIONS:

- *Have you attended a StrongStart centre? If so, do you have suggestions on how we might improve this program?*
- *If you have attended a StrongStart centre, are there improvements you would recommend to the facility or resources?*
- *Are you able to access a StrongStart centre near where you live?*
- *Is there sufficient capacity at the StrongStart centre you attend?*

ENGAGEMENT SUMMARY

Over the past year, Ministry of Education personnel have consulted with stakeholders with knowledge of StrongStart, particularly: parents of pre-school age children who have attended the program, and early learning co-ordinators in school districts. Public engagement on StrongStart has taken place online. To learn more, or contribute your ideas, visit the BC Ed Plan's **Get Engaged** web page and the **BC Education and Literacy Facebook page.**

Two ideas about StrongStart that come forward time and again: 1) to develop a better system for families to pre-register; and 2) to develop solutions for making the program more accessible to vulnerable families. Currently the ministry is engaging with stakeholder to better understand what changes may be possible.

GOVERNMENT ACTIONS TO SUPPORT EARLY CHILDHOOD LEARNING

In November, the Ministry of Children and Family Development (MCFD) provided a language and culture grant of $25,000 to the Secwepemc Cultural Education Society of Kamloops to help teach children Secwepemctsín, the traditional language of the Secwepemc First Nations people. The society worked with a video-game designer to develop language-learning games. A variety of other methods of teaching traditional language to young children are also underway, including having elders speak to children's groups, story time with children's books written in a traditional language, and singing songs in a traditional language.

If you have experience with StrongStart, please let us know your thoughts. Visit the **Families website.**

Early Childhood Development Programs

Early childhood development (ECD) programs assist parents, families, and service providers to support children from the prenatal period to six years of age, through supportive, preventative and evidence-based services. ECD

HTH-2014-00296
Page 38

programs can improve school readiness, nutrition and health status, social and emotional behaviour, parent-child attachment, and community engagement.

Government is committed to ensuring that all children have the best possible start in life. Research shows that early experiences, exposure to stressors and secure relationships with caregivers are critical factors in a child's development, and their future outcomes. Giving children the best possible start in life lays the foundation for their future success.

IN THE FAMILIES FIRST AGENDA, WE ASKED FOR YOUR INPUT ON PROGRAMS FOR THE EARLY YEARS. HERE ARE THE QUESTIONS:

- *What improvements would you suggest to make our early childhood development programs better meet your needs?*
- *What could we do better to provide you with the information you need on early childhood development programs?*

ENGAGEMENT SUMMARY

MCFD is one of the primary ministries responsible for policies, programs and services for healthy child development. The ministry works with partner ministries – including Health, Social Development and others – as well as experts and stakeholders provincewide. By participating in Early Years Forums, ECD Roundtables and the Early Years SharePoint site, the ministry works to improve service delivery of children's programs through integration, increased co-operation and collaboration.

Three main themes emerge when we talk to ECD stakeholders: 1) funding; 2) access; and 3) quality. These themes illustrate some of the opportunities, challenges and pressures facing families across British Columbia.

FUNDING

MCFD invests more than $27 million annually to support ECD programs and services provided by contracted agencies; the agencies, in turn, allocate funds based on community needs and priorities.

ACCESS

As part of the "Open Government" strategy, MCFD is improving public access to information and resources related early childhood development by updating the ministry's website.

» The ministry has created an online map displaying the locations of a range of ECD programs and services in B.C. See the **Early Years Services Map here.**

» To increase access, many ECD programs are offered at little or no cost to families; are co-located or integrated with other

HTH-2014-00296
Page 39

community services; are culturally relevant, may be offered in a range of languages; and are provided in safe settings.

» For Child and Youth Mental Health (CYMH) programs:

- Government's *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use in British Columbia,* places a strong emphasis on children and families, recognizing that most mental health problems originate in childhood. The plan highlights the need for early identification and intervention.
- The ministry has worked with the British Columbia Medical Association (BCMA) Practice Support Program to develop new training modules for physicians on the identification, assessment and treatment of children with anxiety, depression and attention deficit hyperactivity disorder (ADHD). This program helps professionals address mental health issues in children and youth.

QUALITY

Through the ECD Evaluation Project, the ministry is working with community partners to collect data to evaluate the effectiveness of ECD initiatives and parent support programs.

GOVERNMENT ACTIONS TO SUPPORT EARLY CHILDHOOD DEVELOPMENT

» Funding of $27 million provided each year for ECD programs throughout B.C.

» In June 2012, government implemented an Autism Outreach Program for children with Autism Spectrum Disorders (ASD) and their families. The current focus is on remote and rural communities throughout B.C. and includes 24 parent/caregiver workshops.

» To improve access to early childhood development programs and services in B.C., MCFD created an online map showing locations of early years services. See the **Early Years Services Map online.**

» In September, government announced funding for 187 new cultural-enrichment projects for aboriginal children in 2012. A $5-million investment in 2012 brings the total investment over the last three years to $16 million for more than 1,000 projects that have enriched existing early childhood programs for Aboriginal children.

» For the latest information on early childhood development programs, visit the **ministry's website.**

Child Care Options

Raising and supporting children can be challenging. We recognize that in order for parents to contribute to their families and the economy as a whole, they need safe, affordable and quality care for their children. We want to help families with child care; it's important for children and it's important for our province's economy.

HTH-2014-00296
Page 40

IN THE FAMILIES FIRST AGENDA, WE ASKED FOR YOUR INPUT ON CHILD CARE. HERE ARE THE QUESTIONS:

- *What could we do to better provide you with information you need on child care options and availability?*
- *What ideas do you have for the range and choice for parents in accessing child care and/or early childhood development programs that would better meet the needs of your family?*
- *What barriers could governments remove to make child care more accessible?*

ENGAGEMENT SUMMARY

MCFD continually explores ways to improve child-care supports to make it more affordable and accessible, and to increase quality. This includes no- or low-cost strategies to refine existing programs and services, as well as more comprehensive strategies that would require significant investment over time.

MCFD works with child care stakeholders, which include: individual operators (big and small), advocacy organizations, child and family policy academics, members of a ministry-appointed Provincial Child Care Council, non-government and non-profit child and family service organizations, ministry-contracted child care resource and referral agencies, cross-sector community-based early childhood development planning tables, and lower-income parents receiving child-care subsidies.

The ministry listens to stakeholders and parents: parents often say that child care is too expensive and/or not accessible where they live; child-care sector and advocacy organizations offer many suggestions, including a proposal for a $10/day publicly-funded child-care system. While we have had to accept that such an approach is neither affordable nor sustainable, we are working address the three main themes that have emerged: 1) affordability; 2) access; and 3) quality.

AFFORDABILITY

» MCFD provides approximately $142 million annually through the Child Care Subsidy Program to assist low- and moderate-income families supporting approximately 50,000 children every year with the costs of child care.

» Implementation of full-day kindergarten across B.C. at no cost to parents, creating new early learning opportunities for young children.

ACCESS

» As part of the "Open Government" strategy, the ministry is updating the child care portion of the ministry's website to make information more easily accessible to families.

HTH-2014-00296
Page 41

» To find a child-care program in your community visit the **Child Care Programs Map**, an online interactive child-care map displaying the locations of licensed child-care operators in B.C.

QUALITY

» In collaboration with the Provincial Child Care Council, MCFD recently co-hosted a Child Care Forum where ideas to address some of the challenges facing the child-care sector were discussed.

» MCFD works with the Ministry of Education and the Ministry of Health on ways to achieve better integration across services throughout the province.

GOVERNMENT ACTIONS TO SUPPORT CHILD CARE

» In addition to introducing all-day kindergarten, government has increased has the number of child-care spaces in British Columbia by nearly 40 per cent since 2003/04. More than 100,000 licensed child-care spaces currently receive ongoing funding.

» Work is underway to prepare the annual, B.C.-wide child-care provider profile that will outline spaces, complement of centres and types, wages, training norms, job satisfaction and generally capture a picture of the face of child-care workers in B.C. Through their child care operating fund contracts with MCFD, child-care providers are required to complete these profiles every year. Distribution of the 2013 profile will take place early in the New Year. A summary report will be posted on the **MCFD website**.

» The Extended Family Program provides support to children, families and caregivers in situations where it is determined that the best way to meet the needs of the child is for them to live with a relative or close family friend, when their parents are temporarily unable to care for them. Visit the **MCFD website** for more information.

» In November, the Ministry of Justice issued the 2011/2012 annual report of the Family Maintenance Enforcement Program. The FMEP monitors and enforces family support court orders and agreements for more than 45,000 families; collections under the FMEP make a significant difference in the lives of many families provincewide. This year the program recorded a $10.5-million jump in collection from 2011, the largest single annual increase the program has seen. Approximately 84,000 parents enrolled in the FMEP receive support payments for almost 65,000 children. To read the report, see PDF online. To learn about the FMEP, visit the **website**.

» A forum for child-care stakeholders – those who attended a ministry-led consultation forum in May 2012 – is in planning stages for 2013.

Saving for a Student's Education

The cost of post-secondary education in B.C. is one of the lowest in Canada, and government is committed to ensuring it remains accessible to all British

HTH-2014-00296
Page 42

Columbians. Currently, government has a program called the Children's Education Fund (CEF) that sets aside $1,000 for every child born since January 2007 for post-secondary education.

IN THE FAMILIES FIRST AGENDA, WE ASKED FOR INPUT ON WHETHER THE CHILDREN'S EDUCATION FUND IS THE BEST WAY TO SUPPORT BRITISH COLUMBIA'S FUTURE STUDENTS. HERE ARE THE QUESTIONS:

- *In your view, is the Children's Education Fund the best use of money to support post-secondary education for your child?*
- *Would you rather see the money invested in an RESP for your child?*
- *Would you rather the funding went toward student loan forgiveness?*
- *How could our government make it easier to save for education and training?*

ENGAGEMENT SUMMARY

The Ministry of Education leads engagement on a variety of topics – including the Children's Education Fund (CEF) – on **BC's Education Plan website.** The Ed Plan process will modernize British Columbia's education system with input from parents, children and stakeholders alike. In July 2012, the ministry issued, **"what you've said,"** a summary of comments from online discussions. To learn more, **join the conversation** online.

People we heard from are positive about a fund for their children's post-secondary education, given the high cost of living and the challenges of saving and paying for education. Here are some ideas submitted online:

» Make the CEF available to all students (not just children born after January 1, 2007);

» Lower the cost of tuition;

» Increase access to loan forgiveness programs; and

» Use Registered Education Savings Plans (RESP) as a way to save for a child's education.

GOVERNMENT ACTIONS TO SUPPORT STUDENT EDUCATION

» In June:

- A new, mobile **Student Aid BC website** launched. Student research determined the layout and design including integration with social media.
- The Province implemented an Aboriginal Post-Secondary Education and Training Policy Framework and Action Plan. The framework and action plan encompass all post-secondary

HTH-2014-00296
Page 43

education and training programs, including adult basic education, vocational, career, business, trades, undergraduate and graduate degree programs, and aims to close the educational gap for aboriginal learners. Engagement on the draft framework included in-person meetings, Twitter, and Facebook, and culminated in a one-day forum held in February 2012. Learn more about the framework **online**.

» In July: A new, two-stage Repayment Assistance Plan (RAP) for students took effect to ensure that low-income students – and their families – have extra support when repaying their student loans. RAP is based on the borrower's ability to repay; the eligibility process for RAP also considers income, family size and student loan debt load.

- The first stage provides payment assistance for the interest portion of the student loan, while the second stage provides payment assistance for the principal portion of a loan.
- Students with a permanent disability can also qualify for RAP-PD. This is an accelerated RAP program where, at the end of 10 years, if an individual can still not afford their monthly payments, their loans will be paid in full. The federal government designed RAP, with input from B.C. and other provinces. RAP replaces B.C.'s Interest Relief program.
- See the **Student Aid website** for more information.

» In October, government announced it is working with post-secondary institutions to implement an open textbook policy for use at B.C. institutions as early as 2013-14, supporting students studying in areas like arts, sciences, humanities and business. Open textbooks are part of a growing movement worldwide supporting Open Education Resources (OER), which takes advantage of the Internet – making information sharing easier – and open licences, which extend the rights to use, reuse, revise and share material.

» In November:

- Government provided $2.4 million to the Community Adult Literacy Program (CALP) to support close to 6,400 learners in 68 communities throughout the province. Adult learners can improve their reading, writing and numeracy skills and advance their education and career goals. To learn more, visit the **Adult Literacy website**.
- As part of the Aboriginal Post-Secondary Education and Training Policy Framework and Action Plan, government is providing emergency financial relief to Aboriginal students while they attend school. The $2-million Aboriginal Emergency Assistance fund is part of government's renewed commitment to improve post-secondary opportunities and outcomes for First Nations, Métis and Inuit peoples. To learn more, visit the **Aboriginal post-secondary website**.

HTH-2014-00296
Page 44

Helping Seniors Stay Active

Seniors make valuable and important contributions to their families, their communities, the economy and the province. It's clear that by engaging in healthy, active lifestyles, seniors can minimize or even prevent the frailty and illness that are often associated with old age. In addition, we know that, when seniors can remain independent and remain in their own homes, they have a greater sense of well-being.

IN THE FAMILIES AGENDA, WE ASKED FOR YOUR INPUT ON HOW WE CAN SUPPORT SENIORS TO STAY ACTIVE AND HEALTHY. HERE ARE THE QUESTIONS:

- *What other tools and resources would be useful to encourage B.C. seniors to stay healthy and active?*
- *What role can communities play in supporting healthy, active aging?*
- *Are there financial tools or programs that our government could put in place to make housing more affordable for seniors?*

ENGAGEMENT SUMMARY

Through the Ministry of Health and the Minister of State for Seniors, government is connecting with seniors to get ideas about how we can make sure our programs are serving their needs.

In April, the Ministry of Health launched ThinkHealthBC, a website to engage all British Columbians in thinking about B.C.'s health care system in a new way. The site includes information specifically designed for seniors, and information about the ministry's strategy for sustainable health care.

Visitors to the site can also participate in online discussions with the ministry 'ambassadors' and other British Columbians. Join in at **ThinkHealthBC.**

In May, under the Seniors Action Plan, the Ministry of Health launched an engagement process to discuss the role and function of an advocate. Twenty-two public and stakeholder meetings took place in nine communities – including one in a residential care facility and one in a retirement community – with over 500 participants across the province. See summaries of all **consultations online.**

British Columbians were also invited to submit ideas and comments on a discussion paper entitled, 'Creating a Seniors' Advocate for British Columbia: A Stronger Voice for BC Seniors,' posted **online here.** Submissions closed on July 31; legislation is now being drafted to define the mandate and powers of a new advocate, and will be introduced in spring 2013.

HTH-2014-00296
Page 45

GOVERNMENT ACTIONS TO SUPPORT ACTIVE SENIORS

In February 2012, government announced the establishment of a comprehensive seniors' action plan, called, 'Improving Care for B.C. Seniors: An Action Plan.' The plan outlines a new approach to seniors' care and contains specific actions to help seniors and their families navigate the health system, access information about care options and have a clear, simple way to register complaints. Find the plan on the **SeniorsBC website** and see some of the completed actions below.

- In February, the Ministry of Health provided $15 million to the United Way of the Lower Mainland (UWLM) to expand non-medical home support services to seniors in communities throughout the province over the next three years. Non-medical home services include a range of services such as housekeeping, transportation and yard work, to help seniors remain living in their own homes longer. The UWLM has identified a number of potential sites for 'Better at Home' programs and will conduct community consultations to assess local readiness. Learn more on the **Better at Home website.**
- In March, government announced the development of a provincial elder abuse prevention plan and provided $1.4 million to the BC Association of Community Response Networks to provide extra support, in collaboration with local stakeholders, for prevention and education activities to reduce elder abuse and neglect in B.C. If you or someone you know is in immediate danger, dial 9-1-1, or call the emergency number listed in the front of your phone book.
- In April, government announced new tools to help British Columbians who wish to do their own advance-care planning. Two brochures are available online: a combined advance-care planning guide and workbook, and a video. To see all information, visit the **SeniorsBC website.**
- In June, the Province established a new the Seniors Health Care Support Line. Seniors who have issues accessing health-care services or with the health care they receive, can call toll-free Monday-Friday, from 8:30 a.m. to 4:30 p.m. Call 1 877 952-3181 or 250 952-3181 in Victoria.
- In September, government announced additional funding for Age-friendly BC communities for 2013, supporting seniors around British Columbia. In 2012, the Province provided $500,000 to the program with grants of up to $20,000 available through the Union of BC Municipalities (UBCM). Municipalities and regional districts can be recognized as Age-friendly after completing four basic steps that focus on community engagement, commitment, assessment and action. More information is available on the **Age-friendly web page.**
- In October:
  - After consultation with seniors and their families, government launched a redesigned **SeniorsBC website** and produced the 10th edition of the **BC Seniors' Guide.** The refreshed website is more user-friendly, with improved navigation through topics of

HTH-2014-00296
Page 46

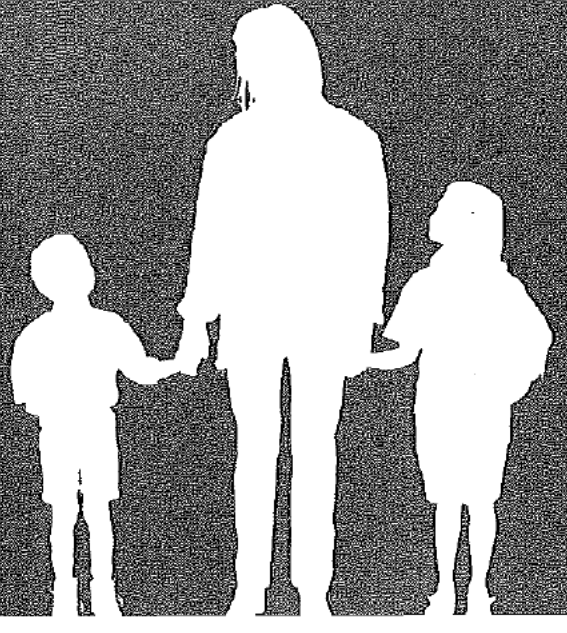
interest to seniors and their families. Information is easier to find and understand. The guide includes updated information on provincial and federal programs, and sections on benefits, health, lifestyle, housing, transportation, finances, safety and security, and other services. Both the website and the guide are useful for family members and caregivers, or anyone interested in planning for a healthy aging lifestyle. To receive a free copy of the BC Seniors' Guide (also available in Chinese, French and Punjabi) call 1 877 952-3181, or download the **Guide in PDF** online.

- Government announced nine additional regional service centres of DriveABLE, helping to reduce travel for those drivers, including seniors referred by their physician to take a functional cognitive assessment. New locations include Campbell River, Duncan, Penticton, Port Alberni, Powell River, Salmon Arm, Terrace, Vernon and Williams Lake. There are now 28 locations of DriveABLE centres, up from 15 in 2011. For more information, visit the **DriveABLE website**.
- Government released a report on achievements under Housing Matters BC, the provincial housing strategy (launched in October 2006). See the report on the Housing Matters BC website. This year, more than 97,000 B.C. households will benefit from social housing programs and services. Under **Housing Matters BC**, government addresses a range of needs, from homelessness to affordable rental housing and homeownership. Assisted-living and accessible apartments are available to help low-income seniors remain independent.

HTH-2014-00296
Page 47

Notes

To strengthen families-at-risk, we are making reforms to income assistance policies, shifting our approach to support those with mental-health issues and collaborating with family groups to address difficult issues.



Supporting Vulnerable Families Pillar

Government is committed to implementing supports that help all British Columbians – including our most vulnerable citizens – share in the benefits as our economy grows. To strengthen families-at-risk, we are making reforms to income assistance policies, shifting our approach to support those with mental-health issues and collaborating with family groups to address difficult issues.

Supporting Those Living with Mental Illness and Addictions

In 2011/12, the projection is for Ministry of Health to spend approximately $1.3 billion on mental health and substance use – an increase of 58 per cent since 2000/2001. This includes significant funding to building or expanding mental-health facilities across the province.

IN THE FAMILIES FIRST AGENDA, WE ASKED FOR YOUR INPUT TO HELP US IMPROVE SERVICES – INCLUDING PREVENTION, EARLY INTERVENTION, TREATMENT AND HARM REDUCTION – FOR FAMILIES AFFECTED BY MENTAL HEALTH OR SUBSTANCE USE. HERE ARE THE QUESTIONS:

- *How can those supporting a family member living with mental illness or addictions be better assisted?*
- *For parents who are living with a mental illness, can they be better supported in effective parenting?*
- *Are there mechanisms available for early detection and intervention?*
- *Can there be improved outreach to rural and remote areas?*
- *Are there better ways to utilize non-governmental agency services?*
- *Are there better ideas for supportive housing for those with severe mental illness combined with addictions?*

ENGAGEMENT SUMMARY

The Healthy Minds, Healthy People: a Ten-Year Plan to Address Mental Health and Substance Use in B.C. (HMHP) is a road map to improving mental health outcomes for people across the province. Based on extensive consultation between February and June 2009, and launched in November 2010, HMHP actively continues to engage public-sector stakeholders as well as community partners and those in the private sector. Several 2012 activities of HMHP are included below, along with other mental health initiatives.

HTH-2014-00296
Page 50

GOVERNMENT ACTIONS TO IMPROVE SUPPORTS FOR MENTAL HEALTH AND SUBSTANCE USE

» In January, the Healthy Minds, Healthy People project team issued its first-year progress report including highlights, actions and activities that were completed or underway. See the report on the **Ministry of Health website.**

» In March, government provided $1.4 million to the BC Association of Community Response Networks to further support and expand their prevention and education activities to reduce elder abuse and neglect in B.C. Networks work at a community level to facilitate prevention and education activities with local stakeholders to end the abuse, neglect and self-neglect of adults in B.C.

» In April, government announced a partnership with the Union of British Columbia Municipalities (UBCM) to help lift local families out of poverty. The Community Poverty Reduction Strategy is rooted in the understanding that communities and families throughout British Columbia can have specific needs depending on where they live. Regional pilots are taking place in seven communities across B.C. including Surrey, New Westminster, Port Hardy, Kamloops, Cranbrook, Stewart, and Prince George. Over the summer, communities developed action plans with measurable targets and implemented them in September. The Strategy pilots will expand to include more communities each year for the next two years. To learn more, see the **Fact Sheet online.**

» Between April and June, the Ministry of Health and the Ministry of Children and Family Development provided a one-time grant to the F.O.R.C.E. kid's Society for Mental Health to conduct a highly targeted engagement of 119 people across the province, including:

- Youth and parents with diagnosed mental illness;
- Parents with diagnosed mental illness whose children also had mental-health challenges and diagnosed mental illness; and
- Parents and grandparents of children/adult children, ranging in age from six to 45 years, with mental health challenges and diagnosed mental illness.

» In May 2012, F.O.R.C.E. published a report entitled, *"Families Matter: a Framework for Family Mental Health in British Columbia"* as a blueprint for potential next steps in family mental health. For more information, see the **F.O.R.C.E website.**

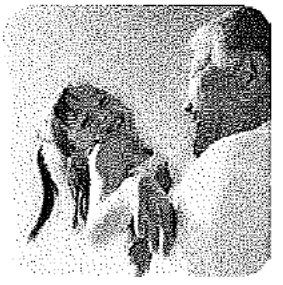
» From June to August, the McCreary Centre Society conducted focus groups with youth – particularly those with complex needs in rural and remote areas – to determine how best to help. McCreary Centre Society is currently reviewing the data and will share a draft report with the youth upon completion.

» In September, the Minister of Health announced $500,000 in funding over the next two years to further support Healthy Minds, Healthy Campuses, to empower post-secondary students, faculty,

HTH-2014-00296
Page 51

administrators and campus health professionals to work together on mental health and substance use issues. Healthy Campuses is a provincewide community of practice that allows members to share their own experiences, discuss strategies, consider new ideas, and share resources – all with the goal of promoting wellness on campus. The new funding falls under the Healthy Minds, Healthy People plan, which recognizes the unique needs of different population groups, and understands these needs change across the lifespan. To learn more, visit the **Health Campuses website**.

» In October, the Minister of Health committed to further advancing the health of B.C. families by announcing $48 million to support the ongoing work of the Michael Smith Foundation for Health Research (MSFHR). Priority health-research areas for the ministry include health services, population health, clinical and biomedical research. To learn more, visit the **MSFHR website.**



» In November:

- The Healthy Minds, Healthy People team hosted a knowledge-exchange event to 'Focus on the Family'. The event brought together policy makers, academics, service providers and families to discuss mental-health and substance-use issues, particularly when parents experience mental-health problems and all family members are affected. Find more information on the **Healthy Minds website.**
- The Minister Responsible for Housing announced a complete list of provincially funded, permanent, year-round emergency shelters and spaces available under the Extreme Weather Response Program. See the list on the **BC Housing website.**

» In December, the minister of health announced $19.9 million in annual funding for the provincial expansion of a pilot program that reduces HIV transmission by ensuring those living with HIV have access to the best care and treatment. Beginning April 1, 2013, the Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) program will allow health professionals and community partners to improve engagement with the broader community and specific at-risk groups in HIV testing, reach more people with HIV/AIDS, and enable more people to be treated. Learn more on the **Seek and Treat website.**

Dealing with Dementia

As British Columbians age, health services and supports often become more important to maintaining independence and quality of life. Dementia is a challenging diagnosis for any individual and their family to deal with. Improving quality of care for people with dementia is a priority of government, particularly for vulnerable, at risk seniors with low incomes. We are working with individuals, health professionals, health authorities, and community organizations to broaden our support for people with dementia, from prevention through to end of life.

HTH-2014-00296
Page 52

IN THE FAMILIES FIRST AGENDA, WE ASKED ABOUT PLANNING WHEN A FAMILY MEMBER IS DIAGNOSED WITH DEMENTIA. HERE ARE THE QUESTIONS:

- *Has someone in your family been diagnosed with dementia? How are you planning for the future with this disease? What is the most important piece of information or advice that has helped you and your family plan appropriately?*
- *Approximately 60,000 to 70,000 British Columbians have dementia and its prevalence is increasing. Our communities will increasingly need to accommodate people with dementia and become age-friendly. What has your community done and what more could be done to support care in the community?*
- *Research shows that people with dementia who have a caregiver are more likely to be cared for at home. Caregivers can be family or friends and need our support. How do we better recognize caregivers and the role they play in caring for vulnerable seniors?*

ENGAGEMENT SUMMARY

In 2007, the Ministry of Health gave the Alzheimer Society of B.C. (ASBC) a $1-million grant to conduct seven pilot projects to demonstrate strategies intended to improve dementia care at the community level. The Province has continued this support, providing an additional $1 million in funding in each of 2010-11, 2011-12 and 2012-13.

The ASBC has used the provincial funds to create, build and expand First Link® – an early intervention service designed to connect individuals and families affected by Alzheimer's with services and support as soon as possible after diagnosis. To date, First Link is available in seven B.C. communities: Vancouver, North Fraser, Greater Victoria, North and Central Okanagan, North and Central Vancouver Island, Northern Interior and Skeena, and Richmond/South Delta. For more information, visit the **First Link website.**

GOVERNMENT ACTIONS TO SUPPORT FAMILIES DEALING WITH DEMENTIA

» In April, government announced the expansion of After-Hours Palliative Nursing Service for those nearing the end of their life, and their families. This service is available to those eligible to receive palliative care nursing services through the provincial home and community care program from 9 p.m. to 8 a.m. seven days a week.

» In June, the Seniors Health Care Support Line was established to allow seniors and their families, or other concerned individuals, to report concerns about care. This toll-free phone line is dedicated to support for seniors with complex needs. The line is

HTH-2014-00296
Page 53

available 8:30 a.m.-4:30 p.m. Monday-Friday, excluding statutory holidays. Call 1-877-952-3181, or 250-952-3181 in Victoria.

» In November, the minister of state for seniors released the Provincial Dementia Action Plan. Dementia is a significant contributor to frailty and the loss of independence; particularly for seniors; between 60,000 and 70,000 British Columbians have the disease. The action plan outlines provincewide priorities for improved care over the next two years, through health system, service redesign work and collaborative action by individuals, health professionals, health authorities, and community organizations to achieve quality care from prevention through to end-of-life.

- Under the Dementia Action Plan, new resources are available for families, physicians and care providers for British Columbians affected by dementia. The 'best practice' guidelines are based on national, evidence-based practices from assessment, to problem solving and care planning. Find a PDF of the guide on the **Ministry of Health website.**

End-of-Life Care Options

Advance care planning is about talking to loved ones and health care providers to ensure the health-care treatments you receive are understood if you become incapable of expressing your own wishes.

IN THE FAMILIES FIRST AGENDA, WE ASKED FOR INPUT ON HOW WE CAN BEST SUPPORT INDIVIDUALS, CAREGIVERS AND PROVIDERS WHEN FACED WITH DECISIONS ABOUT END OF LIFE CARE. HERE ARE THE QUESTIONS:

- *How would you start this conversation with those closest to you? Check out our* ***resources and guide.***
- *How could we better provide you with the information you need on end of life care options?*

ENGAGEMENT SUMMARY

In March, the Ministry of Health participated in a provincial forum on advance-care planning in Richmond. Close to 100 stakeholders from throughout the province attended with volunteers from Vancouver Coastal Health's Community Engagement Advisory Network facilitating workshop discussions.

Key themes included 'normalizing' advance-care planning and promoting conversations. The forum helped identify emerging priorities and possible next steps for implementation, and the ministry is using the feedback to support ongoing planning.

HTH-2014-00296
Page 54

GOVERNMENT ACTIONS TO SUPPORT END-OF-LIFE PLANNING

Introduced in 2006, the *'Provincial Framework for End-of-Life Care in British Columbia'* serves as guiding policy for the planning and delivery of services for people at the end-of-life. The framework includes many long-term objectives, some of which are described below.

» In February, the Ministry of Health issued a new brochure entitled, *'My Voice: Expressing My Wishes Advance Care Planning Guide.'* This easy-to-follow guide can help patients and families work through decisions and preferences related to end-of-life care. The guide is endorsed by B.C.'s six health authorities, the British Columbia Medical Association, the B.C. College of Family Physicians, and the General Practice Services Committee. Patients contributed to the development of *My Voice* through in-person focus groups. You can find an updated set of resources for advanced-care planning on the **Ministry of Health website**, or you can download the **PDF document**. Call HealthLink BC at 8-1-1 if you need help finding the guide.

HTH-2014-00296
Page 55

Notes

Government is working with partners in all regions of the province to improve policing, prevent crime and reduce violence.

Safe Communities, Strong Families Pillar

Improving Crime Prevention and Community Safety

While our crime rate is falling in British Columbia – it's at a thirty-year historic low – it is important to ensure that families feel safe at home and in their communities. To that end, government is working with partners in all regions of the province to improve policing, prevent crime and reduce violence. We are also reviewing the justice and legal aid systems, and looking at new ways to protect the most vulnerable British Columbians.

IN THE FAMILIES FIRST AGENDA, WE ASKED BRITISH COLUMBIANS FOR INPUT ON WHAT COMMUNITY SAFETY MEANS TO THEM. HERE ARE THE QUESTIONS:

- *Have you worked on a local crime prevention project, and can you share what you have learned?*
- *What does community safety mean to you?*
- *What would help you to feel safer in your community?*

ENGAGEMENT SUMMARY

On April 25, 2012, the Ministry of Justice launched a provincewide public engagement process to develop a 10-year strategic plan for policing in B.C.

The *'B.C. Policing Plan'* is part of government's work to reform and modernize the criminal justice sector, including setting out goals, targets, and performance standards for policing for the next three, five and 10 years.

Development of the B.C. Policing Plan is a three-part process, as outlined below:

ENGAGE

» In April, government launched regional, face-to-face stakeholder roundtables with subject-matter experts from the social-service sector, police, local governments and community leaders in nine communities.

» A public blog site, **B.C.'s Policing Plan**, hosted public dialogue questions and posted regular project updates to provide a transparent view of the process.

HTH-2014-00296
Page 58

» Ministry of Justice conducted a public community safety survey by phone and online. The anonymous survey covered topics like personal experience with crime, perceptions of safety in communities and satisfaction with policing.

SUSTAIN

In September, government released a report of the key priorities, potential strategies and best practices identified by participants of the B.C. Policing Plan roundtables. You can find the Police Roundtable Summary Report on the **Police Services Division** website. In October, eight focus groups convened to build on the public feedback. Participants included members from the RCMP, municipal police departments, municipalities, provincial government, academia, private security, public-safety interest groups and First Nations.

DRAFT

In December, a final draft of BC Policing Plan is underway. In the coming months, the ministry will post the draft plan for public and stakeholder feedback. Watch for a final version in early 2013. To follow progress, visit the **Policing Plan blog site.**

What do we hear to date? Among the messages emerging from the community roundtables, the strongest is that we need more resources to support the mentally ill and addicted. There was strong consensus that this would result in improved services to the public, not only by better meeting the needs of the mentally ill, but also by freeing up policing resources to focus on core policing functions.

GOVERNMENT ACTIONS TO SUPPORT COMMUNITY SAFETY

» The B.C. government invests over $1 billion annually in public safety and the justice system.

» In June, government extended funding of $66 million over three years to the Guns and Gangs Prevention Strategy, specifically to sustain 168 anti-gang officer positions created in 2009. Funding for the strategy was part of **Budget 2012.**

» In July, the Legal Services Society submitted an independent examination of B.C.'s legal-aid system. Find the report, *'Making Justice Work: Improving Access and Outcomes for British Columbians,'* on the **Legal Services Society website.**

» In August, Geoffrey Cowper, Q.C., chair, B.C. Justice Reform Initiative released, 'A Criminal Justice System for the 21st Century,' an independent review of the provincial justice system. The report includes recommendations to make the system more efficient, timely and transparent. To see the report, visit the **Ministry of Justice web site.**

- Also released as part of the justice reform initiative: a report by Gary McCuaig, Q.C., which reviews B.C.'s charge assessment process. Find it in Schedule 11 of Cowper's report.

HTH-2014-00296
Page 59

» In September:

- Announcement of $1.5 million to establish a new Justice Access Centre in Victoria in 2013. This fulfills a commitment to expand Justice Access Centres in the province. Currently there are two, in Vancouver and Nanaimo. **Justice Access Centres** provide a single front door to the justice system for people with family and civil law problems, such as separation and divorce, housing, income assistance and employment.
- The Independent Investigation Office (IIO), headed by Richard Rosenthal, became operational. The IIO is a civilian led office with the authority to investigate incidents of death or serious harm involving a police officer in BC. Learn more at the **IIO website**.

» In October:

- Release of a White Paper on Justice Reform, Part One: A Modern, Transparent Justice System. This document is the first of a two-part action plan for creating a timely, transparent justice system that works for British Columbians. The second part of the White Paper, which will be informed by recommendations from the Missing Women Inquiry and B.C. Policing Plan, will follow.
- Opening of the brand-new, state-of-the-art building at the Alouette Correctional Centre for Women (ACCW) in Maple Ridge.

» In November:

- Submission to government of the report on the Missing Women Commission of Inquiry, headed by Commissioner Wally Oppal, Q.C. The Missing Women Commission considered evidence from 92 days of public hearings, written submissions, public policy forums, and input from community engagement forums throughout the province. The Inquiry report and recommendations were released to the public on Dec. 17, 2012. To learn more, visit the **Commission's website**.
- Announcement of $1 million in funding available from the Civil Forfeiture Office to support local crime-prevention efforts throughout the province in 2012-13. The funding will support projects aimed at preventing youth involvement in crime, combating human trafficking and sexual exploitation, preventing family violence and violence against women, and community crime prevention. To find applications for grants, visit the **public safety website**.

» In December, government announced the intent to appoint nine new provincial court judges. Chief Judge Thomas Crabtree will assign the nine judges to courts in communities throughout the province. This action delivers on recommendations made in Geoffrey Cowper's report, *A Criminal Justice System for the 21st Century*, and the subsequent action plan announced in the first part of the White Paper on justice reform. For more information, visit the **justice reform website**.

HTH-2014-00296
Page 60

» The addition of thirteen new deputy sheriffs to the ranks of the B.C. Sheriff Service. Nine auxiliary sheriffs are assigned to the Lower Mainland and one full-time sheriff each is assigned to Prince George, Terrace, Nelson and Williams Lake. Thirty-six new sheriffs have been hired this year to help alleviate pressures in the courts and ensure B.C. courthouses are safe and secure. Learn more on the **B.C. Sheriff Service website.**

» In 2013, introduction of a new **Family Law Act** which will modify how family disputes are handled and help reduce the risk of children and families being put into potentially dangerous situations. It includes expansion of the Notice to Mediate program, and require, for the first time, that all family-dispute resolution practitioners – mediators, parenting co-ordinators and family arbitrators – screen for family violence. Practitioners will have up until Jan. 1, 2014, to meet new training standards. To read a summary of the highlights, visit the **Ministry of Justice** web page.

ENGAGEMENT FEATURE: DOMESTIC VIOLENCE

Regrettably, some families face threats of crime and violence. That's why we've implemented new policies to protect families from both inside and outside of the family unit.

In March 2012, government established a new Provincial Office of Domestic Violence, with funding for eight new full-time staff members. This co-ordinating office has carried out extensive consultation with experts and service providers from across B.C. to ensure the voices of the anti-violence community are heard and considered as government develops a three-year provincial plan to address domestic violence. The plan will include an Aboriginal strategy and approaches to support women with disabilities, immigrant and refugee women.

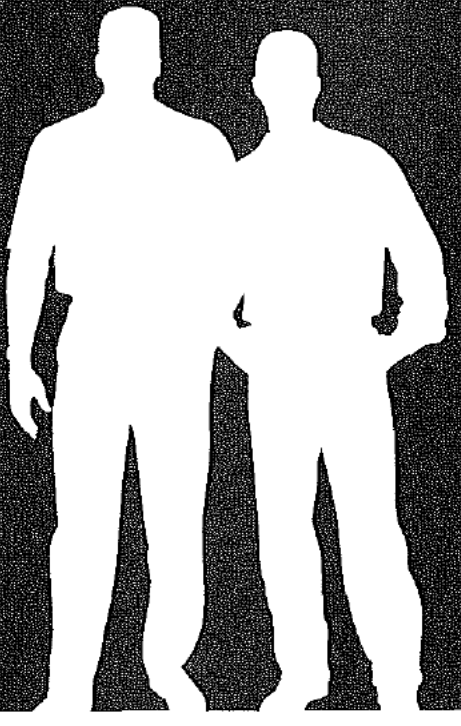
To develop the Aboriginal strategy, the Provincial office is working closely with the Ministers' Advisory Council on Aboriginal Women and engaging with First Nations, Métis and Aboriginal organizations to ensure the perspectives, needs and priorities of Aboriginal communities are included in the strategy.

In November, representatives of 46 organizations from diverse communities came together for a one-day provincial forum to share information, provide input and expertise into the development of the provincial plan. Broader public input is important as well. Further consultation will take place in the new year to help strengthen the effectiveness of domestic violence related policies and services to enhance safety, especially for women and children. The provincial plan will be ready for full implementation in 2013.

HTH-2014-00296
Page 61

Notes

Thank you to all of you from throughout the province who have taken time to provide your feedback, online or in-person, in engagement sessions, town halls, surveys, roundtables, forums and more.



Conclusion

Every family in B.C. should have the chance to build a strong base, be self-sufficient and look ahead to a positive future. The Families First Agenda for B.C. is a commitment to families in this province. It describes a comprehensive picture of targeted investments we are making to help families of all kinds be stronger, healthier and safer. With the input of citizens, we are improving policies, programs and services to make British Columbia the best it can be.

Resources

Website links to be inserted here for website accessibility for screen readers (for the blind, visually impaired, or learning disabled).

HTH-2014-00296
Page 64

For more information please visit our website

www.gov.bc.ca

CANADA STARTS HERE

BRITISH COLUMBIA

Stakeholder Engagement: Summary of Input

Background Paper No. 10

British Columbia Mental Health and Substance Use Project

BRITISH COLUMBIA

The Best Place on Earth

10 Year Mental Health and Substance Use Framework for British Columbia

Background Papers

Background Paper No. 1: *Preliminary Estimate of the Burden of Disease and Injury in British Columbia: Context for Mental Health Planning*

Background Paper No. 2: *Promoting Mental Health: What Works?*

Background Paper No. 3: *Preventing Mental Health Problems: What Works?*

Background Paper No. 4: *Preventing and Reducing Harms from Substance Use: What Works?*

Background Paper No. 5: *Treating Mental Health Problems, Substance Use Problems and Concurrent Disorders: A Summary of Published Guidelines*

Background Paper No. 6: *Supporting Recovery and Community Integration: What Works*

Background Paper No. 7: *Cross Jurisdictional Policy Review: Mental Health and Substance Use Policies*

Background Paper No. 8: *Overcoming Stigma of Mental Health Problems and Substance Use Problems: What Works?*

Background Paper No. 9: *Cross Jurisdictional Review of Whole Systems Governance Models in Public Policy Implementation: Implications for the Implementation of Mental Health & Substance Use Policy in the British Columbia Context*

Background Paper No.10: *Stakeholder Engagement: Summary of Input*

April 2010

TABLE OF CONTENTS

PREFACE....4

I. INTRODUCTION....6

II. FEEDBACK....7

Vision Statement....7
Strategic Directions....7
Promoting Mental Health....8
Prevention of Mental Illnesses and Substance Use Problems....9
Harm Reduction....10
Care, Treatment and Support....11
Stigma and Discrimination....13
Whole Systems Approach....14
Research, Innovation and Knowledge....14
Lifespan Perspective....15

III. OTHER IDENTIFIED THEMES....16

A Focus on the Needs of Aboriginal Populations....16
Language....16
Systems Orientation....17
Culturally Sensitive Approaches....18

IV. CONCLUSION....19

Appendix A: Discussion Guide....20
Appendix B: Stakeholder Engagement Activities....41

PREFACE

Good mental health and freedom from harms associated with problematic substance use is crucial to the overall well-being of individuals, communities and societies—positive mental health is a resource for everyday living that enables people and communities to realize their fullest potential and to cope with life transitions and major life events. Unfortunately, around the world, mental health problems and substance use problems are common—affecting men and women of all ages, nations and cultures. Estimates suggest mental disorders affect more than 25 percent of all people at some time during their lives and are present at any point in time in about 10 percent of a given adult population.[1]

British Columbia is no exception to this trend. Mental health problems and substance use problems are the third largest contributor to the Province's overall disease burden (after cancer and cardiovascular disease), are the largest contributor to disease burden among British Columbians ages 15—34, and the leading cause of disability in the province.[2] British Columbia spends approximately $1 billion each year on mental health and addictions services delivered through the health system.[3]

It has been more than a decade since government developed a comprehensive plan for mental health in British Columbia. In the intervening period, the health system has been reorganized into health authorities, and mental health services and addictions services have been integrated. Specific Ministry of Health Services policy frameworks, such as Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction[4] and Following the Evidence: Preventing Harms from Substance Use in BC[5], and a Child and Youth Mental Health Plan developed by the Ministry of Children and Family Development[6], have all supported various aspects of sector development. New partnerships have also developed across ministries and sectors.

Provincial capacity has expanded through the establishment of the BC Mental Health and Addictions Services at the Provincial Health Services Authority, the Centre for Addictions Research of British Columbia at the University of Victoria, and the Centre for Applied Research in Mental Health and Addictions and Children's Health Policy Centre at Simon Fraser University. Funding from the Province's Leading Edge Endowment Fund has supported creation of a Leadership Chair in Depression at the University of British Columbia's Brain Research Centre. This academic

1 World Health Organization (2001). Mental Health: New Understanding, New Hope. World Health Report 2001. Geneva: World Health Organization.
2 BC Ministry of Health (2001). Evaluation of the Burden of Disease in British Columbia. Victoria, BC. Strategic Policy and Research Branch, British Columbia Ministry of Health
3 Committee of Supply (2004). British Columbia Debates of the Legislative Assembly. Vol 22, 1. 9411, sec.1055.
4 BC Ministry of Health Services (2004). Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction. Available at http://www.health.gov.bc.ca/library/publications/year/2004/framework_for_substance_use_and_addiction.pdf
5 BC Ministry of Health Services (2006). Following the Evidence: Preventing Harms from Substance Use in BC. Available at http://www.hls.gov.bc.ca/publications/year/2006/followingtheevidence.pdf
6 British Columbia Ministry of Children and Family Development (2003). Child and Youth Mental Health Plan for British Columbia. Victoria, BC: Ministry of Children and Family Development. Available at http://www.mcf.gov.bc.ca/mental_health/mh_publications/cymh_plan.htm

HTH-2014-00296
Page 69

leadership post is dedicated to identifying the underlying causes of mental illness and devising novel, evidence-based responses across the lifespan.

The evidence base to support effective action to promote mental health and prevent and respond to mental health problems and substance use problems has expanded rapidly. Considerable new knowledge is now available in the field. Expanded capacity and growing integration in the mental health and addictions sectors mean that British Columbia is well positioned to take advantage of new relationships and new knowledge at the research, policy and practice levels.

As a next step, the province is developing a 10 Year Plan to Address Mental Health and Substance Use that takes a whole systems approach. The Plan will set out a clear unifying vision, guiding principles, intended population outcomes, strategic directions and evidence-based recommendations for action. The Plan will articulate roles and responsibilities and identify specific milestones for achievement. Finally, it will establish mutually developed mechanisms to monitor progress over time and ensure accountability.

In British Columbia, a disproportionate share of the burden of mental health problems and substance use problems is borne by Aboriginal communities. With the signing of the Transformative Change Accord, the Leadership Council representing the First Nations of British Columbia, the Province of British Columbia and the federal government have agreed to a shared commitment to action on closing health, social and economic gaps between First Nations and other British Columbians.[7] The Transformative Change Accord specifies "establishing mental health programs to address substance abuse and youth suicide" as one of four actions to close health gaps between Aboriginal British Columbians and the general population by 2015. Therefore, as partners with Aboriginal leadership and communities, and the federal government in the Tripartite process the Ministry of Health Services and the Ministry of Healthy Living and Sport are participating in the development of a plan to address mental health and substance use in BC's Aboriginal communities.

This background paper forms part of a series prepared for the Ministry of Health Services, Ministry of Healthy Living and Sport and the Ministry of Children and Family Development to inform the development of a 10 Year Plan to Address Mental Health and Substance Use for British Columbia. Each paper in the series addresses a key element in the Plan. As the Plan evolves, additional background papers will be developed and added to the series.

To date, the series presents current data on the relative magnitude of mental health problems and substance use problems in British Columbia. It summarizes policy approaches adopted by other jurisdictions to address similar challenges. The series also examines best available evidence on effective interventions to promote positive mental health, to prevent and reduce associated harms and respond to mental health problems, substance use problems, and concurrent disorders, as well as to support recovery and community reintegration. The series also includes a review of national and international best practices in addressing stigma and discrimination. Taken together, the information, policy approaches and programming options contained in the series will provide valuable evidence to inform overall provincial policy directions and to improve the mental health and well being of British Columbians across the lifespan.

7 Transformative Change Accord. (2005). Government of British Columbia, Government of Canada & the Leadership Council, representing the First Nations of British Columbia. Available at http://www.gov.bc.ca/arr/social/down/transformative_change_accord.pdf

INTRODUCTION

During the 2006 Conversation on Health, government heard that British Columbians believe mental health and substance use to be significant health issues. Participants expressed the need for more, flexible mental health and addiction services that fit the needs of individuals, and better information about mental illness and addictions in order to overcome stigma and discrimination against people with these kinds of health problems. More information about the results of the Conversation on Health is available online:
http://www.health.gov.bc.ca/library/publications/year/2007/conversation_on_health/

The development of the 10 Year Plan to Address Mental Health and Substance Use in BC (the 10 Year Plan) included consultation with major policy, research, advocacy and service organizations, with field staff involved in preventing and treating mental health and substance use problems, and with people living with mental illness and substance use problems. Building on the input and advice that emerged from the Conversation on Health, public and stakeholder engagement was entrenched as a key component of development of the 10 Year Plan. Beginning in early 2008 at a formative stage in the development of the plan, key stakeholder groups with a focus on mental health and/or substance use issues from across the province were asked to help shape the overarching directions proposed for the plan through a series of workshops convened by the Ministers of Health Services and Healthy Living and Sport.

With the signing of the Tripartite First Nations Health Plan, the Leadership Council representing the First Nations of BC, the province and the federal government agreed to a number of actions including "establishing mental health programs to address substance abuse and youth suicide" for Aboriginal British Columbians. An Aboriginal reference group, which included representatives from the Métis Nations of BC, the BC Association of Aboriginal Friendship Centres, and the First Nations Health Council, was formed to provide advice and input into the development of the 10 Year Plan so that the plan might support and complement the development of an Aboriginal population-specific mental health and substance use plan as required through tripartite commitments.

A formal and broader-based engagement and consultation process was launched in February 2009. The consultation provided an opportunity to ensure that key partners and stakeholders were generally aligned with the broad strategic directions of the plan, and to begin to identify opportunities to strengthen both entry points into various systems and relationships among different systems. In some cases input prompted consideration of new strategies or adapted approaches, and in other instances it confirmed directions and values originally proposed. The consultation feedback is summarized below by major themes, and reflects the commitment and passion participants have for the issues of mental health and substance use.

In 2008, the Ministry of Children and Family Development undertook a review of the impact of the *Child and Youth Mental Health Plan for British Columbia* on the broader child and youth mental health system. The summary of this consultation process has informed the planning and development of the child and youth portion of the 10 Year Plan to Address Mental Health and Substance Use in BC.

FEEDBACK

Consultation input for the 10 Year Plan was solicited through thirteen in-person sessions and through written submissions, framed by a discussion guide (Appendix A) that:

- Outlined the rationale and approach for developing a 10 Year Plan;
- Described proposed key components of the plan; and
- Invited stakeholders to provide their perspectives on each of the plan components.

Full-day and half-day face-to-face input sessions were held in Vancouver during February and March 2009, for a range of stakeholder groups: heath and social service sector organizations; education sector organizations; justice sector organizations; child and youth organizations; labour organizations; business sector organizations; and youth and adult service users and their families. In late March and early April 2009, additional full-day regionally-based consultation sessions (for members of the public, service users and service providers) were held in Prince George, Kamloops and Victoria. A separate engagement session with the BC Medical Association was held in Victoria in April 2009, and targeted sessions for youth and adult service users were held in June 2009 in New Westminster and Burnaby. Details regarding the focus, dates and locations of various sessions can be found in Appendix B.

Input and feedback from these various engagement activities were compiled, summarized and a thematic analysis was performed. Feedback is presented in a collective format, without identification of the specific sectors or group of participants which provided the feedback unless required or particularly relevant.

Vision Statement

A well-crafted vision statement identifies a desired state which the various involved stakeholders hope to achieve, and provides overarching strategic directions that will guide future activities. A vision statement should communicate the purpose and values of the overall endeavour, and should ultimately be focused on improvements – in this case, on improving the lives of the people of British Columbia.

Participants within various engagement activities generally felt that the vision statement for the 10 Year Plan to Address Mental Health and Substance Use in BC should be short and concise and embrace a whole-person, client-centred, across-the-lifespan approach. Respondents indicated that the vision statement should acknowledge the need for a range of timely, socially and culturally appropriate services that support and enrich the strengths and potential of all British Columbians. In addition, many felt that the vision statement should establish an environment of acceptance through the goal of elimination of stigma and discrimination of all kinds.

Strategic Directions

The development of the 10 Year Plan to Address Mental Health and Substance Use in BC has been

guided by strategic directions that are grounded in scientific evidence and international experience.

These strategic directions include:

- health promotion;
- prevention of illness and problems;
- harm reduction;
- integrated and accessible care,
- treatment and support;
- reduced stigma and discrimination;
- enhanced innovation, research and knowledge;
- a whole-systems, cross-government approach; and
- a lifespan perspective.

There was general agreement amongst respondents that these directions were indeed appropriate, but that there would also need to be public oversight and corresponding accountability mechanisms, including progress milestones, built in to the overall response in order to achieve the plan's vision. Other input included a reminder to consider the needs of all the various ethno-cultural, demographic and social sub-population groupings that form the cultural fabric of our society (with a particular focus on the needs of Aboriginal populations), to be mindful of the power of language, and to recognize the educational system as having a key role in advancing a comprehensive health agenda.

The following sections consider significant themes and input from the various engagement and consultation activities related to the 10 Year Plan across these strategic directions.

Promoting Mental Health

"[Mental health promotion] is something that can be implemented in the short-term and have long-term positive consequences"

The need to move "upstream" to promote and strengthen good mental health was endorsed almost universally by consultation participants. There was acknowledgement that the evidence base supporting approaches to mental health promotion continues to grow, and several respondents emphasized that action in this area must be, whenever possible, based solidly on good evidence. It was suggested that far more emphasis needs to be placed on the socio-economic determinants of mental health, such as income, education, housing, employment, early childhood development, parental supports and life skills.

Early childhood was highlighted as a key life stage to focus on by many respondents. Equipping children with life skills and coping skills early in their lives was seen as important, as was providing adequate play and recreation activities to foster healthy social and emotional development. Providing sound role modeling and opportunities for attachment to a substantive, supportive adult in their lives were put forward as important ways to help children thrive. Access to tools and opportunities to strengthen parenting skills were also seen as important by many participants.

For older children and adolescents, respondents suggested a focus on building resiliency and identified schools as a key setting for such efforts, citing strong, positive connections with peers and the broader school community as significant protective factors. The importance of peer-to-peer mentoring, support and advocacy were highlighted by youth themselves, as was the importance of addressing fundamental needs for health, learning and development (e.g. affordable housing, proper diet, safe communities and opportunities for recreational activities). Several respondents thought it would be helpful to evaluate and update the curricula for the post-secondary education of various health, teaching and social work professionals to include a focus on mental health promotion and the importance of the social determinants of health. Participants from the education sector observed that principles of social/emotional learning are well aligned with mental health promotion, and emphasized the importance of positioning this work within a whole-school or comprehensive school health context.

While no one suggested ignoring the needs of adults, there was a consensus that focusing mental health promotion interventions earlier in the lifespan was the most effective and sustainable way to move towards achieving a healthier population. At the same time, there were a number of specific suggestions for mental health promotion among adults, particularly in the context of employment and the workplace. These included striving for work-life balance, an activity in which government, the business community, unions, professional organizations, as well as employees themselves, all have a role to play. Fostering meaningful and financially accessible non-work activities was seen as another way to improve both individual mental health and community cohesion, with respondents identifying sports, hobbies, gardening, music, and volunteering as intrinsically valuable leisure activities. Spiritual, religious or holistic, integrative practices (e.g. meditation, tai chi or yoga) were also cited as contributing significantly to positive mental health.

The relationship between physical health and mental health was also a factor that some respondents identified as important, noting that chronic illnesses can be mentally as well as physically debilitating, and that health promotion activities should reflect an understanding of mind/body connectedness.

Prevention of Mental Illnesses and Substance Use Problems

> *"Considerable research has occurred in prevention areas …any program undertaken should be evidence-based and thoroughly assessed prior to any kind of full scale implementation."*

Consultation participants were highly supportive of efforts intended to prevent specific mental disorders and/or substance use problems before they occur. There was broad-based acknowledgement of the complementary nature of mental health promotion approaches and efforts to prevent disorders and problems in terms of outcomes on both an individual and population level. The majority of respondents distinguished primary prevention activities intended to prevent the onset of problems, from secondary prevention activities aimed at the early detection of problems, but noted that both are important "upstream" approaches that require more attention and emphasis. Some respondents felt that prevention activities would be more appropriately framed as efforts to address or minimize risk, acknowledging that prevention of problems is subject to a complex

interplay of risk and protective factors, and that the desired outcome – suspended or completely prevented onset of symptoms or problems – may not always be achievable for all people.

Thoughts and suggestions from participants frequently focused on key opportunities for intervention across the lifespan. Beginning with the prenatal and antenatal stage, some noted that maternal care interventions are essential for prevention and early intervention, as maternal depression is associated with increased risk for depression, anxiety and behavioural problems in children. A focus on healthy early development for children was highlighted, with a specific focus in some instances on opportunities to build and reinforce self-regulatory or self-management skills, which in turn may contribute to future success in school and reduce risks of anti-social behaviours and anxiety.

Citing schools once again as a key setting for action, respondents supported classroom-based prevention and targeted early intervention programs in schools, and cited examples such as the 'Friends' program to address risk of anxiety-related problems, and efforts to build media literacy for youth regarding consumption of alcohol and other drugs. Other respondents recommended a specific focus be granted to students with histories of behavioural problems, with targeted efforts to provide intensive teacher/student mentorship and reinforce positive youth development. Others spoke of the need for dedicated staff, such as elementary school counsellors, within schools to support and promote primary and secondary prevention efforts. Some, however, suggested that perhaps too much is expected of schools in the area of prevention, and that families, communities, businesses, the media, and society must all contribute to the positive mental health of young people and provide positive role models.

A number of respondents emphasized the prevention opportunities for adults and seniors that are presented within the context of primary care as a consistent point of contact. Some cited, for example, opportunities for regular screening to identify and address risk of problems related to the use of alcohol and other substances.

Many respondents emphasized that, like any other health service or initiative, prevention efforts must be rooted solidly in evidence-based practice, and that rigorous evaluation of results should be encouraged. Several participants suggested that more attention needs to be paid to assessing the value and viability of programs and services currently offered that are not evidence-based, and that, in some instances, resources available to support prevention be refocused to support preventative efforts with a more solid evidence-base. Some respondents recommended identification of population-level indicators that would reflect the overall impact or outcomes of prevention efforts on a community, regional, or province-wide level.

Harm reduction

"In order to help with harm reduction you have to be able to establish a relationship with the people in situations where they need help. You have to be able to relate to the person and put yourself in their shoes . . . . Make things more available and more accessible. Cut out things that could cause a blockade and prevent them from recovering and improving their lives."
(Youth)

A solid majority of respondents were in agreement with harm reduction as a strategic direction for the 10 Year Plan and that preventing avoidable harms such as transmission of HIV and hepatitis C, overdoses, and other health-related harms required a clear commitment from government. Harm reduction was seen by participants as an essential part of a comprehensive continuum of care, and could not be considered in isolation from other services and systems.

Some raised concerns about the politicized nature of the phrase "harm reduction," and the lack of a standardized common definition of the term. Others noted that harm reduction can refer both to a guiding philosophy underlying a variety of different programs, policies and interventions as well as to specific kinds of programs designed to engage populations of vulnerable people who use illegal drugs, especially by injection. Accordingly, it was suggested that this tension means there may be ambiguity among clients, service providers and the general public about the meaning and aims of harm reduction. Some participants asked what the dividing line is between harm reduction and enabling, which they felt needed some clarification to ensure that well-intentioned programs do not actually promote the harms they are designed to prevent. The question of how to extend harm reduction philosophy to the domain of mental illness was raised by participants who suggested that the premise of informed decision making may not apply to people whose very ability to make decisions is impaired by their illness.

A range of examples of evidence-based harm reduction initiatives needing further support or expansion were identified, including methadone maintenance, needle exchange, and supervised injection sites. Other promising initiatives mentioned include maintenance treatment using other medications (for example, stimulants or other opioids such as Dilaudid), crack pipe distribution, and testing of street drugs for purity or contamination. For respondents, specific programs were seen to be less important than the underlying principle of meeting people "where they are at," and attempting to engage vulnerable individuals with low-barrier services. Harm reduction education for health, education, and law enforcement professionals was proposed as important, as well as increased awareness about harm reduction and its benefits among the general public through targeted campaigns. A number of respondents felt that reduction of harms associated with alcohol use should be addressed as a priority action, as it is this psychoactive substance (other than tobacco) whose use causes the greatest burden of illness and associated costs.

There was general agreement that a balanced, public health approach is what is needed to reduce the harms associated with substance use- an approach that recognizes that substance use has been a constant in all societies throughout history, that focuses on reducing and preventing substance related harms to individuals, families and communities and that is based on evidence. The issue of prohibition was raised by some participants, emphasizing that the current "war on drugs" has not only been ineffective, but has been both socially and economically costly. Proponents of this perspective suggest a need to develop a legal framework based on principles of harm reduction, human rights and overall population health.

Care, Treatment and Support

"Keep reaching out to the clients if they come in only once. It shows that

they are cared about and that there are people out there that want to help improve each others' lives" (Youth)

Providing adequate and appropriate care, treatment and support for people living with mental illness and/or addictions was a critical concern for many stakeholders. In line with the "upstream" focus of the 10 Year Plan, screening and early intervention—through family physicians, schools and workplaces—were identified as crucial to getting people help early. However, it was also noted that the capacity to identify problems early must be matched with resources to deal with those problems. For example, people dependent on alcohol or drugs need to be engaged during windows of opportunity for change, which can be lost if they are put on a wait list. Client-centred, community-based and peer support services were flagged as important by people with mental illness and/or substance use problems, while family members suggested that education and supports help them in making more informed decisions for their loved ones. Support for parents living with mental illness and/or addictions was identified as an intervention that serves as both treatment (for the parent) and prevention (for the child), and can help to interrupt intergenerational patterns of illness and associated problems. Some respondents suggested that developmental disabilities need to be included as part of a comprehensive mental health plan.

A significant majority of respondents felt that integration and coordination of services was a priority action. For example, it was suggested that integrated first-response teams consisting of collaboration among police, ambulance services, public health, and mental health or addictions professionals could both improve health outcomes and save money. Assertive Community Treatment (ACT) teams or similar case management models were cited as examples of client-oriented care that can meet complex needs, such as those arising from concurrent disorders. At the same time, some health professionals noted that improved integration of mental health and addiction services requires seeing both the commonalities and the differences between mental illness and problematic substance use, and recognizing that not everyone with a substance use problem has a mental health problem or vice versa. The need for greater client involvement in treatment planning was cited as important for achieving better outcomes.

The importance of safe and affordable housing as a component of care for people with mental illness and/or addictions was highlighted by numerous respondents, who observed that stability or recovery are difficult to achieve when one is unstably housed or living on the street. They suggested that low-barrier housing for the people hardest to house, including forensic clients, is urgently required in many parts of British Columbia. Respondents representing the BC Medical Association (BCMA) suggested setting a target percentage of people for whom supported housing is requested or "prescribed" as a necessary component of treatment, and to address capacity gaps in terms of the number of people cared for versus the actual need. Other valuable supports mentioned include adequate income assistance, employment training or re-entry programs, educational opportunities, and culturally-tailored services for new Canadians and Aboriginal people.

The role of systems beyond health care—such as education, policing, justice and corrections—in treatment, care and support was an issue raised by many participants. Schools were identified as a crucial setting for intervening early, as a point of contact for young people who may just be starting to have mental health or substance use problems. Training for police and corrections officers about mental illness and addictions was suggested as a valuable initiative. It was also noted that the federal corrections system is dealing with expanding populations of people with mental illness and/or addictions, and that supporting transitions from correctional facilities to the community is essential

for reducing relapse and recidivism.

Respondents were generally supportive of a tiered model of care, such as the one outlined in the National Treatment Strategy, and encouraged government to address the bias towards clinically-dispensed services (e.g. specialized mental health or addictions treatment). It was emphasized by a range of respondents that community-based resources, in addition to recovery homes and specialized services, are necessary for an optimal system of care. Finally, the need for continuity of care, including transitions from care into supportive environments in community, was highlighted.

Funding for effective and sustainable mental health and substance use services was a major element of consultation feedback. Many pointed out that although evidence-based treatments cost money, they are almost always cheaper than the costs associated with not providing treatment (including crime, public disorder and more costly and complex health problems further downstream). Some respondents advocated exploring alternative funding models for mental health and addiction services, such as a chronic disease management (rather than fee-for-service) funding model.

Stigma and Discrimination

"Stigma is . . . one of the core issues that prevent wellness, as [it] reduces the likelihood for engagement in and/or sustaining or benefiting from services and support."

The issues of stigma and discrimination, and the barriers these pose for the accessibility and effectiveness of treatment, care and support, were a concern for a majority of stakeholders. Many respondents suggested that public education and media awareness could do a lot for improving how people regard and respond to addiction or mental illness in their own lives or those of their loved ones, friends or colleagues. Representatives of the BCMA suggested that designating addiction as a chronic disease would be an essential first step in helping to overcome some of the stigma associated with problematic substance use, both for patients and caregivers. In addition, it was suggested that medical schools should address issues related to stigma and discrimination within the training on diagnosis, treatment and recovery from mental illness and problematic substance use, with the application of an appropriate lens for age, gender, ethnicity and/or religion.

Attitudes among professionals (in various fields, including health care and law enforcement) were also highlighted as sources of systemic stigma and discrimination, for which appropriate professional education and training—based on considerations of human rights and social justice—are required. On the other hand, some professionals suggested that a more robust response to treating people with mental illness and/or addiction is necessary in order to reduce negative public perceptions of their clients. A need for more programs to help parents and children who experience stigma was identified; along these lines, the creation of school-based programs to reduce the stigma associated with mental illness was suggested as a priority action. Some also suggested that criminalizing people with addictions (at least to some kinds of substances) is itself a form of systemic discrimination. A general consensus emerged that tackling stigma and discrimination is an essential step in creating a system that is inclusive, accessible, and sustainable.

"A person's issues are being judged right on the spot before even getting to

know any information about that person. This can fall under discrimination – certain ethnicities may already be labelled. 'Don't judge a book by its cover' comes to mind." (Youth)

Whole-Systems Approach

"A whole systems approach has to work in the BC context – people interact with all kinds of systems and services and they need to be working together to support the individual, the family, children and youth."

A majority of respondents indicated that a whole-systems approach to mental health and substance use was needed for British Columbia. Such an approach would align public systems that influence mental health and substance use into a comprehensive, integrated and evidence-based continuum of responses, including mental health promotion and illness prevention, harm reduction, treatment and support. It was noted that mental health and substance use problems affect people from all walks of life, and that many different systems—health care, education, social services, law enforcement, justice and corrections—have a role to play in addressing these issues. Respondents talked about the importance of universal early screening, and called for the creation of school and community education and prevention programs. Targeted engagement sessions with the education sector verified that schools are a key setting for promoting positive mental health and preventing mental health and/or substance use problems but that capacity issues such as budgets, staff turnover, professional development and ambitious curriculum expectations are of concern. The inclusion of service users—people living with mental illness and/or addictions—in planning and decision-making activities was mentioned numerous times as a key to success.

Research, Innovation and Knowledge

"Our systems of education, health, finances and law must work together to ensure the most comprehensive and lasting change possible."

The ability to share information and knowledge along with implementing research into practice was highlighted by respondents as an essential component of a whole-systems approach to mental health and substance use. The transfer of knowledge must be an iterative process amongst and between service sectors, researchers, practitioners, front-line workers, and service users and their families. Participants suggested that particular attention should be paid to encouraging the timely integration of new research in the field (or in practice) as well as to the creation, integration and evaluation of reliable, well-researched evidence into the development and delivery of programs, policies and legislation.

Many respondents noted that breaking down service silos will help facilitate a shift within mental health and substance use systems so that such systems can better utilize resources positioned outside of the formal health system. Such resources may include current- or past- service users, families, peers, non-health professionals, along with education strategies designed to share knowledge across generations. Improved information and knowledge sharing will have the added advantage of

boosting the competency and skills of those who are employed in, or interact with, a variety of human service sectors. For example, an enhanced awareness of suicide prevention and anti-violence strategies will be of benefit for all British Columbians.

Respondents also suggested that initiatives underway should rely on local expertise in order to ensure that British Columbia is building capacity from within, rather than drawing on health professionals and expertise from outside both the province and the country. An example provided was the Intersections of Mental Health Perspectives in Addictions Research Training (IMPART) program offered through the University of British Columbia's Faculty of Medicine. This program provides graduate students and clinical researchers with opportunities to enhance their research capacity with a particular focus on gender, women and addictions.

It was also suggested that by developing and monitoring a specific set of provincial mental health and substance use indicators, targets and milestones, British Columbia will be able to track the provincial progress over the plan's 10 year time frame. . It was felt that this process would allow the province to determine areas of success, and identify where more focus is needed over time to achieve the 10 Year Plan's vision.

Lifespan Perspective

"[Early childhood development] is critical but evidence suggests that needs to be reinforced across the lifespan. Therefore, we need a strategy to help communities be health-promoting communities particularly relative to mental health and substance use"

In keeping with the need to balance health promotion/illness prevention (or "upstream") approaches with treatment and supports for people living with mental illness and/or addictions, stakeholders provided clear support for policies and programs that influence developmental pathways from infancy through adulthood. The lifespan perspective was evident in the acknowledgement that early childhood, school-age years and adolescence are critical life-stages for prevention or early intervention, and that schools can enhance protective factors for children, train emotional intelligence, and foster resilience. Some respondents noted that cultural and media influences that encourage pleasure and consumption may also be encouraging young people to engage in the use of substances at an earlier stage, and that interventions should focus on encouraging delays in first use.

At the same time, a lifespan perspective was advanced as useful to inform prevention approaches for adults who may find that changing life circumstances put them at risk for problems. Workplaces were identified as a potential source of support and information for adults, as employers can encourage a work/life balance, help identify mental health and/or substance use problems early, and offer access to counselling/support services for employees. Some stakeholders noted that the aging population of British Columbia requires attention be paid to older adults and seniors, for whom retirement, loss of a spouse or physical ill-health may lead to mental health or substance use problems later in life.

OTHER IDENTIFIED THEMES

In addition to the feedback on the identified strategic directions, four other key themes emerged through the consultation process: a focus on the unique needs and circumstances of Aboriginal populations, the power and impact of language, the need to reorient BC's systems of care and the importance of culturally-sensitive practices.

A Focus on the Needs of Aboriginal Populations

"Demonstrated, evidence based practices of First Nations people that are excluded from the present system of research and knowledge need to have recognition and to be valued as equally as those that are in place & to co-exist within the framework."

"Spiritual work and psychological work are both necessary to reclaim the true nature for Aboriginal people"

Emphasis on Aboriginal mental health and substance use issues was seen as essential by a majority of stakeholders. A culturally-specific, coherent spectrum of prevention, early intervention and specialized care was suggested, beginning with grassroots community-based consultations and with particular attention given to addressing the barriers to care. Traditional indigenous knowledge and wisdom, including understandings of illness and treatment, were identified as important kinds of evidence. Ideas put forward as important for Aboriginal people—such as family, intergenerational education, and the connection between spirituality and health—may also be valuable for all British Columbians. Respondents felt that culturally appropriate mental health literacy initiatives are needed, but that these needed to be created through leadership from Aboriginal governments and communities. There was strong support for the development of an Aboriginal-specific mental health and substance use plan.

Language

One important theme that emerged in consultation sessions was the power of language that government, the media, service providers and the general public use to talk about mental health and substance use problems. It was noted in a number of sessions that our choice and use of words shapes the ways in which we think about, react to and engage with a topic or problem, and that the language we use to speak about mental illnesses and/or disabilities does not mirror how we talk about physical illnesses and disabilities. Respondents reinforced the need to change the language of mental illness (for example changing to "job-sharing" instead of "disability quotas" in the workplace), and to focus on the concept of recovery rather than on the illness and its severity. The language used for substance use and addictions was also seen as problematic (with stigmatizing

labels such as "junkie"), including the lack of a positive way to talk about the spectrum of psychoactive substance use from beneficial to problematic

Systems Orientation

"There is a need to break down the stereotypes around respective goals and attitudes to facilitate the information-sharing and trust-building required to work across the systems in an integrated way"

There was general agreement among respondents that the present arrangement of the systems of care (such as the health care system, child welfare system, education system, etc) doesn't always match the needs of those in need of services, particularly children and youth. Many felt that changes are needed to facilitate both integration and a more client-centred approach to services. It was commonly observed that the current systems are extremely complex to the general public, as well as for the clients they are designed to serve. It was suggested by some participants that integration cannot occur in a system in which co-ordination is voluntary.

One critical issue that was identified repeatedly is the challenge of information-sharing across services and systems: whether it happens by consent or legislation, improvements to enable the sharing of necessary information are critical. Some participants suggested fundamental changes in the structures and mandates that are required to support youth moving from the child welfare system to other adult systems. The mandates of the systems are limited by an arbitrary determinate, specifically the age of 19 (unless MCFD is providing supports to youth who were in care or on youth agreements) and not by the individual's developmental phase. It was observed that this results in some youth coming out of the former system losing support precisely when there is the greatest risk for significant mental health issues to emerge.

Better integration of services – both of mental illness and substance use services, but also of the services for victims of violence and physical abuse – was also a pertinent theme. Another issue raised was that many service providers within current systems/services do not have a the same good understanding of positive mental health that they may have when thinking about positive physical health, and consequently don't know how to be supportive of mental health promotion efforts.

When it came to suggestions for improvements, there was a wide range of responses. Some participants suggested that the desired end point should not be so much about reducing costs, but rather focused on the opportunity to increase capacity in the system by reducing inappropriate spending and inefficient use of resources. Some made the point that accountability is not just to funders, but to also those who are being served. While many called for a whole-system approach, others cautioned that there is the risk of dilution in such an approach if nobody takes responsibility for the overall response or even various components of the response. Others pointed out that "holistic" is not the same as "whole-system". In fact they cautioned that without careful planning a whole-system might well become a conglomerate of sub-systems, which is not the same as an all-encompassing system with a variety of different entry points and a consistent approach to service.

The importance of primary care to an overall response was identified by many stakeholders. Since most citizens access primary health care first, the integration of mental health and substance use services within settings where other core health services are provided was seen as critical. Some suggested that a Provincial Mental Health Commission be established, that could provide overarching leadership for the response and work with existing collaborative structures such as the General Practice Services committee, in order to avoid any unnecessary duplication.

Many respondents suggested that as the system moves towards an overarching goal of better integration, there is a need for clear and inter-connected goals and strategies for each sub-section within the current systems. One suggested mechanism to encourage better integration of services was the establishment of community planning tables for people and organizations to jointly plan within their own communities. Many community organizations are willing to be low or no-barrier access points, but there was a perception for some that the health system would need to surrender some control and ownership in order for community-based services to truly thrive. A related issue was the potential role that non-professionals could play if the systems were opened up to allow for their greater participation.

Some respondents recommended the use of common health and wellness indicators and measurements across ministries in order to encourage collaboration and shared accountability, although it was also acknowledged that this would require careful management of data-sharing and electronic record-keeping. There were also further suggestions for system audits to find opportunities in current initiatives, and mechanisms to identify both how to build on current programs and how to improve co-ordination.

Culturally Sensitive Practices

"Diverse cultural, ethnic & religious groups need to be proactively included. Don't assume that any one group or understanding represents the whole of an immigrant/cultural/ethnic group"

Respondents acknowledged that British Columbia is a province rich in diversity and that signifcant care must be taken to ensure that the needs of our various ethno-cultural communities are met and reflected in both the consultation/engagement process and development of the 10 Year Plan. Many recognized that a whole-systems approach will be necessary to facilitate cross-ministry coordination of services addressing the needs of various populations (immigrant and refugee communities for example) and that issues of jurisdiction should be mitigated to ensure effective access and reach of services. Many felt that regardless of a person's location within the province, it is essential to ensure that policies and practices consider, and are reflective of, the specific context of individual lives, and consider age, gender, culture and other social determinants of health.

CONCLUSION

The various consultation and engagement processes related to the 10 Year Plan to Address Mental Health and Substance Use in BC have served to verify and validate the overarching vision and many of the key directions proposed for the plan; at the same time the input and suggestions provided by participants will be invaluable and directly instrumental in shaping the specific goals and strategies that will ultimately be reflected within the plan. As the development and ultimate implementation of the plan moves forward, it will be important that stakeholders remain an active part of the process and that the 10 Year Plan continues to be reflective of their thoughts and input.

APPENDIX A: Discussion Guide

10 Year Plan to Address Mental Health and Substance Use in BC

Discussion Guide

British Columbia Mental Health and Substance Use Project

Contents

Foreword.....21
Introduction.....22
Aboriginal British Columbians.....24
Stakeholder Input.....25
How to use this Guide.....25
Whole systems approach.....26
Vision Statement.....27
Core Values.....28
Guiding Principles.....29
Intended Results.....30
Strategic Directions.....32
Strategies and Priority Actions.....34
Addressing the Needs of Aboriginal British Columbians.....38

HTH-2014-00296
Page 86

Foreword

Throughout the Conversation on Health there was overwhelming support for more focus on disease prevention and health promotion....Mental illnesses like depression, schizophrenia and substance abuse typically begin in childhood, exerting a lifelong impact on the individual, their families and society.

The challenges of poverty, mental illness and addictions compound the societal challenges of housing, homelessness and crime. There are victims and casualties in our society — injured, hurt, lost, isolated people who cannot find their way off the street, into a home, out of addiction and back to health. Additional efforts to guide them to healthier lives will be launched, as an updated 10-year mental health plan is also completed.

British Columbia Throne Speech 2008

Today is an emotional day for survivors of residential schools and their families, and our thoughts are with each of them. The survivors and those before them became the 'stolen generation,' taken from their families as children, they were held captive from their culture and communities. They were robbed of all that is irreplaceable – their youth, their innocence, and their sense of who they were and where they came from.
We believe it's our time and our task to tackle the issues of Aboriginal disadvantage and disparity. We are challenged and compelled to close that gap, fulfilling our nation's potential and promise by ensuring that Aboriginal peoples have the same entitlement to success and opportunity as anyone else.

Premier Gordon Campbell on the
Federal Apology to Former Students of Indian Residential School
June 11, 2008

HTH-2014-00296
Page 87

Introduction

Good mental health is crucial to the overall well-being of individuals, communities and societies. It is a resource for everyday living that enables people and communities to realize their fullest potential and to cope with life transitions and major life events. Yet mental health problems and substance use problems are far too common—affecting people of all ages, nations and cultures. The World Health Organization estimates that mental disorders affect more than 25 per cent of all people at some time during their lives.

British Columbia is no exception to this trend. Mental health problems and substance use problems are the third largest contributor to the Province's overall disease burden (after cancer and cardiovascular disease), are the largest contributor to disease burden among British Columbians ages 15-34, and are the leading cause of disability in the province.

Currently, British Columbia spends approximately $1.2 billion each year on mental health and addictions services delivered through the health system. This estimate does not include costs of mental health services delivered by other systems (e.g. education) or the burden placed on other systems by untreated or improperly treated mental health problems and substance use problems (e.g. income assistance and criminal justice). Everyone is aware that our province is being directly impacted by economic events beyond our control. However, even in tough times government has honoured its commitment to protect and enhance front line health services with record spending every year since 2001. We're building on investments by increasing the budget for health care by 12% over the next two years even as we recognize demands continue to grow across the system.

It has been more than a decade since government developed a mental health plan in British Columbia. Since then, the health system has been reorganized into health authorities and mental health services and addictions services have been integrated at the regional and local level. Public policy frameworks, such as *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction* and *Following the Evidence: Preventing Harms from Substance Use in BC* (Ministry of Health Services) and the *Child and Youth Mental Health Plan* (Ministry of Children and Family Development), have shaped key aspects of British Columbia's response. New partnerships such as the Joint Consortium on School Health (Ministry of Education and Ministry of Health Services), are contributing to the development of multi-sectoral action.

British Columbia has increased its research capacity through the recruitment of individual researchers and formation of research centres and institutes. New facilities include the BC Mental Health and Addictions Research Institute at the Provincial Health Services Authority, the Centre for Addictions Research of British Columbia at the University of Victoria, the Centre for Applied Research in Mental Health and Addictions at Simon Fraser University, and the Institute on Mental Health, and the Centre for Brain Health at the University of British Columbia.
Through the Leading Edge Endowment Fund, the Ministry of Advanced Education has supported the creation of academic leadership chairs in depression, addictions and cognitive neuroscience in early childhood health and development. These academic posts are generating a critical mass of research and clinical expertise in British Columbia to better understand mental illness and substance dependence, and to develop evidence-based responses.

There is also considerable new knowledge in the field about what works. The evidence base to support effective action, from promotion and prevention to care, treatment and recovery, has expanded rapidly. Overall, British Columbia is already well positioned to take advantage of new knowledge and new relationships at the research, policy and practice levels. Recent innovative examples include launching the Burnaby Centre for Mental Health and Addictions, and a youth addictions treatment centre at Keremeos. The promotion of good mental health, the prevention of mental disorders, and the prevention of harms associated with substance use are centre stage in British Columbia's public health renewal process. The Ministry of Housing and Social Development is implementing Housing Matters BC, while the Ministry of Children and Family Development has just released a review of its groundbreaking 5-year Child and Youth Mental Health Plan.

In fact, the Ministry of Health Services, in partnership with the Ministry of Healthy Living and Sport and the Provincial Health Services Authority, is working with 11 partner ministries, six health authorities and the research community to better connect activities across government, and develop a comprehensive plan to address mental health and substance use across the life course. This plan will be guided by the experience of other jurisdictions in mental health systems reform, such as Australia, New Zealand and the United Kingdom. It will be informed by recent research and evidence of effectiveness at the policy and program level. The plan will set out a clear unifying vision, guiding principles, intended population and system level outcomes, strategic directions and evidence-based recommendations for action. It will also articulate roles and responsibilities, identify milestones, and establish mechanisms to monitor progress and ensure accountability.

Aboriginal British Columbians

In British Columbia, a disproportionate share of the burden of mental health problems and substance use problems are borne by Aboriginal people and communities. With the signing of the *Transformative Change Accord*, the Leadership Council representing the First Nations of British Columbia, the Province of British Columbia and the federal government have agreed to a shared commitment to action on closing health, social and economic gaps between First Nations and other British Columbians by 2015. Further work has resulted in a *Tripartite First Nations Health Plan*, which commits the three parties to taking specific action on mental health and substance use for all Aboriginal people. The Province has also entered into an agreement with the Métis people of British Columbia. The *Métis Nation Relationship Accord* creates the basis for a relationship to achieve the goals and outcomes identified at the 2005 First Ministers' meeting in Kelowna.

The Ministries of Health Services and Healthy Living and Sport are responsible for ensuring that the 10-year plan recognizes the unique needs of Aboriginal peoples and supports their right to access publicly funded services. It is anticipated that the plan will reflect the cultural knowledge and traditional health practices of Aboriginal peoples, thereby benefiting all British Columbians. In addition, the Ministries will be working with Aboriginal leaders and federal partners to develop a companion plan to address mental health and substance use among Aboriginal British Columbians.

Stakeholder Input

Stakeholder input is vital to the success of the 10 Year Plan to Address Mental Health and Substance Use in BC (the plan). Input from stakeholders will help shape the plan's vision, values and principles, intended results and key strategies. A great deal is known about what works in mental health and substance use from a policy and practice standpoint. In BC, there is an opportunity to improve the way we adapt this evidence to better meet the needs of individuals, families and communities.

This discussion guide introduces the key elements of the plan based on what the evidence tells us and asks a series of questions about each element. A well-articulated plan will enable BC to capitalize on the wealth of knowledge, experience and expertise of its diverse citizens.

How to use this Guide

In the following pages, each element of the plan is described and questions are posed to generate dialogue and discussion. You may complete the guide by hand and mail or fax it to us, or complete it electronically and e-mail your response.

One of the things we have learned from our review of the evidence and international experience is that success depends on a multi-sectoral response, one that goes beyond the health system to include other service systems, and one that brings together partners in the public, private and voluntary sectors. This discussion guide is being distributed widely and we encourage you to collaborate with colleagues from a variety of systems and sectors in preparing your response.

We also strongly encourage collaboration with partners who can provide input from an Aboriginal perspective. While there is a parallel process in place to create a companion plan to address the needs of Aboriginal British Columbians, it is equally important that the provincial plan ensures accessible, responsive services for Aboriginal people.

Completed discussion guides can be returned to Kenneth Tupper at any of the following addresses by April 14, 2009.

- Via e-mail to Kenneth.Tupper@gov.bc.ca
- Via fax (250) 952-1570
- Via mail to Ministry of Health Services and Ministry of Healthy Living and Sport, Population and Public Health, 1515 Blanshard Street 4-2, Victoria BC, V8W

3C8

Whole Systems Approach

The approach in the 10-year plan is a first for British Columbia—a "whole systems" approach. Previous plans have focused almost exclusively on specialized health care system responses, while a whole system approach broadens action so it is cross-governmental, multi-sectoral and multi-system. A whole systems approach involves the whole of government; engages the broad public, private and voluntary sectors; and, it works across multiple service delivery systems, such as health, education, income assistance, housing and criminal justice.

Making this important shift in our approach will improve our capacity to provide a full range of integrated services and supports along the continuum from wellness to illness. This includes anti-stigma and discrimination, health and wellness promotion, illness prevention, harm reduction, treatment and support, and healing and recovery. A whole systems approach uses multiple settings for action, including home, school, workplace, cyberspace, street, doctor's office, community, police encounter, court and prison.

DISCUSSION

- Will a whole systems approach work in the BC context?
- To be successful what sectors and systems need to be involved?
- What steps need to be taken to ensure this approach is successful?

Vision Statement

A vision statement for the plan describes what BC would be like if people had the best possible mental health and experienced the least possible harm from substance use. It also describes how public systems in BC would respond to people experiencing mental health problems and substance use problems.

This is a potential vision statement:

British Columbians have the best mental health possible— everyday.
We are diverse people, enriched by vibrant cultures, languages and traditions. We are resilient people, nurtured by strong families and caring, healthy communities. We have an inclusive understanding of health informed by the perspectives of Aboriginal people and other cultures. We live, learn, work and play in environments that actively promote wellness.

When we experience mental health problems, substance use problems or their associated harms, we are not alone. We are engaged in services and supports that are relevant to our needs, effective and culturally competent. We are fully involved in decision-making about our health. And we participate fully in the life of our communities as we journey towards healing and recovery.

DISCUSSION

- Does the vision statement adequately describe the desired future? What is missing?
- Will the vision statement work for all British Columbians?
- Will the vision statement galvanize British Columbians and systems to take action to improve mental health and reduce harms from substance use?

Core Values

Core values are the beliefs and norms that shape British Columbians' attitudes and responses to mental health and substance use. They establish the ethical basis for the development and implementation of the plan.

These are some potential core values:

- Respect and compassion
- Equity
- Diversity and inclusivity
- Interdependence and collaboration
- Autonomy and informed choice
- Reciprocal accountability

DISCUSSION

- What values should inform BC's response to mental health and substance use along the continuum from wellness to illness, and from moderate substance use or abstinence to dependence?

Guiding Principles

Guiding principles help us move from concept to action. They ensure the implementation of the plan, specifically the delivery of services, and the achievement of results are consistent with our vision and core values.

These are some potential guiding principles:

- Whole person, family and community-centred
- Strengths, assets and resilience-based
- Recovery oriented
- Culturally aware, respectful, competent and safe
- Focused on capacity building
- Evidence-based
- Comprehensive, integrated and coordinated
- Community delivered, regionally coordinated and provincially aligned
- Attuned to needs of vulnerable populations
- Efficient and cost effective

DISCUSSION

- What principles should guide the implementation of British Columbia's response to mental health and substance use?

Intended Results

The success of the plan will be measured by improved mental health and reduced harms from substance use in the population, and by improvements in the public systems that influence and respond to mental health, mental illness, substance use and addictions. It is critical that the outcomes are meaningful, tangible, and measurable over time. These are some potential outcomes at the population and system level:

Population Outcomes

- Increased positive mental health and wellness
- Increased mental health and substance use literacy
- Increased individual and workplace productivity
- More communities with increased control over and responsibility for social, cultural and economic determinants of mental health and wellness
- Fewer people with mental illness and/or problematic substance use, including substance dependence
- More people living with mental health problems and substance use problems have opportunities for meaningful social and economic participation in their communities
- Significant reduction in death, illness, injury and disability from mental health problems and substance use problems
- Fewer risk and vulnerability factors are associated with mental illness and/or problematic substance use, including substance dependence
- More people living with mental illness and/or problematic substance use are well-connected to their communities

- Less disparity in health, education, social and economic outcomes between people living with mental illness and/or problematic substance use and the general population

System Outcomes

- Increased integration and coordination of services within and across systems
- Increased capacity to address wellness, prevention, healing and recovery
- Increased knowledge exchange within and across services, systems and communities
- Increased adherence to evidence-based policy and practice, including research and practice-based evidence, indigenous knowledge and participatory inquiry
- Increased adequacy, efficiency and equity in resource allocation within and across systems and regional contexts
- Services and systems with enhanced capacity to address wellness, prevention, healing and recovery
- Services and systems are culturally aware, respectful, competent and safe
- Significant reduction in inappropriate health care, law enforcement and child welfare costs associated with mental illness and problematic substance use, including substance dependence

DISCUSSION

- In 10 years time, how will we know if the plan has been a success? Do the outcomes above describe the results we should be seeking for British Columbians, their families, communities and public systems?

Strategic Directions

Strategic directions establish broad parameters for action. They are based on an analysis of recent research and evidence of effectiveness, as well as a review of strategic policies and plans to address mental health and substance use in other jurisdictions. We believe that planned, evidence-based action in the following seven areas will provide a comprehensive response to mental health and substance use across the life course in British Columbia.

1. Anti-Stigma and Discrimination

Eliminate discrimination associated with mental health problems and substance use problems

2. Health Promotion

Promote positive mental health and wellness (as we do with physical health)

3. Prevention

Prevent mental health problems, early substance use and substance use problems

4. Harm Reduction

Prevent and reduce harms associated with mental health problems and substance use problems

5. Care, Treatment and Support

Identify, intervene early, and support people and communities to address mental health problems and substance use problems

6. Research, Innovation and Knowledge Exchange

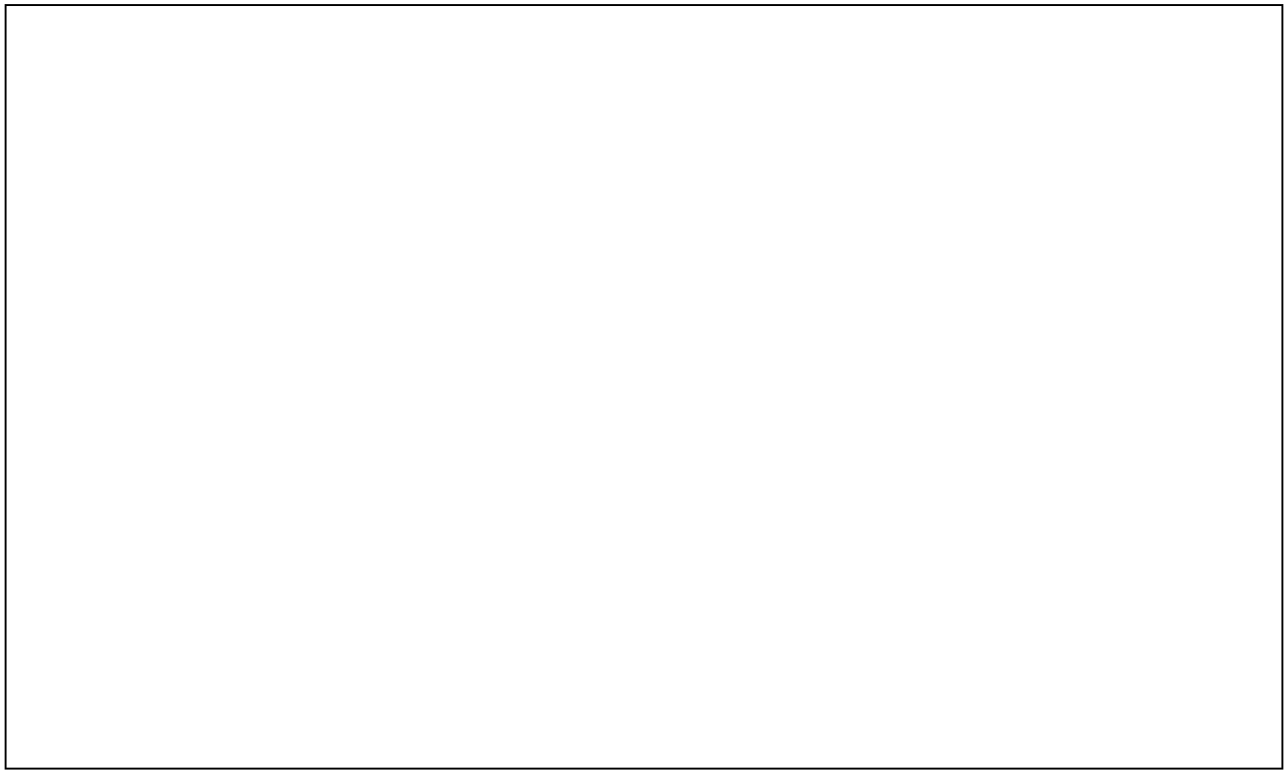
Advance research, innovation and knowledge exchange in mental health and substance use

7. BC Public Systems

Orient public systems to improve in mental health and substance use outcomes for British Columbians

DISCUSSION

- Taken together, will these strategic directions enable BC to achieve its vision? Are there any other strategic directions that we should be pursuing?



Strategies and Priority Actions

Strategies and priority actions are the means to achieve the vision and intended results. They are evidence-based, feasible and are accepted by consumers, service providers, funders, elected officials and the general public. Given the complexity

of mental health and substance use, the strategies and priority actions must also be multi-pronged, multi-layered and integrated.

DISCUSSION

- What evidence-based strategies can be implemented within each of the strategic directions to achieve the vision and intended results?
- Within these strategies, what specific actions should be the highest priority over the short and medium term? What actions can demonstrate early wins by building on promising practices and/or using existing infrastructure, resources and expertise?

1. **Anti-Stigma and Discrimination**

Sample Strategy: comprehensive approach that includes human rights-based legislation, public and professional education, and broad-based and targeted anti-discrimination programs.

Sample Priority Action: Implement an integrated provincial strategy to promote health literacy in mental health and substance use aimed at improving public and provider understanding about mental health promotion, prevention, early recognition, help seeking, self-management and recovery.

2. **Health Promotion**

Sample Strategy: maternal and infant mental health, supports to healthy early childhood development

Sample Priority Action: Provide supports for parents before, during and after the birth of their children by increasing capacity to: (1) support women and their partners in making healthy choices in pregnancy; and, (2) offer sustained nurse home visits for at-risk, first time mothers.

3. **Prevention**

Sample Strategies: comprehensive school health; workplace mental health

Sample Priority Action: Support school-based initiatives to prevent anxiety, depression, conduct disorder and early substance use among at-risk children, through development of self regulation (preschool and kindergarten) and social-emotional skills training and cognitive behavioural therapy (through to grade five).

4. **Harm Reduction**

Sample Strategy: comprehensive approach that addresses levels, patterns and contexts of substance use and availability of substances

Sample Priority Action: use education, enforcement and policies to promote culture of moderation for alcohol consumption

5. **Care, Treatment and Support**

Sample Strategy: integrated mental health and addictions system of care using tiered services and supports linked to problem severity
Sample Priority Actions: provide cognitive behavioural therapy for children, youth and adults in a variety of life settings; create multidisciplinary mental health primary care teams; provide a range of options for residential withdrawal management for children, youth and adults, including social detox, medically informed detox and hospital-based or medically managed detox; provide assertive community treatment.

6. **Research, Innovation and Knowledge Exchange**
Sample Strategy: comprehensive approach that includes knowledge creation, translation, dissemination, uptake and evaluation
Sample Priority Action: develop knowledge exchange infrastructure to fast-track implementation of best and promising practices in addressing mental health and substance use

7. **Orienting BC public systems to improve outcomes**

Sample Strategy: comprehensive approach that includes leadership, governance, reciprocal accountability, funding, and workforce development
Sample Priority Action: set ambitious targets to mobilize multiple systems; create financial incentives for service integration and innovation and systems change; support community capacity building and civil society responses

Addressing the Needs of Aboriginal British Columbians

A disproportionate share of the burden of mental health problems and substance use problems are borne by Aboriginal people. A separate plan to address Aboriginal mental health and substance use is being developed by Aboriginal leadership and communities and the provincial and federal governments through the tripartite process. However, it is important for the provincial plan to reflect the unique history, interests, health practices and service needs of Aboriginal people in British Columbia.

DISCUSSION

- How can we ensure that Aboriginal British Columbians see their values and interests reflected in the provincial plan?
- How can we ensure that services available to all British Columbians are accessible to Aboriginal people?

HTH-2014-00296
Page 105

Thank you for taking the time to complete this discussion guide. Your response will help us in developing a comprehensive plan to address mental health and substance use across the life course in BC.

Contact Information: You are not required to provide us with your contact information, but we would appreciate having it should we require clarification or additional information related to your submission. Your contact information will not be shared with anyone outside of the project team.

Contact person:
Organization:
E-mail address:

Please list the organization(s) involved in completing the discussion guide:

APPENDIX B: Stakeholder Engagement Activities

10 Year Plan Engagement Schedule

Date	*Activity*	*Location*	*Mode*
February 24, 2009	Policy, Research, Advocacy and Service Interests	Vancouver	Facilitated full-day workshop
February 25, 2009	Education Sector	Vancouver	Facilitated half-day workshop
	Justice Sector	Vancouver	Facilitated half-day workshop
February 26, 2009	Child, Youth and Family	Vancouver	Facilitated half-day workshop
	Health/Social Services Sector	Vancouver	Facilitated half-day workshop
February 27, 2009	Tentative deadline for receipt of discussion guide responses		(Ministry staff continued to accept discussion guides until early April)
March 3, 2009	Union/Labour Sector	Vancouver	Facilitated half-day workshop
	Multicultural Sector	Vancouver	Facilitated half-day workshop
March 31, 2009	Region-wide policy, research, advocacy and service interests	Prince George	Facilitated full-day workshop
April 3, 2009	Region-wide policy, research, advocacy and service interests	Victoria	Facilitated full-day workshop
April 8, 2009	Region-wide policy, research, advocacy and service interests	Kamloops	Facilitated full-day workshop
June 10, 2009	Children and youth service users	New Westminster	Facilitated half-day workshop
June 11, 2009	Adult service users	Burnaby	Facilitated half-day workshop

HTH-2014-00296
Page 108

HTH-2014-00296
Page 109

Stakeholder Engagement: Summary of Input

Background Paper No. 10

British Columbia Mental Health and Substance Use Project

BRITISH COLUMBIA

The Best Place on Earth

10 Year Mental Health and Substance Use Framework for British Columbia

Background Papers

Background Paper No. 1: *Preliminary Estimate of the Burden of Disease and Injury in British Columbia: Context for Mental Health Planning*

Background Paper No. 2: *Promoting Mental Health: What Works?*

Background Paper No. 3: *Preventing Mental Health Problems: What Works?*

Background Paper No. 4: *Preventing and Reducing Harms from Substance Use: What Works?*

Background Paper No. 5: *Treating Mental Health Problems, Substance Use Problems and Concurrent Disorders: A Summary of Published Guidelines*

Background Paper No. 6: *Supporting Recovery and Community Integration: What Works*

Background Paper No. 7: *Cross Jurisdictional Policy Review: Mental Health and Substance Use Policies*

Background Paper No. 8: *Overcoming Stigma of Mental Health Problems and Substance Use Problems: What Works?*

Background Paper No. 9: *Cross Jurisdictional Review of Whole Systems Governance Models in Public Policy Implementation: Implications for the Implementation of Mental Health & Substance Use Policy in the British Columbia Context*

Background Paper No.10: *Stakeholder Engagement: Summary of Input*

April 2010

TABLE OF CONTENTS

PREFACE....4

I. INTRODUCTION....6

II. FEEDBACK....7

Vision Statement....7
Strategic Directions....7
Promoting Mental Health....8
Prevention of Mental Illnesses and Substance Use Problems....9
Harm Reduction....10
Care, Treatment and Support....11
Stigma and Discrimination....13
Whole Systems Approach....14
Research, Innovation and Knowledge....14
Lifespan Perspective....15

III. OTHER IDENTIFIED THEMES....16

A Focus on the Needs of Aboriginal Populations....16
Language....16
Systems Orientation....17
Culturally Sensitive Approaches....18

IV. CONCLUSION....19

Appendix A: Discussion Guide....20
Appendix B: Stakeholder Engagement Activities....41

PREFACE

Good mental health and freedom from harms associated with problematic substance use is crucial to the overall well-being of individuals, communities and societies—positive mental health is a resource for everyday living that enables people and communities to realize their fullest potential and to cope with life transitions and major life events. Unfortunately, around the world, mental health problems and substance use problems are common—affecting men and women of all ages, nations and cultures. Estimates suggest mental disorders affect more than 25 percent of all people at some time during their lives and are present at any point in time in about 10 percent of a given adult population.[1]

British Columbia is no exception to this trend. Mental health problems and substance use problems are the third largest contributor to the Province's overall disease burden (after cancer and cardiovascular disease), are the largest contributor to disease burden among British Columbians ages 15—34, and the leading cause of disability in the province.[2] British Columbia spends approximately $1 billion each year on mental health and addictions services delivered through the health system.[3]

It has been more than a decade since government developed a comprehensive plan for mental health in British Columbia. In the intervening period, the health system has been reorganized into health authorities, and mental health services and addictions services have been integrated. Specific Ministry of Health Services policy frameworks, such as Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction[4] and Following the Evidence: Preventing Harms from Substance Use in BC[5], and a Child and Youth Mental Health Plan developed by the Ministry of Children and Family Development[6], have all supported various aspects of sector development. New partnerships have also developed across ministries and sectors.

Provincial capacity has expanded through the establishment of the BC Mental Health and Addictions Services at the Provincial Health Services Authority, the Centre for Addictions Research of British Columbia at the University of Victoria, and the Centre for Applied Research in Mental Health and Addictions and Children's Health Policy Centre at Simon Fraser University. Funding from the Province's Leading Edge Endowment Fund has supported creation of a Leadership Chair in Depression at the University of British Columbia's Brain Research Centre. This academic

1 World Health Organization (2001). Mental Health: New Understanding, New Hope. World Health Report 2001. Geneva: World Health Organization.
2 BC Ministry of Health (2001). Evaluation of the Burden of Disease in British Columbia. Victoria, BC. Strategic Policy and Research Branch, British Columbia Ministry of Health
3 Committee of Supply (2004). British Columbia Debates of the Legislative Assembly. Vol 22, 1. 9411, sec.1055.
4 BC Ministry of Health Services (2004). Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction. Available at http://www.health.gov.bc.ca/library/publications/year/2004/framework_for_substance_use_and_addiction.pdf
5 BC Ministry of Health Services (2006). Following the Evidence: Preventing Harms from Substance Use in BC. Available at http://www.hls.gov.bc.ca/publications/year/2006/followingtheevidence.pdf
6 British Columbia Ministry of Children and Family Development (2003). Child and Youth Mental Health Plan for British Columbia. Victoria, BC: Ministry of Children and Family Development. Available at http://www.mcf.gov.bc.ca/mental_health/mh_publications/cymh_plan.htm

leadership post is dedicated to identifying the underlying causes of mental illness and devising novel, evidence-based responses across the lifespan.

The evidence base to support effective action to promote mental health and prevent and respond to mental health problems and substance use problems has expanded rapidly. Considerable new knowledge is now available in the field. Expanded capacity and growing integration in the mental health and addictions sectors mean that British Columbia is well positioned to take advantage of new relationships and new knowledge at the research, policy and practice levels.

As a next step, the province is developing a 10 Year Plan to Address Mental Health and Substance Use that takes a whole systems approach. The Plan will set out a clear unifying vision, guiding principles, intended population outcomes, strategic directions and evidence-based recommendations for action. The Plan will articulate roles and responsibilities and identify specific milestones for achievement. Finally, it will establish mutually developed mechanisms to monitor progress over time and ensure accountability.

In British Columbia, a disproportionate share of the burden of mental health problems and substance use problems is borne by Aboriginal communities. With the signing of the Transformative Change Accord, the Leadership Council representing the First Nations of British Columbia, the Province of British Columbia and the federal government have agreed to a shared commitment to action on closing health, social and economic gaps between First Nations and other British Columbians.[7] The Transformative Change Accord specifies "establishing mental health programs to address substance abuse and youth suicide" as one of four actions to close health gaps between Aboriginal British Columbians and the general population by 2015. Therefore, as partners with Aboriginal leadership and communities, and the federal government in the Tripartite process the Ministry of Health Services and the Ministry of Healthy Living and Sport are participating in the development of a plan to address mental health and substance use in BC's Aboriginal communities.

This background paper forms part of a series prepared for the Ministry of Health Services, Ministry of Healthy Living and Sport and the Ministry of Children and Family Development to inform the development of a 10 Year Plan to Address Mental Health and Substance Use for British Columbia. Each paper in the series addresses a key element in the Plan. As the Plan evolves, additional background papers will be developed and added to the series.

To date, the series presents current data on the relative magnitude of mental health problems and substance use problems in British Columbia. It summarizes policy approaches adopted by other jurisdictions to address similar challenges. The series also examines best available evidence on effective interventions to promote positive mental health, to prevent and reduce associated harms and respond to mental health problems, substance use problems, and concurrent disorders, as well as to support recovery and community reintegration. The series also includes a review of national and international best practices in addressing stigma and discrimination. Taken together, the information, policy approaches and programming options contained in the series will provide valuable evidence to inform overall provincial policy directions and to improve the mental health and well being of British Columbians across the lifespan.

7 Transformative Change Accord. (2005). Government of British Columbia, Government of Canada & the Leadership Council, representing the First Nations of British Columbia. Available at http://www.gov.bc.ca/arr/social/down/transformative_change_accord.pdf

INTRODUCTION

During the 2006 Conversation on Health, government heard that British Columbians believe mental health and substance use to be significant health issues. Participants expressed the need for more, flexible mental health and addiction services that fit the needs of individuals, and better information about mental illness and addictions in order to overcome stigma and discrimination against people with these kinds of health problems. More information about the results of the Conversation on Health is available online:
http://www.health.gov.bc.ca/library/publications/year/2007/conversation_on_health/

The development of the 10 Year Plan to Address Mental Health and Substance Use in BC (the 10 Year Plan) included consultation with major policy, research, advocacy and service organizations, with field staff involved in preventing and treating mental health and substance use problems, and with people living with mental illness and substance use problems. Building on the input and advice that emerged from the Conversation on Health, public and stakeholder engagement was entrenched as a key component of development of the 10 Year Plan. Beginning in early 2008 at a formative stage in the development of the plan, key stakeholder groups with a focus on mental health and/or substance use issues from across the province were asked to help shape the overarching directions proposed for the plan through a series of workshops convened by the Ministers of Health Services and Healthy Living and Sport.

With the signing of the Tripartite First Nations Health Plan, the Leadership Council representing the First Nations of BC, the province and the federal government agreed to a number of actions including "establishing mental health programs to address substance abuse and youth suicide" for Aboriginal British Columbians. An Aboriginal reference group, which included representatives from the Métis Nations of BC, the BC Association of Aboriginal Friendship Centres, and the First Nations Health Council, was formed to provide advice and input into the development of the 10 Year Plan so that the plan might support and complement the development of an Aboriginal population-specific mental health and substance use plan as required through tripartite commitments.

A formal and broader-based engagement and consultation process was launched in February 2009. The consultation provided an opportunity to ensure that key partners and stakeholders were generally aligned with the broad strategic directions of the plan, and to begin to identify opportunities to strengthen both entry points into various systems and relationships among different systems. In some cases input prompted consideration of new strategies or adapted approaches, and in other instances it confirmed directions and values originally proposed. The consultation feedback is summarized below by major themes, and reflects the commitment and passion participants have for the issues of mental health and substance use.

In 2008, the Ministry of Children and Family Development undertook a review of the impact of the *Child and Youth Mental Health Plan for British Columbia* on the broader child and youth mental health system. The summary of this consultation process has informed the planning and development of the child and youth portion of the 10 Year Plan to Address Mental Health and Substance Use in BC.

FEEDBACK

Consultation input for the 10 Year Plan was solicited through thirteen in-person sessions and through written submissions, framed by a discussion guide (Appendix A) that:

- Outlined the rationale and approach for developing a 10 Year Plan;
- Described proposed key components of the plan; and
- Invited stakeholders to provide their perspectives on each of the plan components.

Full-day and half-day face-to-face input sessions were held in Vancouver during February and March 2009, for a range of stakeholder groups: heath and social service sector organizations; education sector organizations; justice sector organizations; child and youth organizations; labour organizations; business sector organizations; and youth and adult service users and their families. In late March and early April 2009, additional full-day regionally-based consultation sessions (for members of the public, service users and service providers) were held in Prince George, Kamloops and Victoria. A separate engagement session with the BC Medical Association was held in Victoria in April 2009, and targeted sessions for youth and adult service users were held in June 2009 in New Westminster and Burnaby. Details regarding the focus, dates and locations of various sessions can be found in Appendix B.

Input and feedback from these various engagement activities were compiled, summarized and a thematic analysis was performed. Feedback is presented in a collective format, without identification of the specific sectors or group of participants which provided the feedback unless required or particularly relevant.

Vision Statement

A well-crafted vision statement identifies a desired state which the various involved stakeholders hope to achieve, and provides overarching strategic directions that will guide future activities. A vision statement should communicate the purpose and values of the overall endeavour, and should ultimately be focused on improvements – in this case, on improving the lives of the people of British Columbia.

Participants within various engagement activities generally felt that the vision statement for the 10 Year Plan to Address Mental Health and Substance Use in BC should be short and concise and embrace a whole-person, client-centred, across-the-lifespan approach. Respondents indicated that the vision statement should acknowledge the need for a range of timely, socially and culturally appropriate services that support and enrich the strengths and potential of all British Columbians. In addition, many felt that the vision statement should establish an environment of acceptance through the goal of elimination of stigma and discrimination of all kinds.

Strategic Directions

The development of the 10 Year Plan to Address Mental Health and Substance Use in BC has been

guided by strategic directions that are grounded in scientific evidence and international experience.

These strategic directions include:

- health promotion;
- prevention of illness and problems;
- harm reduction;
- integrated and accessible care,
- treatment and support;
- reduced stigma and discrimination;
- enhanced innovation, research and knowledge;
- a whole-systems, cross-government approach; and
- a lifespan perspective.

There was general agreement amongst respondents that these directions were indeed appropriate, but that there would also need to be public oversight and corresponding accountability mechanisms, including progress milestones, built in to the overall response in order to achieve the plan's vision. Other input included a reminder to consider the needs of all the various ethno-cultural, demographic and social sub-population groupings that form the cultural fabric of our society (with a particular focus on the needs of Aboriginal populations), to be mindful of the power of language, and to recognize the educational system as having a key role in advancing a comprehensive health agenda.

The following sections consider significant themes and input from the various engagement and consultation activities related to the 10 Year Plan across these strategic directions.

Promoting Mental Health

"[Mental health promotion] is something that can be implemented in the short-term and have long-term positive consequences"

The need to move "upstream" to promote and strengthen good mental health was endorsed almost universally by consultation participants. There was acknowledgement that the evidence base supporting approaches to mental health promotion continues to grow, and several respondents emphasized that action in this area must be, whenever possible, based solidly on good evidence. It was suggested that far more emphasis needs to be placed on the socio-economic determinants of mental health, such as income, education, housing, employment, early childhood development, parental supports and life skills.

Early childhood was highlighted as a key life stage to focus on by many respondents. Equipping children with life skills and coping skills early in their lives was seen as important, as was providing adequate play and recreation activities to foster healthy social and emotional development. Providing sound role modeling and opportunities for attachment to a substantive, supportive adult in their lives were put forward as important ways to help children thrive. Access to tools and opportunities to strengthen parenting skills were also seen as important by many participants.

For older children and adolescents, respondents suggested a focus on building resiliency and identified schools as a key setting for such efforts, citing strong, positive connections with peers and the broader school community as significant protective factors. The importance of peer-to-peer mentoring, support and advocacy were highlighted by youth themselves, as was the importance of addressing fundamental needs for health, learning and development (e.g. affordable housing, proper diet, safe communities and opportunities for recreational activities). Several respondents thought it would be helpful to evaluate and update the curricula for the post-secondary education of various health, teaching and social work professionals to include a focus on mental health promotion and the importance of the social determinants of health. Participants from the education sector observed that principles of social/emotional learning are well aligned with mental health promotion, and emphasized the importance of positioning this work within a whole-school or comprehensive school health context.

While no one suggested ignoring the needs of adults, there was a consensus that focusing mental health promotion interventions earlier in the lifespan was the most effective and sustainable way to move towards achieving a healthier population. At the same time, there were a number of specific suggestions for mental health promotion among adults, particularly in the context of employment and the workplace. These included striving for work-life balance, an activity in which government, the business community, unions, professional organizations, as well as employees themselves, all have a role to play. Fostering meaningful and financially accessible non-work activities was seen as another way to improve both individual mental health and community cohesion, with respondents identifying sports, hobbies, gardening, music, and volunteering as intrinsically valuable leisure activities. Spiritual, religious or holistic, integrative practices (e.g. meditation, tai chi or yoga) were also cited as contributing significantly to positive mental health.

The relationship between physical health and mental health was also a factor that some respondents identified as important, noting that chronic illnesses can be mentally as well as physically debilitating, and that health promotion activities should reflect an understanding of mind/body connectedness.

Prevention of Mental Illnesses and Substance Use Problems

> *"Considerable research has occurred in prevention areas …any program undertaken should be evidence-based and thoroughly assessed prior to any kind of full scale implementation."*

Consultation participants were highly supportive of efforts intended to prevent specific mental disorders and/or substance use problems before they occur. There was broad-based acknowledgement of the complementary nature of mental health promotion approaches and efforts to prevent disorders and problems in terms of outcomes on both an individual and population level. The majority of respondents distinguished primary prevention activities intended to prevent the onset of problems, from secondary prevention activities aimed at the early detection of problems, but noted that both are important "upstream" approaches that require more attention and emphasis. Some respondents felt that prevention activities would be more appropriately framed as efforts to address or minimize risk, acknowledging that prevention of problems is subject to a complex

interplay of risk and protective factors, and that the desired outcome – suspended or completely prevented onset of symptoms or problems – may not always be achievable for all people.

Thoughts and suggestions from participants frequently focused on key opportunities for intervention across the lifespan. Beginning with the prenatal and antenatal stage, some noted that maternal care interventions are essential for prevention and early intervention, as maternal depression is associated with increased risk for depression, anxiety and behavioural problems in children. A focus on healthy early development for children was highlighted, with a specific focus in some instances on opportunities to build and reinforce self-regulatory or self-management skills, which in turn may contribute to future success in school and reduce risks of anti-social behaviours and anxiety.

Citing schools once again as a key setting for action, respondents supported classroom-based prevention and targeted early intervention programs in schools, and cited examples such as the 'Friends' program to address risk of anxiety-related problems, and efforts to build media literacy for youth regarding consumption of alcohol and other drugs. Other respondents recommended a specific focus be granted to students with histories of behavioural problems, with targeted efforts to provide intensive teacher/student mentorship and reinforce positive youth development. Others spoke of the need for dedicated staff, such as elementary school counsellors, within schools to support and promote primary and secondary prevention efforts. Some, however, suggested that perhaps too much is expected of schools in the area of prevention, and that families, communities, businesses, the media, and society must all contribute to the positive mental health of young people and provide positive role models.

A number of respondents emphasized the prevention opportunities for adults and seniors that are presented within the context of primary care as a consistent point of contact. Some cited, for example, opportunities for regular screening to identify and address risk of problems related to the use of alcohol and other substances.

Many respondents emphasized that, like any other health service or initiative, prevention efforts must be rooted solidly in evidence-based practice, and that rigorous evaluation of results should be encouraged. Several participants suggested that more attention needs to be paid to assessing the value and viability of programs and services currently offered that are not evidence-based, and that, in some instances, resources available to support prevention be refocused to support preventative efforts with a more solid evidence-base. Some respondents recommended identification of population-level indicators that would reflect the overall impact or outcomes of prevention efforts on a community, regional, or province-wide level.

Harm reduction

"In order to help with harm reduction you have to be able to establish a relationship with the people in situations where they need help. You have to be able to relate to the person and put yourself in their shoes . . . . Make things more available and more accessible. Cut out things that could cause a blockade and prevent them from recovering and improving their lives."
(Youth)

A solid majority of respondents were in agreement with harm reduction as a strategic direction for the 10 Year Plan and that preventing avoidable harms such as transmission of HIV and hepatitis C, overdoses, and other health-related harms required a clear commitment from government. Harm reduction was seen by participants as an essential part of a comprehensive continuum of care, and could not be considered in isolation from other services and systems.

Some raised concerns about the politicized nature of the phrase "harm reduction," and the lack of a standardized common definition of the term. Others noted that harm reduction can refer both to a guiding philosophy underlying a variety of different programs, policies and interventions as well as to specific kinds of programs designed to engage populations of vulnerable people who use illegal drugs, especially by injection. Accordingly, it was suggested that this tension means there may be ambiguity among clients, service providers and the general public about the meaning and aims of harm reduction. Some participants asked what the dividing line is between harm reduction and enabling, which they felt needed some clarification to ensure that well-intentioned programs do not actually promote the harms they are designed to prevent. The question of how to extend harm reduction philosophy to the domain of mental illness was raised by participants who suggested that the premise of informed decision making may not apply to people whose very ability to make decisions is impaired by their illness.

A range of examples of evidence-based harm reduction initiatives needing further support or expansion were identified, including methadone maintenance, needle exchange, and supervised injection sites. Other promising initiatives mentioned include maintenance treatment using other medications (for example, stimulants or other opioids such as Dilaudid), crack pipe distribution, and testing of street drugs for purity or contamination. For respondents, specific programs were seen to be less important than the underlying principle of meeting people "where they are at," and attempting to engage vulnerable individuals with low-barrier services. Harm reduction education for health, education, and law enforcement professionals was proposed as important, as well as increased awareness about harm reduction and its benefits among the general public through targeted campaigns. A number of respondents felt that reduction of harms associated with alcohol use should be addressed as a priority action, as it is this psychoactive substance (other than tobacco) whose use causes the greatest burden of illness and associated costs.

There was general agreement that a balanced, public health approach is what is needed to reduce the harms associated with substance use- an approach that recognizes that substance use has been a constant in all societies throughout history, that focuses on reducing and preventing substance related harms to individuals, families and communities and that is based on evidence. The issue of prohibition was raised by some participants, emphasizing that the current "war on drugs" has not only been ineffective, but has been both socially and economically costly. Proponents of this perspective suggest a need to develop a legal framework based on principles of harm reduction, human rights and overall population health.

Care, Treatment and Support

"Keep reaching out to the clients if they come in only once. It shows that

they are cared about and that there are people out there that want to help improve each others' lives" (Youth)

Providing adequate and appropriate care, treatment and support for people living with mental illness and/or addictions was a critical concern for many stakeholders. In line with the "upstream" focus of the 10 Year Plan, screening and early intervention—through family physicians, schools and workplaces—were identified as crucial to getting people help early. However, it was also noted that the capacity to identify problems early must be matched with resources to deal with those problems. For example, people dependent on alcohol or drugs need to be engaged during windows of opportunity for change, which can be lost if they are put on a wait list. Client-centred, community-based and peer support services were flagged as important by people with mental illness and/or substance use problems, while family members suggested that education and supports help them in making more informed decisions for their loved ones. Support for parents living with mental illness and/or addictions was identified as an intervention that serves as both treatment (for the parent) and prevention (for the child), and can help to interrupt intergenerational patterns of illness and associated problems. Some respondents suggested that developmental disabilities need to be included as part of a comprehensive mental health plan.

A significant majority of respondents felt that integration and coordination of services was a priority action. For example, it was suggested that integrated first-response teams consisting of collaboration among police, ambulance services, public health, and mental health or addictions professionals could both improve health outcomes and save money. Assertive Community Treatment (ACT) teams or similar case management models were cited as examples of client-oriented care that can meet complex needs, such as those arising from concurrent disorders. At the same time, some health professionals noted that improved integration of mental health and addiction services requires seeing both the commonalities and the differences between mental illness and problematic substance use, and recognizing that not everyone with a substance use problem has a mental health problem or vice versa. The need for greater client involvement in treatment planning was cited as important for achieving better outcomes.

The importance of safe and affordable housing as a component of care for people with mental illness and/or addictions was highlighted by numerous respondents, who observed that stability or recovery are difficult to achieve when one is unstably housed or living on the street. They suggested that low-barrier housing for the people hardest to house, including forensic clients, is urgently required in many parts of British Columbia. Respondents representing the BC Medical Association (BCMA) suggested setting a target percentage of people for whom supported housing is requested or "prescribed" as a necessary component of treatment, and to address capacity gaps in terms of the number of people cared for versus the actual need. Other valuable supports mentioned include adequate income assistance, employment training or re-entry programs, educational opportunities, and culturally-tailored services for new Canadians and Aboriginal people.

The role of systems beyond health care—such as education, policing, justice and corrections—in treatment, care and support was an issue raised by many participants. Schools were identified as a crucial setting for intervening early, as a point of contact for young people who may just be starting to have mental health or substance use problems. Training for police and corrections officers about mental illness and addictions was suggested as a valuable initiative. It was also noted that the federal corrections system is dealing with expanding populations of people with mental illness and/or addictions, and that supporting transitions from correctional facilities to the community is essential

for reducing relapse and recidivism.

Respondents were generally supportive of a tiered model of care, such as the one outlined in the National Treatment Strategy, and encouraged government to address the bias towards clinically-dispensed services (e.g. specialized mental health or addictions treatment). It was emphasized by a range of respondents that community-based resources, in addition to recovery homes and specialized services, are necessary for an optimal system of care. Finally, the need for continuity of care, including transitions from care into supportive environments in community, was highlighted.

Funding for effective and sustainable mental health and substance use services was a major element of consultation feedback. Many pointed out that although evidence-based treatments cost money, they are almost always cheaper than the costs associated with not providing treatment (including crime, public disorder and more costly and complex health problems further downstream). Some respondents advocated exploring alternative funding models for mental health and addiction services, such as a chronic disease management (rather than fee-for-service) funding model.

Stigma and Discrimination

"Stigma is . . . one of the core issues that prevent wellness, as [it] reduces the likelihood for engagement in and/or sustaining or benefiting from services and support."

The issues of stigma and discrimination, and the barriers these pose for the accessibility and effectiveness of treatment, care and support, were a concern for a majority of stakeholders. Many respondents suggested that public education and media awareness could do a lot for improving how people regard and respond to addiction or mental illness in their own lives or those of their loved ones, friends or colleagues. Representatives of the BCMA suggested that designating addiction as a chronic disease would be an essential first step in helping to overcome some of the stigma associated with problematic substance use, both for patients and caregivers. In addition, it was suggested that medical schools should address issues related to stigma and discrimination within the training on diagnosis, treatment and recovery from mental illness and problematic substance use, with the application of an appropriate lens for age, gender, ethnicity and/or religion.

Attitudes among professionals (in various fields, including health care and law enforcement) were also highlighted as sources of systemic stigma and discrimination, for which appropriate professional education and training—based on considerations of human rights and social justice—are required. On the other hand, some professionals suggested that a more robust response to treating people with mental illness and/or addiction is necessary in order to reduce negative public perceptions of their clients. A need for more programs to help parents and children who experience stigma was identified; along these lines, the creation of school-based programs to reduce the stigma associated with mental illness was suggested as a priority action. Some also suggested that criminalizing people with addictions (at least to some kinds of substances) is itself a form of systemic discrimination. A general consensus emerged that tackling stigma and discrimination is an essential step in creating a system that is inclusive, accessible, and sustainable.

"A person's issues are being judged right on the spot before even getting to

know any information about that person. This can fall under discrimination – certain ethnicities may already be labelled. 'Don't judge a book by its cover' comes to mind." (Youth)

Whole-Systems Approach

"A whole systems approach has to work in the BC context – people interact with all kinds of systems and services and they need to be working together to support the individual, the family, children and youth."

A majority of respondents indicated that a whole-systems approach to mental health and substance use was needed for British Columbia. Such an approach would align public systems that influence mental health and substance use into a comprehensive, integrated and evidence-based continuum of responses, including mental health promotion and illness prevention, harm reduction, treatment and support. It was noted that mental health and substance use problems affect people from all walks of life, and that many different systems—health care, education, social services, law enforcement, justice and corrections—have a role to play in addressing these issues. Respondents talked about the importance of universal early screening, and called for the creation of school and community education and prevention programs. Targeted engagement sessions with the education sector verified that schools are a key setting for promoting positive mental health and preventing mental health and/or substance use problems but that capacity issues such as budgets, staff turnover, professional development and ambitious curriculum expectations are of concern. The inclusion of service users—people living with mental illness and/or addictions—in planning and decision-making activities was mentioned numerous times as a key to success.

Research, Innovation and Knowledge

"Our systems of education, health, finances and law must work together to ensure the most comprehensive and lasting change possible."

The ability to share information and knowledge along with implementing research into practice was highlighted by respondents as an essential component of a whole-systems approach to mental health and substance use. The transfer of knowledge must be an iterative process amongst and between service sectors, researchers, practitioners, front-line workers, and service users and their families. Participants suggested that particular attention should be paid to encouraging the timely integration of new research in the field (or in practice) as well as to the creation, integration and evaluation of reliable, well-researched evidence into the development and delivery of programs, policies and legislation.

Many respondents noted that breaking down service silos will help facilitate a shift within mental health and substance use systems so that such systems can better utilize resources positioned outside of the formal health system. Such resources may include current- or past- service users, families, peers, non-health professionals, along with education strategies designed to share knowledge across generations. Improved information and knowledge sharing will have the added advantage of

boosting the competency and skills of those who are employed in, or interact with, a variety of human service sectors. For example, an enhanced awareness of suicide prevention and anti-violence strategies will be of benefit for all British Columbians.

Respondents also suggested that initiatives underway should rely on local expertise in order to ensure that British Columbia is building capacity from within, rather than drawing on health professionals and expertise from outside both the province and the country. An example provided was the Intersections of Mental Health Perspectives in Addictions Research Training (IMPART) program offered through the University of British Columbia's Faculty of Medicine. This program provides graduate students and clinical researchers with opportunities to enhance their research capacity with a particular focus on gender, women and addictions.

It was also suggested that by developing and monitoring a specific set of provincial mental health and substance use indicators, targets and milestones, British Columbia will be able to track the provincial progress over the plan's 10 year time frame. . It was felt that this process would allow the province to determine areas of success, and identify where more focus is needed over time to achieve the 10 Year Plan's vision.

Lifespan Perspective

"[Early childhood development] is critical but evidence suggests that needs to be reinforced across the lifespan. Therefore, we need a strategy to help communities be health-promoting communities particularly relative to mental health and substance use"

In keeping with the need to balance health promotion/illness prevention (or "upstream") approaches with treatment and supports for people living with mental illness and/or addictions, stakeholders provided clear support for policies and programs that influence developmental pathways from infancy through adulthood. The lifespan perspective was evident in the acknowledgement that early childhood, school-age years and adolescence are critical life-stages for prevention or early intervention, and that schools can enhance protective factors for children, train emotional intelligence, and foster resilience. Some respondents noted that cultural and media influences that encourage pleasure and consumption may also be encouraging young people to engage in the use of substances at an earlier stage, and that interventions should focus on encouraging delays in first use.

At the same time, a lifespan perspective was advanced as useful to inform prevention approaches for adults who may find that changing life circumstances put them at risk for problems. Workplaces were identified as a potential source of support and information for adults, as employers can encourage a work/life balance, help identify mental health and/or substance use problems early, and offer access to counselling/support services for employees. Some stakeholders noted that the aging population of British Columbia requires attention be paid to older adults and seniors, for whom retirement, loss of a spouse or physical ill-health may lead to mental health or substance use problems later in life.

OTHER IDENTIFIED THEMES

In addition to the feedback on the identified strategic directions, four other key themes emerged through the consultation process: a focus on the unique needs and circumstances of Aboriginal populations, the power and impact of language, the need to reorient BC's systems of care and the importance of culturally-sensitive practices.

A Focus on the Needs of Aboriginal Populations

"Demonstrated, evidence based practices of First Nations people that are excluded from the present system of research and knowledge need to have recognition and to be valued as equally as those that are in place & to co-exist within the framework."

"Spiritual work and psychological work are both necessary to reclaim the true nature for Aboriginal people"

Emphasis on Aboriginal mental health and substance use issues was seen as essential by a majority of stakeholders. A culturally-specific, coherent spectrum of prevention, early intervention and specialized care was suggested, beginning with grassroots community-based consultations and with particular attention given to addressing the barriers to care. Traditional indigenous knowledge and wisdom, including understandings of illness and treatment, were identified as important kinds of evidence. Ideas put forward as important for Aboriginal people—such as family, intergenerational education, and the connection between spirituality and health—may also be valuable for all British Columbians. Respondents felt that culturally appropriate mental health literacy initiatives are needed, but that these needed to be created through leadership from Aboriginal governments and communities. There was strong support for the development of an Aboriginal-specific mental health and substance use plan.

Language

One important theme that emerged in consultation sessions was the power of language that government, the media, service providers and the general public use to talk about mental health and substance use problems. It was noted in a number of sessions that our choice and use of words shapes the ways in which we think about, react to and engage with a topic or problem, and that the language we use to speak about mental illnesses and/or disabilities does not mirror how we talk about physical illnesses and disabilities. Respondents reinforced the need to change the language of mental illness (for example changing to "job-sharing" instead of "disability quotas" in the workplace), and to focus on the concept of recovery rather than on the illness and its severity. The language used for substance use and addictions was also seen as problematic (with stigmatizing

labels such as "junkie"), including the lack of a positive way to talk about the spectrum of psychoactive substance use from beneficial to problematic

Systems Orientation

"There is a need to break down the stereotypes around respective goals and attitudes to facilitate the information-sharing and trust-building required to work across the systems in an integrated way"

There was general agreement among respondents that the present arrangement of the systems of care (such as the health care system, child welfare system, education system, etc) doesn't always match the needs of those in need of services, particularly children and youth. Many felt that changes are needed to facilitate both integration and a more client-centred approach to services. It was commonly observed that the current systems are extremely complex to the general public, as well as for the clients they are designed to serve. It was suggested by some participants that integration cannot occur in a system in which co-ordination is voluntary.

One critical issue that was identified repeatedly is the challenge of information-sharing across services and systems: whether it happens by consent or legislation, improvements to enable the sharing of necessary information are critical. Some participants suggested fundamental changes in the structures and mandates that are required to support youth moving from the child welfare system to other adult systems. The mandates of the systems are limited by an arbitrary determinate, specifically the age of 19 (unless MCFD is providing supports to youth who were in care or on youth agreements) and not by the individual's developmental phase. It was observed that this results in some youth coming out of the former system losing support precisely when there is the greatest risk for significant mental health issues to emerge.

Better integration of services – both of mental illness and substance use services, but also of the services for victims of violence and physical abuse – was also a pertinent theme. Another issue raised was that many service providers within current systems/services do not have a the same good understanding of positive mental health that they may have when thinking about positive physical health, and consequently don't know how to be supportive of mental health promotion efforts.

When it came to suggestions for improvements, there was a wide range of responses. Some participants suggested that the desired end point should not be so much about reducing costs, but rather focused on the opportunity to increase capacity in the system by reducing inappropriate spending and inefficient use of resources. Some made the point that accountability is not just to funders, but to also those who are being served. While many called for a whole-system approach, others cautioned that there is the risk of dilution in such an approach if nobody takes responsibility for the overall response or even various components of the response. Others pointed out that "holistic" is not the same as "whole-system". In fact they cautioned that without careful planning a whole-system might well become a conglomerate of sub-systems, which is not the same as an all-encompassing system with a variety of different entry points and a consistent approach to service.

The importance of primary care to an overall response was identified by many stakeholders. Since most citizens access primary health care first, the integration of mental health and substance use services within settings where other core health services are provided was seen as critical. Some suggested that a Provincial Mental Health Commission be established, that could provide overarching leadership for the response and work with existing collaborative structures such as the General Practice Services committee, in order to avoid any unnecessary duplication.

Many respondents suggested that as the system moves towards an overarching goal of better integration, there is a need for clear and inter-connected goals and strategies for each sub-section within the current systems. One suggested mechanism to encourage better integration of services was the establishment of community planning tables for people and organizations to jointly plan within their own communities. Many community organizations are willing to be low or no-barrier access points, but there was a perception for some that the health system would need to surrender some control and ownership in order for community-based services to truly thrive. A related issue was the potential role that non-professionals could play if the systems were opened up to allow for their greater participation.

Some respondents recommended the use of common health and wellness indicators and measurements across ministries in order to encourage collaboration and shared accountability, although it was also acknowledged that this would require careful management of data-sharing and electronic record-keeping. There were also further suggestions for system audits to find opportunities in current initiatives, and mechanisms to identify both how to build on current programs and how to improve co-ordination.

Culturally Sensitive Practices

"Diverse cultural, ethnic & religious groups need to be proactively included. Don't assume that any one group or understanding represents the whole of an immigrant/cultural/ethnic group"

Respondents acknowledged that British Columbia is a province rich in diversity and that signifcant care must be taken to ensure that the needs of our various ethno-cultural communities are met and reflected in both the consultation/engagement process and development of the 10 Year Plan. Many recognized that a whole-systems approach will be necessary to facilitate cross-ministry coordination of services addressing the needs of various populations (immigrant and refugee communities for example) and that issues of jurisdiction should be mitigated to ensure effective access and reach of services. Many felt that regardless of a person's location within the province, it is essential to ensure that policies and practices consider, and are reflective of, the specific context of individual lives, and consider age, gender, culture and other social determinants of health.

CONCLUSION

The various consultation and engagement processes related to the 10 Year Plan to Address Mental Health and Substance Use in BC have served to verify and validate the overarching vision and many of the key directions proposed for the plan; at the same time the input and suggestions provided by participants will be invaluable and directly instrumental in shaping the specific goals and strategies that will ultimately be reflected within the plan. As the development and ultimate implementation of the plan moves forward, it will be important that stakeholders remain an active part of the process and that the 10 Year Plan continues to be reflective of their thoughts and input.

APPENDIX A: Discussion Guide

10 Year Plan to Address Mental Health and Substance Use in BC

Discussion Guide

British Columbia Mental Health and Substance Use Project

HTH-2014-00296
Page 129

Contents

Foreword.....21
Introduction.....22
Aboriginal British Columbians.....24
Stakeholder Input.....25
How to use this Guide.....25
Whole systems approach.....26
Vision Statement.....27
Core Values.....28
Guiding Principles.....29
Intended Results.....30
Strategic Directions.....32
Strategies and Priority Actions.....34
Addressing the Needs of Aboriginal British Columbians.....38

HTH-2014-00296
Page 130

Foreword

Throughout the Conversation on Health there was overwhelming support for more focus on disease prevention and health promotion....Mental illnesses like depression, schizophrenia and substance abuse typically begin in childhood, exerting a lifelong impact on the individual, their families and society.

The challenges of poverty, mental illness and addictions compound the societal challenges of housing, homelessness and crime. There are victims and casualties in our society — injured, hurt, lost, isolated people who cannot find their way off the street, into a home, out of addiction and back to health. Additional efforts to guide them to healthier lives will be launched, as an updated 10-year mental health plan is also completed.

British Columbia Throne Speech 2008

Today is an emotional day for survivors of residential schools and their families, and our thoughts are with each of them. The survivors and those before them became the 'stolen generation,' taken from their families as children, they were held captive from their culture and communities. They were robbed of all that is irreplaceable – their youth, their innocence, and their sense of who they were and where they came from.
We believe it's our time and our task to tackle the issues of Aboriginal disadvantage and disparity. We are challenged and compelled to close that gap, fulfilling our nation's potential and promise by ensuring that Aboriginal peoples have the same entitlement to success and opportunity as anyone else.

Premier Gordon Campbell on the
Federal Apology to Former Students of Indian Residential School
June 11, 2008

HTH-2014-00296
Page 131

Introduction

Good mental health is crucial to the overall well-being of individuals, communities and societies. It is a resource for everyday living that enables people and communities to realize their fullest potential and to cope with life transitions and major life events. Yet mental health problems and substance use problems are far too common—affecting people of all ages, nations and cultures. The World Health Organization estimates that mental disorders affect more than 25 per cent of all people at some time during their lives.

British Columbia is no exception to this trend. Mental health problems and substance use problems are the third largest contributor to the Province's overall disease burden (after cancer and cardiovascular disease), are the largest contributor to disease burden among British Columbians ages 15-34, and are the leading cause of disability in the province.

Currently, British Columbia spends approximately $1.2 billion each year on mental health and addictions services delivered through the health system. This estimate does not include costs of mental health services delivered by other systems (e.g. education) or the burden placed on other systems by untreated or improperly treated mental health problems and substance use problems (e.g. income assistance and criminal justice). Everyone is aware that our province is being directly impacted by economic events beyond our control. However, even in tough times government has honoured its commitment to protect and enhance front line health services with record spending every year since 2001. We're building on investments by increasing the budget for health care by 12% over the next two years even as we recognize demands continue to grow across the system.

It has been more than a decade since government developed a mental health plan in British Columbia. Since then, the health system has been reorganized into health authorities and mental health services and addictions services have been integrated at the regional and local level. Public policy frameworks, such as *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction* and *Following the Evidence: Preventing Harms from Substance Use in BC* (Ministry of Health Services) and the *Child and Youth Mental Health Plan* (Ministry of Children and Family Development), have shaped key aspects of British Columbia's response. New partnerships such as the Joint Consortium on School Health (Ministry of Education and Ministry of Health Services), are contributing to the development of multi-sectoral action.

British Columbia has increased its research capacity through the recruitment of individual researchers and formation of research centres and institutes. New facilities include the BC Mental Health and Addictions Research Institute at the Provincial Health Services Authority, the Centre for Addictions Research of British Columbia at the University of Victoria, the Centre for Applied Research in Mental Health and Addictions at Simon Fraser University, and the Institute on Mental Health, and the Centre for Brain Health at the University of British Columbia.
Through the Leading Edge Endowment Fund, the Ministry of Advanced Education has supported the creation of academic leadership chairs in depression, addictions and cognitive neuroscience in early childhood health and development. These academic posts are generating a critical mass of research and clinical expertise in British Columbia to better understand mental illness and substance dependence, and to develop evidence-based responses.

There is also considerable new knowledge in the field about what works. The evidence base to support effective action, from promotion and prevention to care, treatment and recovery, has expanded rapidly. Overall, British Columbia is already well positioned to take advantage of new knowledge and new relationships at the research, policy and practice levels. Recent innovative examples include launching the Burnaby Centre for Mental Health and Addictions, and a youth addictions treatment centre at Keremeos. The promotion of good mental health, the prevention of mental disorders, and the prevention of harms associated with substance use are centre stage in British Columbia's public health renewal process. The Ministry of Housing and Social Development is implementing Housing Matters BC, while the Ministry of Children and Family Development has just released a review of its groundbreaking 5-year Child and Youth Mental Health Plan.

In fact, the Ministry of Health Services, in partnership with the Ministry of Healthy Living and Sport and the Provincial Health Services Authority, is working with 11 partner ministries, six health authorities and the research community to better connect activities across government, and develop a comprehensive plan to address mental health and substance use across the life course. This plan will be guided by the experience of other jurisdictions in mental health systems reform, such as Australia, New Zealand and the United Kingdom. It will be informed by recent research and evidence of effectiveness at the policy and program level. The plan will set out a clear unifying vision, guiding principles, intended population and system level outcomes, strategic directions and evidence-based recommendations for action. It will also articulate roles and responsibilities, identify milestones, and establish mechanisms to monitor progress and ensure accountability.

Aboriginal British Columbians

In British Columbia, a disproportionate share of the burden of mental health problems and substance use problems are borne by Aboriginal people and communities. With the signing of the *Transformative Change Accord*, the Leadership Council representing the First Nations of British Columbia, the Province of British Columbia and the federal government have agreed to a shared commitment to action on closing health, social and economic gaps between First Nations and other British Columbians by 2015. Further work has resulted in a *Tripartite First Nations Health Plan*, which commits the three parties to taking specific action on mental health and substance use for all Aboriginal people. The Province has also entered into an agreement with the Métis people of British Columbia. The *Métis Nation Relationship Accord* creates the basis for a relationship to achieve the goals and outcomes identified at the 2005 First Ministers' meeting in Kelowna.

The Ministries of Health Services and Healthy Living and Sport are responsible for ensuring that the 10-year plan recognizes the unique needs of Aboriginal peoples and supports their right to access publicly funded services. It is anticipated that the plan will reflect the cultural knowledge and traditional health practices of Aboriginal peoples, thereby benefiting all British Columbians. In addition, the Ministries will be working with Aboriginal leaders and federal partners to develop a companion plan to address mental health and substance use among Aboriginal British Columbians.

Stakeholder Input

Stakeholder input is vital to the success of the 10 Year Plan to Address Mental Health and Substance Use in BC (the plan). Input from stakeholders will help shape the plan's vision, values and principles, intended results and key strategies. A great deal is known about what works in mental health and substance use from a policy and practice standpoint. In BC, there is an opportunity to improve the way we adapt this evidence to better meet the needs of individuals, families and communities.

This discussion guide introduces the key elements of the plan based on what the evidence tells us and asks a series of questions about each element. A well-articulated plan will enable BC to capitalize on the wealth of knowledge, experience and expertise of its diverse citizens.

How to use this Guide

In the following pages, each element of the plan is described and questions are posed to generate dialogue and discussion. You may complete the guide by hand and mail or fax it to us, or complete it electronically and e-mail your response.

One of the things we have learned from our review of the evidence and international experience is that success depends on a multi-sectoral response, one that goes beyond the health system to include other service systems, and one that brings together partners in the public, private and voluntary sectors. This discussion guide is being distributed widely and we encourage you to collaborate with colleagues from a variety of systems and sectors in preparing your response.

We also strongly encourage collaboration with partners who can provide input from an Aboriginal perspective. While there is a parallel process in place to create a companion plan to address the needs of Aboriginal British Columbians, it is equally important that the provincial plan ensures accessible, responsive services for Aboriginal people.

Completed discussion guides can be returned to Kenneth Tupper at any of the following addresses by April 14, 2009.

- Via e-mail to Kenneth.Tupper@gov.bc.ca
- Via fax (250) 952-1570
- Via mail to Ministry of Health Services and Ministry of Healthy Living and Sport, Population and Public Health, 1515 Blanshard Street 4-2, Victoria BC, V8W

HTH-2014-00296
Page 135

3C8

Whole Systems Approach

The approach in the 10-year plan is a first for British Columbia—a "whole systems" approach. Previous plans have focused almost exclusively on specialized health care system responses, while a whole system approach broadens action so it is cross-governmental, multi-sectoral and multi-system. A whole systems approach involves the whole of government; engages the broad public, private and voluntary sectors; and, it works across multiple service delivery systems, such as health, education, income assistance, housing and criminal justice.

Making this important shift in our approach will improve our capacity to provide a full range of integrated services and supports along the continuum from wellness to illness. This includes anti-stigma and discrimination, health and wellness promotion, illness prevention, harm reduction, treatment and support, and healing and recovery. A whole systems approach uses multiple settings for action, including home, school, workplace, cyberspace, street, doctor's office, community, police encounter, court and prison.

DISCUSSION

- Will a whole systems approach work in the BC context?
- To be successful what sectors and systems need to be involved?
- What steps need to be taken to ensure this approach is successful?

Vision Statement

A vision statement for the plan describes what BC would be like if people had the best possible mental health and experienced the least possible harm from substance use. It also describes how public systems in BC would respond to people experiencing mental health problems and substance use problems.

This is a potential vision statement:

British Columbians have the best mental health possible— everyday.
We are diverse people, enriched by vibrant cultures, languages and traditions. We are resilient people, nurtured by strong families and caring, healthy communities. We have an inclusive understanding of health informed by the perspectives of Aboriginal people and other cultures. We live, learn, work and play in environments that actively promote wellness.

When we experience mental health problems, substance use problems or their associated harms, we are not alone. We are engaged in services and supports that are relevant to our needs, effective and culturally competent. We are fully involved in decision-making about our health. And we participate fully in the life of our communities as we journey towards healing and recovery.

DISCUSSION

- Does the vision statement adequately describe the desired future? What is missing?
- Will the vision statement work for all British Columbians?
- Will the vision statement galvanize British Columbians and systems to take action to improve mental health and reduce harms from substance use?

HTH-2014-00296
Page 137

Core Values

Core values are the beliefs and norms that shape British Columbians' attitudes and responses to mental health and substance use. They establish the ethical basis for the development and implementation of the plan.

These are some potential core values:

- Respect and compassion
- Equity
- Diversity and inclusivity
- Interdependence and collaboration
- Autonomy and informed choice
- Reciprocal accountability

DISCUSSION

- What values should inform BC's response to mental health and substance use along the continuum from wellness to illness, and from moderate substance use or abstinence to dependence?

HTH-2014-00296
Page 138

Guiding Principles

Guiding principles help us move from concept to action. They ensure the implementation of the plan, specifically the delivery of services, and the achievement of results are consistent with our vision and core values.

These are some potential guiding principles:

- Whole person, family and community-centred
- Strengths, assets and resilience-based
- Recovery oriented
- Culturally aware, respectful, competent and safe
- Focused on capacity building
- Evidence-based
- Comprehensive, integrated and coordinated
- Community delivered, regionally coordinated and provincially aligned
- Attuned to needs of vulnerable populations
- Efficient and cost effective

DISCUSSION

- What principles should guide the implementation of British Columbia's response to mental health and substance use?

Intended Results

The success of the plan will be measured by improved mental health and reduced harms from substance use in the population, and by improvements in the public systems that influence and respond to mental health, mental illness, substance use and addictions. It is critical that the outcomes are meaningful, tangible, and measurable over time. These are some potential outcomes at the population and system level:

Population Outcomes

- Increased positive mental health and wellness
- Increased mental health and substance use literacy
- Increased individual and workplace productivity
- More communities with increased control over and responsibility for social, cultural and economic determinants of mental health and wellness
- Fewer people with mental illness and/or problematic substance use, including substance dependence
- More people living with mental health problems and substance use problems have opportunities for meaningful social and economic participation in their communities
- Significant reduction in death, illness, injury and disability from mental health problems and substance use problems
- Fewer risk and vulnerability factors are associated with mental illness and/or problematic substance use, including substance dependence
- More people living with mental illness and/or problematic substance use are well-connected to their communities

- Less disparity in health, education, social and economic outcomes between people living with mental illness and/or problematic substance use and the general population

System Outcomes

- Increased integration and coordination of services within and across systems
- Increased capacity to address wellness, prevention, healing and recovery
- Increased knowledge exchange within and across services, systems and communities
- Increased adherence to evidence-based policy and practice, including research and practice-based evidence, indigenous knowledge and participatory inquiry
- Increased adequacy, efficiency and equity in resource allocation within and across systems and regional contexts
- Services and systems with enhanced capacity to address wellness, prevention, healing and recovery
- Services and systems are culturally aware, respectful, competent and safe
- Significant reduction in inappropriate health care, law enforcement and child welfare costs associated with mental illness and problematic substance use, including substance dependence

DISCUSSION

- In 10 years time, how will we know if the plan has been a success? Do the outcomes above describe the results we should be seeking for British Columbians, their families, communities and public systems?

Strategic Directions

Strategic directions establish broad parameters for action. They are based on an analysis of recent research and evidence of effectiveness, as well as a review of strategic policies and plans to address mental health and substance use in other jurisdictions. We believe that planned, evidence-based action in the following seven areas will provide a comprehensive response to mental health and substance use across the life course in British Columbia.

1. Anti-Stigma and Discrimination

Eliminate discrimination associated with mental health problems and substance use problems

2. Health Promotion

Promote positive mental health and wellness (as we do with physical health)

3. Prevention

Prevent mental health problems, early substance use and substance use problems

4. Harm Reduction

Prevent and reduce harms associated with mental health problems and substance use problems

5. Care, Treatment and Support

Identify, intervene early, and support people and communities to address mental health problems and substance use problems

6. Research, Innovation and Knowledge Exchange

Advance research, innovation and knowledge exchange in mental health and substance use

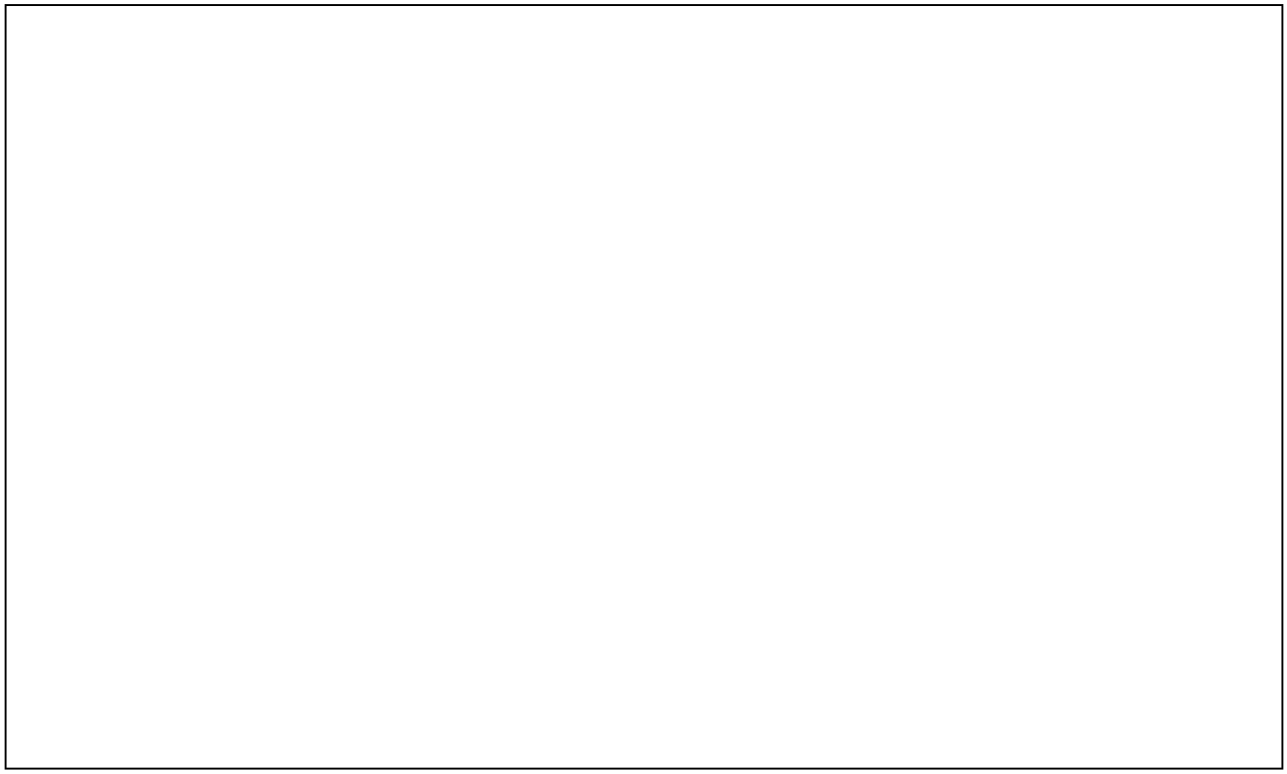
7. BC Public Systems

Orient public systems to improve in mental health and substance use outcomes for British Columbians

DISCUSSION

- Taken together, will these strategic directions enable BC to achieve its vision? Are there any other strategic directions that we should be pursuing?

HTH-2014-00296
Page 143



Strategies and Priority Actions

Strategies and priority actions are the means to achieve the vision and intended results. They are evidence-based, feasible and are accepted by consumers, service providers, funders, elected officials and the general public. Given the complexity

of mental health and substance use, the strategies and priority actions must also be multi-pronged, multi-layered and integrated.

DISCUSSION

- What evidence-based strategies can be implemented within each of the strategic directions to achieve the vision and intended results?
- Within these strategies, what specific actions should be the highest priority over the short and medium term? What actions can demonstrate early wins by building on promising practices and/or using existing infrastructure, resources and expertise?

1. **Anti-Stigma and Discrimination**

Sample Strategy: comprehensive approach that includes human rights-based legislation, public and professional education, and broad-based and targeted anti-discrimination programs.

Sample Priority Action: Implement an integrated provincial strategy to promote health literacy in mental health and substance use aimed at improving public and provider understanding about mental health promotion, prevention, early recognition, help seeking, self-management and recovery.

2. **Health Promotion**

Sample Strategy: maternal and infant mental health, supports to healthy early childhood development

Sample Priority Action: Provide supports for parents before, during and after the birth of their children by increasing capacity to: (1) support women and their partners in making healthy choices in pregnancy; and, (2) offer sustained nurse home visits for at-risk, first time mothers.

3. **Prevention**

Sample Strategies: comprehensive school health; workplace mental health

Sample Priority Action: Support school-based initiatives to prevent anxiety, depression, conduct disorder and early substance use among at-risk children, through development of self regulation (preschool and kindergarten) and social-emotional skills training and cognitive behavioural therapy (through to grade five).

4. **Harm Reduction**

Sample Strategy: comprehensive approach that addresses levels, patterns and contexts of substance use and availability of substances

Sample Priority Action: use education, enforcement and policies to promote culture of moderation for alcohol consumption

5. **Care, Treatment and Support**

Sample Strategy: integrated mental health and addictions system of care using tiered services and supports linked to problem severity
Sample Priority Actions: provide cognitive behavioural therapy for children, youth and adults in a variety of life settings; create multidisciplinary mental health primary care teams; provide a range of options for residential withdrawal management for children, youth and adults, including social detox, medically informed detox and hospital-based or medically managed detox; provide assertive community treatment.

6. **Research, Innovation and Knowledge Exchange**
Sample Strategy: comprehensive approach that includes knowledge creation, translation, dissemination, uptake and evaluation
Sample Priority Action: develop knowledge exchange infrastructure to fast-track implementation of best and promising practices in addressing mental health and substance use

7. **Orienting BC public systems to improve outcomes**

Sample Strategy: comprehensive approach that includes leadership, governance, reciprocal accountability, funding, and workforce development
Sample Priority Action: set ambitious targets to mobilize multiple systems; create financial incentives for service integration and innovation and systems change; support community capacity building and civil society responses

Addressing the Needs of Aboriginal British Columbians

A disproportionate share of the burden of mental health problems and substance use problems are borne by Aboriginal people. A separate plan to address Aboriginal mental health and substance use is being developed by Aboriginal leadership and communities and the provincial and federal governments through the tripartite process. However, it is important for the provincial plan to reflect the unique history, interests, health practices and service needs of Aboriginal people in British Columbia.

DISCUSSION

- How can we ensure that Aboriginal British Columbians see their values and interests reflected in the provincial plan?
- How can we ensure that services available to all British Columbians are accessible to Aboriginal people?

HTH-2014-00296
Page 149

Thank you for taking the time to complete this discussion guide. Your response will help us in developing a comprehensive plan to address mental health and substance use across the life course in BC.

Contact Information: You are not required to provide us with your contact information, but we would appreciate having it should we require clarification or additional information related to your submission. Your contact information will not be shared with anyone outside of the project team.

Contact person:
Organization:
E-mail address:

Please list the organization(s) involved in completing the discussion guide:

APPENDIX B: Stakeholder Engagement Activities

10 Year Plan Engagement Schedule

Date	*Activity*	*Location*	*Mode*
February 24, 2009	Policy, Research, Advocacy and Service Interests	Vancouver	Facilitated full-day workshop
February 25, 2009	Education Sector	Vancouver	Facilitated half-day workshop
	Justice Sector	Vancouver	Facilitated half-day workshop
February 26, 2009	Child, Youth and Family	Vancouver	Facilitated half-day workshop
	Health/Social Services Sector	Vancouver	Facilitated half-day workshop
February 27, 2009	Tentative deadline for receipt of discussion guide responses		(Ministry staff continued to accept discussion guides until early April)
March 3, 2009	Union/Labour Sector	Vancouver	Facilitated half-day workshop
	Multicultural Sector	Vancouver	Facilitated half-day workshop
March 31, 2009	Region-wide policy, research, advocacy and service interests	Prince George	Facilitated full-day workshop
April 3, 2009	Region-wide policy, research, advocacy and service interests	Victoria	Facilitated full-day workshop
April 8, 2009	Region-wide policy, research, advocacy and service interests	Kamloops	Facilitated full-day workshop
June 10, 2009	Children and youth service users	New Westminster	Facilitated half-day workshop
June 11, 2009	Adult service users	Burnaby	Facilitated half-day workshop

HTH-2014-00296
Page 151

HTH-2014-00296
Page 152

HTH-2014-00296
Page 153

Advance Care Planning in BC – Making it Happen

Advance Care Planning Forum

March 13, 2012 in Richmond BC

PURPOSE

Changes to British Columbia's laws for incapacity planning, including advance directives, came into effect on September 1, 2011. This purpose of the one-day forum was to bring together some of B.C.'s leading policy makers, planners, clinicians, physicians, patients and health care organizations to explore and identify advance care planning priorities for the Ministry of Health, health authorities and external partners for the future. The forum met this commitment by welcoming participants to engage in open dialogue, share diverse perspectives, and celebrate accomplishments and contributions to the health system by individuals and groups in the advance care planning community.

OBJECTIVES

- Share the new provincial public resources for advance care planning (ACP);
- Explore current successes and ideas to engage and educate the public, providers, and legal professionals about ACP;
- Consider emerging priorities for integrated, patient-centred & system-wide ACP;
- Explore what successful ACP means and how it could be measured;
- Identify emerging priorities and possible next steps to implement ACP in participant's organizations and areas.

AGENDA

Greetings from the Ministry of Health *"Advance Care Planning in BC: Making it happen"*	Katie Hill and Heather Davidson, ADM
Plenary #1 New provincial ACP resources	Pauline James
Panel #1- *Let's talk about our successes and ideas to engage and educate the public, providers, and legal professionals*	Fiona Gow, Pat Porterfield Margreth Tolson Dr. Douglas Mcgregor
Break-out #1: *What are emerging priorities to engage and educate public, providers and the legal professions about ACP?*	Three facilitated groups
Report-out #1	Group reporters
Plenary #2: *If Advance Care Planning is the Answer, what is the Question?* Reflections on ACP from B.C.'s Answer Lady	Marg Meikle and her husband Noel MacDonald
Panel #2- *Let's talk about implementing ACP system-wide and what success should look like*	Paul Leslie, Judy Nicol Dr. Doris Barwich Dr. Kim McGrail
Break-out #2: *What are the emerging priorities to ensure patient-centred ACP system-wide & how should success be defined and measured?*	Three facilitated groups
Report-out #2	Group reporters
Closing Plenary- Summary of the day	Katie Hill
Forum closing, feedback forms	Pauline James

MAJOR THEMES OF THE DAY

Several overarching themes emerged, as follows:

Normalization

Participants stressed that the normalization of ACP within society and communities is necessary and that this process may take years to accomplish.

Self-care and shared responsibility

Participants highlighted that ACP is a part of self-care and self-management. They noted there is a shared responsibility for ACP between the public, health care providers, organizations, and communities. Participants noted that promotion of ACP is not only the responsibility of health care providers, organizations and government; however, the continued actions of these partners will help foster and promote the desired societal change. They also identified that peers, community and other groups can help increase the awareness of ACP.

Clear, consistent, accessible information

Participants determined that ACP education, messages and resources should be clear, consistent, in plain language, and accessible. Participants highlighted three streams of education targeted for different learners, based on their educational needs; separate learning streams were suggested for patients, physicians, and other health care providers. They noted that public materials should be patient-centred. They also discussed the importance and usefulness of resources for specific populations (younger well population, population in mid-life, those with chronic disease, and those with life-limiting illness). The importance of translating the new resources was also raised as a potential priority to consider.

Evaluation of success

Participants offered suggestions for evaluating and monitoring success. They noted the importance of conducting on-going evaluation, setting outcome measures, identifying quality indicators, and promoting the uptake of province-wide standards. They also suggested that a common language about ACP implementation be promoted to get the ACP community on the same page so ACP implementation can be evaluated with a consistent approach and narrative. The ACCEPT study was highlighted, as BC is participating through Fraser Health. Some suggested outcome measures were the number of ACP records created, and patient and family satisfaction outcomes.

REPORT-OUT #1

In the break-out discussion session #1, participants were requested to discuss and report back on the following question:

> *"What are the emerging priorities to engage and educate the public, providers and the legal professions about ACP?"*

KEY THEMES

Detailed responses by colour of table are noted in Appendix A.

- Normalizing ACP is key
- ACP is part of wider personal planning – retirement, wills, insurance, high school
- ACP is for all age groups
- Patient-centred information for patients
- Different groups need different education: provider, patient/public, physician
- Need to engage wider community and different groups; peers can spread messages; public forums and campaigns to increase awareness
- ACP is a shared responsibility with public, community – it's not only the responsibility of physicians, hospitals, health care providers
- HCP and organizations need clear expectations and roles.
- HCP need to be informed and knowledgeable
- Need for quality, consistent messages and information in plain language and for special populations and different cultures

REPORT-OUT #2

In the second break-out session, participants were requested to discuss and report back on the question:

> *"What are the emerging priorities to ensure patient-centred ACP system-wide, & how should success be defined and measured?"*

KEY THEMES

Detailed responses by colour of table are noted in Appendix B.

- Engaging public, community
- Embedding ACP into practice and normalizing ACP
- Good information, clear messaging, appropriate, useful language and information
- 3 streams of education: patient, physician, provider
- Accessibility to information and records; system alerts
- Measure # of ACP (patient records)
- Measure patient/family satisfaction – were wishes followed?
- Province wide uptake; provincial standards; on-going evaluation
- Patient-centred approach; patient-self management and healthcare ownership
- Determine what success means and determine what the goal is – then can evaluate

FEEDBACK FORMS – KEY THEMES

Feedback forms were provided to all participants in their forum materials. Participants were requested to reflect on the day and provide feedback to the organizers. Common themes are as follows:

QUESTION 1. Did you hear something today about advance care planning that inspired you? Tell us what, and how it inspired you.

- Personal stories from Marg and Noel and others
- Courage and its root meaning "from the heart"; ACP is a gift
- Multi-organizational approach to ACP implementation and variety of projects in BC
- Expertise, dedication and enthusiasm of participants
- Shared responsibility, ACP as self-management
- Culture change will take a decade and normalizing ACP is important
- Effect of ACP on reducing health care costs

QUESTION 2. What are your top three priorities to move advance care planning forward with your colleagues or clients/patients or your organization in the next year?

- Conversations and documentation; collaborating and engaging others
- Consistent and accessible information and resources
- Public education and discussions (ex. patient family education centre)
- Focus on healthy seniors – in context of broader planning; include financial planning
- Front-line provider education on consent and acp
- Physician education (ex. PSP training; CME opportunity; rounds; one pager for GPs)
- Define or clarify roles and responsibilities
- More evaluation; set outcome measures; create quality indicators
- Culturally relevant material for specific populations

QUESTION 3. If one thing could have been changed at today's forum, it would have been to:

- Summary by each HA on plans to disseminate My Voice or what they know.
- Multiple forums across the province with public, providers, and stakeholders
- Logistics - three separate break out rooms or smaller groups; longer forum; food
- More personal stories and more front-line staff participation
- Identify actions to achieve; commitment to meet in one year
- Multicultural resources

QUESTION 4. Do you have any other comments about today's event?

- Materials: Plain language; handouts should stress differences in ACP, RA etc.
- Questions: Is there a plan to engage volunteers/advocates to help with seniors? Will anything province-wide result from the day?
- Great panels, speakers, discussions/dialogue; needed more physician perspectives
- Lots of considerations before evaluation component is mobilized
- Consistent, province wide initiative - same PPT and consistent messages
- We are all coming from a place of ethical integrity in our ACP work

APPENDIX A DETAILED NOTES OF BREAK OUT #1

Participants were assigned to red, green, and blue tables and participated in break-out sessions corresponding with their table colour. This was to ensure each break-out session had a mixture of organizations, patients, physicians, and different professionals in each. This appendix details the flipchart notes made by each break-out group in answer to the question:

> *"What are the emerging priorities to engage and educate the public, providers and the legal professions about advance care planning?"*

GREEN TABLES

- Clarity re: definitions and documents
- Need for a kit for the public and in residential care
- Look for opportunities to connect with public in our work
- The education needs for patients, public, legal community are different – different tools?
- Education for the public – how to express wishes
- How can NIDUS be support and resource
- Important to engage educational faculties and colleges and embed ACP in education
- Interagency collaboration
- Consumer participation
- Faith based role in education
- Support for mental health, addictions, and other populations
- Build simple systems
- How fits with adult guardianship
- Ensuring patients understand ownership of ACP and AD
- Clarification re: responsibilities
- Normalize and culture shift
- Clarity re: choices, specifics, and HCP roles within system
- Capacity determination
- What about people with no GP? How to build capacity in communities
- Get message out to professional groups before public
- Cultural awareness and connection with communities – First Nations, Asian
- Tie to other conversations – birth, will, organ donor, driver licence

BLUE TABLES

- Content knowledge
- Articulation of roles and expectations of HC providers, physicians – how to use the new tool and what is expected of docs (eg. 1 pager)
- Direct the focus as "about the pt" – help the HCP see from that perspective
- Priority of timing – PSP is rolling out and need bridging tool
- Importance of shared understanding of terminology

- Clarify priority of the HCP – needs to be informed whereas MV tool is about information the public. MV is not adequate for providers and docs
- Multiple priorities – so importance of all moving together
- Ensure key stakeholders are engaged
- Importance of cultural representation – perspectives
- As a member of public, I need front line to know about this- if not frustration, disempowerment
- Adequate information to move this into practice
- Ensuring documents provide information about usage and rights
- Combined responsibilities
- Need to educate informed responders
- Education to hc providers – to ask key questions related to ACP
- Shifting the dialogue – both public and providers
- Raise the AC discussion
- Public education forum at rec centre with informed facilitators
- For public – one page hand-out eg. used by VCH
- Selecting target groups – healthy seniors, retirement planning, new parents, aboriginal population, South Asian population

RED TABLES

- Dr – difficult if add on to visit – need allied HP support/community to have willing pt
- Complex info and need network of advocates
- Seniors organizations are advocates eg cosco
- Social issue
    - Need to engage on level of values
    - Start at community, faith, hospice
    - Central contact forum
- Early engagement holistic retirement planning to normalize acp
- All age groups
- "Ask" routinely as Dr recommendations from population health -Canadian health task force on periodic health exam
- High school exposure
- Public forum opportunities
- Funeral homes – proactive planning
- Insurance agents – for public exposure
- Group medical visits with 8-10 patients a good option with little specific time for each individual. Fee schedule?? Integrated primary health centres??
- Urgency but also need to do it right
- Minority groups –need culturally based programs

- Normalize language – ex. PSA “art history”
- Documents look legal and hard to normalize
- Challenge – these are legal forms. Engage legal community, good education
- Number of great resources already. Eg Nidus. Challenge knowing where they are, and $ for community groups to do work
- Start with conversation and then work with legal issues
- Health care system is complicated – move from acute to community
- Front line staff have minimal knowledge of process and consent etc. Gap between triage/care providers and those planning ACP.
- Pt Voices Network different approaches – webinar, newsletters etc.
- Need to really understand the legal tools to assist can be complex. ? overload expectations ? legal rep on committees to get word out consistently. Potential for unintended consequences
- High school curriculum – wills and acp
- Smart care card
- Everyone’s responsibility – but who makes sure it happens?
- Public campaign – raise awareness
- Summary: normalize, engage community, quality of messaging – legal and medical, plain language

APPENDIX B DETAILED NOTES OF BREAK-OUT #2

Participants were assigned to red, green, and blue tables and participated in break-out sessions corresponding with their table colour. This was to ensure each break-out session had a mixture of organizations, patients, physicians, and different professionals in each group. This appendix details the flipchart notes made by each break-out group in answer to the question:

> *"What are the emerging priorities to ensure patient-centred advance care planning system-wide, and how should success be defined and measured?"*

GREEN TABLES

- Are wishes being respected?
- Patient centred – does it include MHSU issues?
- Continuous conversation – the right info at the right time? Family satisfaction
- Do we really understand their wishes - to be pc we must test their comprehension/review it with them
- What does a clearly expressed AD look like?
- System alerts that ACP exists
- If a pt with AD is seen – we must measure if instructions were followed
- How well are SDM prepared for their role? How to measure??
- Success: first measure by the # of people with ACPs
- What about the comfort level of the HCP who followed an AD and the family satisfaction?
- Need to be unified in evaluation and embed ACP into practice
- Population/province wide uptake
- Engage public to begin acp and then involve the GP/HCP
- How do we focus on the cost savings to system?
- Need for standard procedures
- Focus on middle aged – start here, spread from there
- Provincial hot line for acp info

BLUE TABLES

- Good information for public for decision-making
- Public presentations available that can be customized
- 3 streams perhaps? – other HC providers, public, physicians
- Have some key messages
- Identified public stream family caregivers and networks
- How do we normalize the conversations? Ideas:
    - developing series of questions that elicit this thinking
    - developing network of informed peers and presenters – broader than health authorities
- Develop measures at a provincial level for evaluation of service

- Build provincial standard re: ACP – based on existing data
- Succinct summation of key ACP information for providers
- What about paediatric population – documents that apply to them? Provincial approach to this
- Get ACP and HCC in orientation process
- Online registry of personal planning tools that links to HCP and relevant persons
- Entries in EHR
- Short term strategies and measures – ex. use of documents?
- Long term strategies and measures – ex. What was impact? Did it affect outcome?

RED TABLES

- Documentation will be essential
- Polling/surveying on ongoing basis
- HCP could model behaviour and complete ACP
- What is the goal? Could be Ulysses tool? Is it the $ expenditure? The role of MOH – does it lead to mistrust of motive?
- Continuation of good patient self management and personal choice; clear dialogue with prognosis and diagnosis in context of life
- Patient centred tool with satisfaction of pt – evaluate tool as part of the document
- Ownership of health. If you own it then more likely to engage and involve
- Process to listen and acknowledge within HCS
- Paradigm shift
- Different times need different info – ie. ER want code status. Hospice need to know other preferences etc. Need way to get what you need
- Truthful and words that make sense so that prognosis is understood
- Highly diverse cultural world in BC so challenge with culturally appropriate care
- Power of differential between HCP and patient. How would pts know what they are evaluating
- My Voice to grade 4 level
- Challenges mental capacity to make decision
- Balance needed so those with special considerations are achieved
- Various demands – can there be one approach?
- Model of a centre so refer to experts to help
- PATH Halifax decision making
- What is success “process” and therefore # ACP completed or # time plans followed
- Centralized model vs decentralized
- Trust – confidence in process and in system
- Evaluate family experience – satisfaction

- Summary: what is the goal? Continuum of patient self management – healthcare ownership, paradigm shift, reservations if < 90% understand prognosis

APPENDIX C FULL LIST OF PARTICIPANTS

Alzheimer Society of BC	
Barbara Lindsay	Senior Manager of Advocacy & Public Policy
BC Academic Health Council	
BJ Gdanski	
BC Care Providers Association	
Ed Helfrich	Executive Director
BC College of Family Physicians	
Dr. Christie Newton	Board of Directors and Education Committee; Director, Continuing Professional Development & Community Partnerships; UBC Department of Family Practice Director, Interprofessional Professional Development, UBC College of Health Disciplines Co-Chair
BC College of Social Workers	
Sheila Begg	Director, Registration
BC Hospice Palliative Care Association	
Wendy Wainwright	Interim President, Board of Directors
BC Medical Association	
Liza Kallstrom	Lead, Change Management & Practice Support
Dianne Warnick	GPSC Communications Lead
Canadian Association for Spiritual Care (BC Region)	
Phillip Crowell	Co-Chair, CASC; Director, Department of Spiritual Care, Children's and Women's Health Centre of BC; Adjunct Professor, UBC School of Nursing
Doug Longstaffe	Profession Leader, Spiritual Care and Multifaith Services, Vancouver Coastal Health
College of Registered Nurses of BC	
Spencer Wade	Nursing Practice Consultant
Ardelle Komaryk	Nurse Practitioner Practice Consultant
Denominational Health Association of BC	
Susan House	Executive Director
Emergency and Health Services Commission	
Paul Leslie	Director, Professional Practice and Patient Care
Family Caregivers Network Society	
Cindy Bouvet	North Shore Community Resources
Fraser Health	
Carolyn Tayler	Director End of Life Care
Cari Hoffmann	Project Implementation Coordinator, Advance Care Planning
Dr. Doris Barwich	Medical Director, FH HP/EOL Care, Clinical Assistant. Professor, UBC Division of Palliative Care; Palliative Medicine Consultant, BC Cancer Agency
Cherry Harriman	

Practice Support Program	
Denys Smith	NHA PSP Coordinator
Jean McKinnon	VIHA Region PSP Coordinator
Joan Rabillard	FHA PSP Coordinator
Shannon Statham	IHA PSP Coordinator
HealthLink BC	
Alyse Capron	Executive Director, Clinical Practice and Integrated Knowledge Management
Brande Strachan	Manager, Navigation Services
iCon	
Barbara Ho	Health Director, iCON Chinese Division
Sophia Kahn	Project Manager
Interior Health	
Sharon Whitby	Community Practice Lead, Community Integration
Judy Nicol	Leader, Advance Care Planning Initiative (CIHS) Professional Practice Office
Kathy Chouinor	Program Director, Community Care, Community Integrated Health Services
Sherry Uribe	Acting Acute Health Services Director
Mona Hazel	Manager, Clinical Support, Residential Initiatives
Linda Myers	Clinical Specialist, Vulnerable or Incapable Adults Professional Practice Office
Nidus Personal Planning Resource Centre & Registry	
Joanne Taylor	Executive Director
Northern Health	
Jonathan Cooper	Health Services Administrator, Kitimat
Jillian Fraser	Community Geriatric Clinician
Shell Lau	ACP/D Project Coordinator
Dr. Dick Raymond	Physician
Mary Henderson-Betkus	Lead, Clinical Program Standards, Home and Community Care
Patient Voices Network	
Bill Conolly	Patient Partner
Gail Starr	Patient Partner
Bev Bakka	Community Outreach Coordinator
Providence Health Care	
Diane Milne	General Nurse Educator
Wallace Robinson	Project Leader for Advance Care Planning & Renal End-of-Life Initiative
Provincial Health Services Agency	
Sherry Hamilton	CNO and Ministry Liaison
Fiona Walks	VP Safety, Quality & Supportive Care
Megan Stowe	Provincial Director, Clinical Operations, Pain & Symptom Management/Palliative Care, BC Cancer Agency
Donna Murphy-Burke	Lead - External Renal Networks, BC Provincial Renal Agency
Dr. Alain Gagnon	Clinical Professor, Maternal-Fetal Medicine Senior Medical Director, Ambulatory Services, BC Women's Hospital
Dr. Holly Stamm	Family Practitioner, Forensics Mental Health, BC Mental Health and Addiction Services
Public Guardian and Trustee of British Columbia	
Kimberly Azyan	Director, Services to Adults

Ministry of Attorney General	
Fiona Gow	Barrister and Solicitor, Legal Services Branch
Andrea Buzbuzian	Senior Policy & Legislation Analyst

Ministry of Health	
Heather Davidson	Assistant Deputy Minister, Health Authorities Division
Katie Hill	Director, Service Redesign & HCC, Home, Community & Integrated Care (HCIC)
Pauline James	Manager, Priority Populations and Service Redesign, HCIC
Anna Gardner	Policy Analyst, Priority Populations and Service Redesign, HCIC
Michael Egilson	A/ Team Lead, ED Decongestion, Hospital and Provincial Services
Rebecca Philips	Research/Policy Analyst, Mental Health & Substance Use
Doni Eve	Manager, Active Aging, Seniors' Healthy Living Secretariat
Sherry Bar	Research Officer, Primary Health Care and Specialist Services
Nadeen Johansen	Senior Policy Analyst, Primary Health Care and Specialist Services
Danielle Prpich	Director, Patient and Client Relations

Society of Notaries Public of BC	
Ron Usher	General Counsel
Laurie Salvador	Notary Public

Vancouver Coastal Health	
Carole Gillam	Executive Director, Primary Care
Pat Porterfield	Regional Palliative Care Coordinator
Mae Quon-Forsythe	VC Manager Residential Care
Dr. Douglas McGregor	Regional Medical Leader, VCH Regional Palliative Strategy & Physician, Vancouver Community Home Hospice Team
Lynda Lougheed	Vancouver Acute Social Work Practice Leader
Margreth Tolson	Leader, Community Engagement
Louise Donald	Community Engagement Advisory Network (CEAN) Volunteer
De Whalen	Community Engagement Advisory Network (CEAN) Volunteer
Sheila Pither	Community Engagement Advisory Network (CEAN) Volunteer

UBC Centre for Health Services and Policy Research	
Kimberlyn McGrail	Associate Director & Assistant Professor

Vancouver Island Health Authority	
Lois Cosgrave	Director, Home & Community Care & End of Life
Deanna Hutchings	Clinical Nurse Specialist, End of Life Care
Arthur Menu	Advanced Practice Leader, Spiritual Health
Lorna Ross	Advance Care Planning Nurse and Clinical Leader, Seniors at Risk Integrated Network
Dr. Thomas Bailey	Medical Director, Residential Services
Heather Fudge	

Additional participants	
Sue Grant	Consultant
Lillian Bayne	Facilitator, President at Lillian Bayne and Associates
Gery Lemon	Advance Care Planning Project Consultant, Gery Lemon and Company
Noel MacDonald	Special Guest
Marg Meikle	Special Guest

Advance Care Planning in BC – Making it Happen

Advance Care Planning Forum

March 13, 2012 in Richmond BC

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Report-out #1	Group reporters
Plenary #2: *If Advance Care Planning is the Answer, what is the Question?* Reflections on ACP from B.C.'s Answer Lady	Marg Meikle and her husband Noel MacDonald
Panel #2- *Let's talk about implementing ACP system-wide and what success should look like*	Paul Leslie, Judy Nicol Dr. Doris Barwich Dr. Kim McGrail
Break-out #2: *What are the emerging priorities to ensure patient-centred ACP system-wide & how should success be defined and measured?*	Three facilitated groups
Report-out #2	Group reporters
Closing Plenary- Summary of the day	Katie Hill
Forum closing, feedback forms	Pauline James

MAJOR THEMES OF THE DAY

Several overarching themes emerged, as follows:

Normalization

Participants stressed that the normalization of ACP within society and communities is necessary and that this process may take years to accomplish.

Self-care and shared responsibility

Participants highlighted that ACP is a part of self-care and self-management. They noted there is a shared responsibility for ACP between the public, health care providers, organizations, and communities. Participants noted that promotion of ACP is not only the responsibility of health care providers, organizations and government; however, the continued actions of these partners will help foster and promote the desired societal change. They also identified that peers, community and other groups can help increase the awareness of ACP.

Clear, consistent, accessible information

Participants determined that ACP education, messages and resources should be clear, consistent, in plain language, and accessible. Participants highlighted three streams of education targeted for different learners, based on their educational needs; separate learning streams were suggested for patients, physicians, and other health care providers. They noted that public materials should be patient-centred. They also discussed the importance and usefulness of resources for specific populations (younger well population, population in mid-life, those with chronic disease, and those with life-limiting illness). The importance of translating the new resources was also raised as a potential priority to consider.

Evaluation of success

Participants offered suggestions for evaluating and monitoring success. They noted the importance of conducting on-going evaluation, setting outcome measures, identifying quality indicators, and promoting the uptake of province-wide standards. They also suggested that a common language about ACP implementation be promoted to get the ACP community on the same page so ACP implementation can be evaluated with a consistent approach and narrative. The ACCEPT study was highlighted, as BC is participating through Fraser Health. Some suggested outcome measures were the number of ACP records created, and patient and family satisfaction outcomes.

REPORT-OUT #1

In the break-out discussion session #1, participants were requested to discuss and report back on the following question:

> *"What are the emerging priorities to engage and educate the public, providers and the legal professions about ACP?"*

KEY THEMES

Detailed responses by colour of table are noted in Appendix A.

- Normalizing ACP is key
- ACP is part of wider personal planning – retirement, wills, insurance, high school
- ACP is for all age groups
- Patient-centred information for patients
- Different groups need different education: provider, patient/public, physician
- Need to engage wider community and different groups; peers can spread messages; public forums and campaigns to increase awareness
- ACP is a shared responsibility with public, community – it's not only the responsibility of physicians, hospitals, health care providers
- HCP and organizations need clear expectations and roles.
- HCP need to be informed and knowledgeable
- Need for quality, consistent messages and information in plain language and for special populations and different cultures

REPORT-OUT #2

In the second break-out session, participants were requested to discuss and report back on the question:

> *"What are the emerging priorities to ensure patient-centred ACP system-wide, & how should success be defined and measured?"*

KEY THEMES

Detailed responses by colour of table are noted in Appendix B.

- Engaging public, community
- Embedding ACP into practice and normalizing ACP
- Good information, clear messaging, appropriate, useful language and information
- 3 streams of education: patient, physician, provider
- Accessibility to information and records; system alerts
- Measure # of ACP (patient records)
- Measure patient/family satisfaction – were wishes followed?
- Province wide uptake; provincial standards; on-going evaluation
- Patient-centred approach; patient-self management and healthcare ownership
- Determine what success means and determine what the goal is – then can evaluate

FEEDBACK FORMS – KEY THEMES

Feedback forms were provided to all participants in their forum materials. Participants were requested to reflect on the day and provide feedback to the organizers. Common themes are as follows:

QUESTION 1. Did you hear something today about advance care planning that inspired you? Tell us what, and how it inspired you.

- Personal stories from Marg and Noel and others
- Courage and its root meaning "from the heart"; ACP is a gift
- Multi-organizational approach to ACP implementation and variety of projects in BC
- Expertise, dedication and enthusiasm of participants
- Shared responsibility, ACP as self-management
- Culture change will take a decade and normalizing ACP is important
- Effect of ACP on reducing health care costs

QUESTION 2. What are your top three priorities to move advance care planning forward with your colleagues or clients/patients or your organization in the next year?

- Conversations and documentation; collaborating and engaging others
- Consistent and accessible information and resources
- Public education and discussions (ex. patient family education centre)
- Focus on healthy seniors – in context of broader planning; include financial planning
- Front-line provider education on consent and acp
- Physician education (ex. PSP training; CME opportunity; rounds; one pager for GPs)
- Define or clarify roles and responsibilities
- More evaluation; set outcome measures; create quality indicators
- Culturally relevant material for specific populations

QUESTION 3. If one thing could have been changed at today's forum, it would have been to:

- Summary by each HA on plans to disseminate My Voice or what they know.
- Multiple forums across the province with public, providers, and stakeholders
- Logistics - three separate break out rooms or smaller groups; longer forum; food
- More personal stories and more front-line staff participation
- Identify actions to achieve; commitment to meet in one year
- Multicultural resources

QUESTION 4. Do you have any other comments about today's event?

- Materials: Plain language; handouts should stress differences in ACP, RA etc.
- Questions: Is there a plan to engage volunteers/advocates to help with seniors? Will anything province-wide result from the day?
- Great panels, speakers, discussions/dialogue; needed more physician perspectives
- Lots of considerations before evaluation component is mobilized
- Consistent, province wide initiative - same PPT and consistent messages
- We are all coming from a place of ethical integrity in our ACP work

APPENDIX A DETAILED NOTES OF BREAK OUT #1

Participants were assigned to red, green, and blue tables and participated in break-out sessions corresponding with their table colour. This was to ensure each break-out session had a mixture of organizations, patients, physicians, and different professionals in each. This appendix details the flipchart notes made by each break-out group in answer to the question:

> *"What are the emerging priorities to engage and educate the public, providers and the legal professions about advance care planning?"*

GREEN TABLES

- Clarity re: definitions and documents
- Need for a kit for the public and in residential care
- Look for opportunities to connect with public in our work
- The education needs for patients, public, legal community are different – different tools?
- Education for the public – how to express wishes
- How can NIDUS be support and resource
- Important to engage educational faculties and colleges and embed ACP in education
- Interagency collaboration
- Consumer participation
- Faith based role in education
- Support for mental health, addictions, and other populations
- Build simple systems
- How fits with adult guardianship
- Ensuring patients understand ownership of ACP and AD
- Clarification re: responsibilities
- Normalize and culture shift
- Clarity re: choices, specifics, and HCP roles within system
- Capacity determination
- What about people with no GP? How to build capacity in communities
- Get message out to professional groups before public
- Cultural awareness and connection with communities – First Nations, Asian
- Tie to other conversations – birth, will, organ donor, driver licence

BLUE TABLES

- Content knowledge
- Articulation of roles and expectations of HC providers, physicians – how to use the new tool and what is expected of docs (eg. 1 pager)
- Direct the focus as "about the pt" – help the HCP see from that perspective
- Priority of timing – PSP is rolling out and need bridging tool
- Importance of shared understanding of terminology

- Clarify priority of the HCP – needs to be informed whereas MV tool is about information the public. MV is not adequate for providers and docs
- Multiple priorities – so importance of all moving together
- Ensure key stakeholders are engaged
- Importance of cultural representation – perspectives
- As a member of public, I need front line to know about this- if not frustration, disempowerment
- Adequate information to move this into practice
- Ensuring documents provide information about usage and rights
- Combined responsibilities
- Need to educate informed responders
- Education to hc providers – to ask key questions related to ACP
- Shifting the dialogue – both public and providers
- Raise the AC discussion
- Public education forum at rec centre with informed facilitators
- For public – one page hand-out eg. used by VCH
- Selecting target groups – healthy seniors, retirement planning, new parents, aboriginal population, South Asian population

RED TABLES

- Dr – difficult if add on to visit – need allied HP support/community to have willing pt
- Complex info and need network of advocates
- Seniors organizations are advocates eg cosco
- Social issue
    - Need to engage on level of values
    - Start at community, faith, hospice
    - Central contact forum
- Early engagement holistic retirement planning to normalize acp
- All age groups
- "Ask" routinely as Dr recommendations from population health -Canadian health task force on periodic health exam
- High school exposure
- Public forum opportunities
- Funeral homes – proactive planning
- Insurance agents – for public exposure
- Group medical visits with 8-10 patients a good option with little specific time for each individual. Fee schedule?? Integrated primary health centres??
- Urgency but also need to do it right
- Minority groups –need culturally based programs

- Normalize language – ex. PSA “art history”
- Documents look legal and hard to normalize
- Challenge – these are legal forms. Engage legal community, good education
- Number of great resources already. Eg Nidus. Challenge knowing where they are, and $ for community groups to do work
- Start with conversation and then work with legal issues
- Health care system is complicated – move from acute to community
- Front line staff have minimal knowledge of process and consent etc. Gap between triage/care providers and those planning ACP.
- Pt Voices Network different approaches – webinar, newsletters etc.
- Need to really understand the legal tools to assist can be complex. ? overload expectations ? legal rep on committees to get word out consistently. Potential for unintended consequences
- High school curriculum – wills and acp
- Smart care card
- Everyone’s responsibility – but who makes sure it happens?
- Public campaign – raise awareness
- Summary: normalize, engage community, quality of messaging – legal and medical, plain language

APPENDIX B DETAILED NOTES OF BREAK-OUT #2

Participants were assigned to red, green, and blue tables and participated in break-out sessions corresponding with their table colour. This was to ensure each break-out session had a mixture of organizations, patients, physicians, and different professionals in each group. This appendix details the flipchart notes made by each break-out group in answer to the question:

> *"What are the emerging priorities to ensure patient-centred advance care planning system-wide, and how should success be defined and measured?"*

GREEN TABLES

- Are wishes being respected?
- Patient centred – does it include MHSU issues?
- Continuous conversation – the right info at the right time? Family satisfaction
- Do we really understand their wishes - to be pc we must test their comprehension/review it with them
- What does a clearly expressed AD look like?
- System alerts that ACP exists
- If a pt with AD is seen – we must measure if instructions were followed
- How well are SDM prepared for their role? How to measure??
- Success: first measure by the # of people with ACPs
- What about the comfort level of the HCP who followed an AD and the family satisfaction?
- Need to be unified in evaluation and embed ACP into practice
- Population/province wide uptake
- Engage public to begin acp and then involve the GP/HCP
- How do we focus on the cost savings to system?
- Need for standard procedures
- Focus on middle aged – start here, spread from there
- Provincial hot line for acp info

BLUE TABLES

- Good information for public for decision-making
- Public presentations available that can be customized
- 3 streams perhaps? – other HC providers, public, physicians
- Have some key messages
- Identified public stream family caregivers and networks
- How do we normalize the conversations? Ideas:
    - developing series of questions that elicit this thinking
    - developing network of informed peers and presenters – broader than health authorities
- Develop measures at a provincial level for evaluation of service

- Build provincial standard re: ACP – based on existing data
- Succinct summation of key ACP information for providers
- What about paediatric population – documents that apply to them? Provincial approach to this
- Get ACP and HCC in orientation process
- Online registry of personal planning tools that links to HCP and relevant persons
- Entries in EHR
- Short term strategies and measures – ex. use of documents?
- Long term strategies and measures – ex. What was impact? Did it affect outcome?

RED TABLES

- Documentation will be essential
- Polling/surveying on ongoing basis
- HCP could model behaviour and complete ACP
- What is the goal? Could be Ulysses tool? Is it the $ expenditure? The role of MOH – does it lead to mistrust of motive?
- Continuation of good patient self management and personal choice; clear dialogue with prognosis and diagnosis in context of life
- Patient centred tool with satisfaction of pt – evaluate tool as part of the document
- Ownership of health. If you own it then more likely to engage and involve
- Process to listen and acknowledge within HCS
- Paradigm shift
- Different times need different info – ie. ER want code status. Hospice need to know other preferences etc. Need way to get what you need
- Truthful and words that make sense so that prognosis is understood
- Highly diverse cultural world in BC so challenge with culturally appropriate care
- Power of differential between HCP and patient. How would pts know what they are evaluating
- My Voice to grade 4 level
- Challenges mental capacity to make decision
- Balance needed so those with special considerations are achieved
- Various demands – can there be one approach?
- Model of a centre so refer to experts to help
- PATH Halifax decision making
- What is success “process” and therefore # ACP completed or # time plans followed
- Centralized model vs decentralized
- Trust – confidence in process and in system
- Evaluate family experience – satisfaction

- Summary: what is the goal? Continuum of patient self management – healthcare ownership, paradigm shift, reservations if < 90% understand prognosis

APPENDIX C FULL LIST OF PARTICIPANTS

Alzheimer Society of BC	
Barbara Lindsay	Senior Manager of Advocacy & Public Policy
BC Academic Health Council	
BJ Gdanski	
BC Care Providers Association	
Ed Helfrich	Executive Director
BC College of Family Physicians	
Dr. Christie Newton	Board of Directors and Education Committee; Director, Continuing Professional Development & Community Partnerships; UBC Department of Family Practice Director, Interprofessional Professional Development, UBC College of Health Disciplines Co-Chair
BC College of Social Workers	
Sheila Begg	Director, Registration
BC Hospice Palliative Care Association	
Wendy Wainwright	Interim President, Board of Directors
BC Medical Association	
Liza Kallstrom	Lead, Change Management & Practice Support
Dianne Warnick	GPSC Communications Lead
Canadian Association for Spiritual Care (BC Region)	
Phillip Crowell	Co-Chair, CASC; Director, Department of Spiritual Care, Children's and Women's Health Centre of BC; Adjunct Professor, UBC School of Nursing
Doug Longstaffe	Profession Leader, Spiritual Care and Multifaith Services, Vancouver Coastal Health
College of Registered Nurses of BC	
Spencer Wade	Nursing Practice Consultant
Ardelle Komaryk	Nurse Practitioner Practice Consultant
Denominational Health Association of BC	
Susan House	Executive Director
Emergency and Health Services Commission	
Paul Leslie	Director, Professional Practice and Patient Care
Family Caregivers Network Society	
Cindy Bouvet	North Shore Community Resources
Fraser Health	
Carolyn Tayler	Director End of Life Care
Cari Hoffmann	Project Implementation Coordinator, Advance Care Planning
Dr. Doris Barwich	Medical Director, FH HP/EOL Care, Clinical Assistant. Professor, UBC Division of Palliative Care; Palliative Medicine Consultant, BC Cancer Agency
Cherry Harriman	

Practice Support Program	
Denys Smith	NHA PSP Coordinator
Jean McKinnon	VIHA Region PSP Coordinator
Joan Rabillard	FHA PSP Coordinator
Shannon Statham	IHA PSP Coordinator
HealthLink BC	
Alyse Capron	Executive Director, Clinical Practice and Integrated Knowledge Management
Brande Strachan	Manager, Navigation Services
iCon	
Barbara Ho	Health Director, iCON Chinese Division
Sophia Kahn	Project Manager
Interior Health	
Sharon Whitby	Community Practice Lead, Community Integration
Judy Nicol	Leader, Advance Care Planning Initiative (CIHS) Professional Practice Office
Kathy Chouinor	Program Director, Community Care, Community Integrated Health Services
Sherry Uribe	Acting Acute Health Services Director
Mona Hazel	Manager, Clinical Support, Residential Initiatives
Linda Myers	Clinical Specialist, Vulnerable or Incapable Adults Professional Practice Office
Nidus Personal Planning Resource Centre & Registry	
Joanne Taylor	Executive Director
Northern Health	
Jonathan Cooper	Health Services Administrator, Kitimat
Jillian Fraser	Community Geriatric Clinician
Shell Lau	ACP/D Project Coordinator
Dr. Dick Raymond	Physician
Mary Henderson-Betkus	Lead, Clinical Program Standards, Home and Community Care
Patient Voices Network	
Bill Conolly	Patient Partner
Gail Starr	Patient Partner
Bev Bakka	Community Outreach Coordinator
Providence Health Care	
Diane Milne	General Nurse Educator
Wallace Robinson	Project Leader for Advance Care Planning & Renal End-of-Life Initiative
Provincial Health Services Agency	
Sherry Hamilton	CNO and Ministry Liaison
Fiona Walks	VP Safety, Quality & Supportive Care
Megan Stowe	Provincial Director, Clinical Operations, Pain & Symptom Management/Palliative Care, BC Cancer Agency
Donna Murphy-Burke	Lead - External Renal Networks, BC Provincial Renal Agency
Dr. Alain Gagnon	Clinical Professor, Maternal-Fetal Medicine Senior Medical Director, Ambulatory Services, BC Women's Hospital
Dr. Holly Stamm	Family Practitioner, Forensics Mental Health, BC Mental Health and Addiction Services
Public Guardian and Trustee of British Columbia	
Kimberly Azyan	Director, Services to Adults

Ministry of Attorney General	
Fiona Gow	Barrister and Solicitor, Legal Services Branch
Andrea Buzbuzian	Senior Policy & Legislation Analyst
Ministry of Health	
Heather Davidson	Assistant Deputy Minister, Health Authorities Division
Katie Hill	Director, Service Redesign & HCC, Home, Community & Integrated Care (HCIC)
Pauline James	Manager, Priority Populations and Service Redesign, HCIC
Anna Gardner	Policy Analyst, Priority Populations and Service Redesign, HCIC
Michael Egilson	A/ Team Lead, ED Decongestion, Hospital and Provincial Services
Rebecca Philips	Research/Policy Analyst, Mental Health & Substance Use
Doni Eve	Manager, Active Aging, Seniors' Healthy Living Secretariat
Sherry Bar	Research Officer, Primary Health Care and Specialist Services
Nadeen Johansen	Senior Policy Analyst, Primary Health Care and Specialist Services
Danielle Prpich	Director, Patient and Client Relations
Society of Notaries Public of BC	
Ron Usher	General Counsel
Laurie Salvador	Notary Public
Vancouver Coastal Health	
Carole Gillam	Executive Director, Primary Care
Pat Porterfield	Regional Palliative Care Coordinator
Mae Quon-Forsythe	VC Manager Residential Care
Dr. Douglas McGregor	Regional Medical Leader, VCH Regional Palliative Strategy & Physician, Vancouver Community Home Hospice Team
Lynda Lougheed	Vancouver Acute Social Work Practice Leader
Margreth Tolson	Leader, Community Engagement
Louise Donald	Community Engagement Advisory Network (CEAN) Volunteer
De Whalen	Community Engagement Advisory Network (CEAN) Volunteer
Sheila Pither	Community Engagement Advisory Network (CEAN) Volunteer
UBC Centre for Health Services and Policy Research	
Kimberlyn McGrail	Associate Director & Assistant Professor
Vancouver Island Health Authority	
Lois Cosgrave	Director, Home & Community Care & End of Life
Deanna Hutchings	Clinical Nurse Specialist, End of Life Care
Arthur Menu	Advanced Practice Leader, Spiritual Health
Lorna Ross	Advance Care Planning Nurse and Clinical Leader, Seniors at Risk Integrated Network
Dr. Thomas Bailey	Medical Director, Residential Services
Heather Fudge	
Additional participants	
Sue Grant	Consultant
Lillian Bayne	Facilitator, President at Lillian Bayne and Associates
Gery Lemon	Advance Care Planning Project Consultant, Gery Lemon and Company
Noel MacDonald	Special Guest
Marg Meikle	Special Guest

What we heard.....

Information and Outreach Focus Groups - 2011

This report represents the input of participants at a series of focus groups in April-May 2011. The comments summarized within do not necessarily represent the views of the Government of British Columbia.

Seniors' Healthy Living Secretariat

Ministry of Health

Seniors' Healthy Living Secretariat

Information and Outreach Focus Groups - 2011

What we heard...

Where do you go to look for information you need?
What's the best way to reach you and other seniors?
What types of planning for healthy aging do you consider most important?
What are you currently doing to plan?
How could government support this?

These were among the questions participants were asked to discuss at a series of Information and Outreach focus groups held around the province by the Seniors' Healthy Living Secretariat. The Secretariat was seeking information on how best to support seniors with information and resources. About 90 seniors and other stakeholders took part in focus groups in seven BC locations—Victoria, Parksville, Vancouver, Prince George, Cranbrook, Vernon and Kelowna.

Information collected during these sessions provides great insight into the information priorities and needs of seniors across the province. The Secretariat will be evaluating these findings and incorporating them into existing and new communications initiatives in the coming months.

Thank you to all that participated. Below, you will find an overview of what we heard in each of the sessions.

James Bay Community Centre, Victoria - April 27, 2011

- Number of attendees: 11
- M/F breakdown: 2 men, 9 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Many of participants were not aware of resources such BC Seniors' Guide; Healthy Eating for Seniors guide, audio book and DVD; Move for Life DVD. (Comment: Members of the public or seniors who are involved in church or other organizations might know about these resources, otherwise many do not know.)
- Some information resources participants use include: Health and Seniors' Information Line, the "Blue Book" (a local senior services directory).
- Five of the 11 participants reported that they use the Internet to find information

- Comments:
  - You can't assume everyone has a computer. Many seniors have limited incomes and a computer would be first thing cut out if prices rise, in person service appreciated.
  - A disabled senior with walking problems would find it hard to go and buy a computer, but they are important and helpful. People feel shut out by the constant pressure to go online.
  - Retired people find it expensive have a computer and keep it maintained.
  - Online information is not necessarily accurate.
  - Two friends 72 and 82, recently went online. Some seniors have conquered the fear of computers; we need to embrace them or sink, that's the way it is.

    On Seniors BC.ca:

  - I circulated the url for the website to 5 friends over 65 who use the web for information. To varying degrees, we found that the website was a challenge to navigate. One suggestion we had was to make more use of bullets rather than longer descriptions of services and features. Many found the main page had too much on it - a main page with bullets leading to various areas would have been easier to work with. For example, simple categories: health, transportation, food, housing etc. ...Overall, the consensus seems to be that the website has loads of information but it misses the mark on being "user friendly". They felt that the wordiness discouraged them from "wading through" the website so they simply gave up looking for information."

- Participants suggested the following ways to get information out to seniors:
  - People still prefer face-to-face, community centers, computer programs with trained volunteers to assist seniors in finding information, people need human beings to teach seniors, advocate for them and help them learn to find information.
  - Libraries are a great resource.
  - A lot of seniors listen to local radio.
  - Most of us get our information at the coffee shop or in the newspaper – informal networks.
  - I take interesting information from the James Bay Community Project home to my building common area.
  - Many seniors don't want to talk on the phone. Many will not call because of previous phone experiences with phone trees and long waits. Occasionally you can find the information online faster.
- We as human beings have to take some responsibility ourselves. The government can only do so much, then it's up to the individual.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - Seniors need to have a frank discussion with their family about their needs and care. (e.g. their ability to manage stairs, whether they will live with their family, what house modifications may be necessary.)
  - More healthcare costs are coming. We need more education for pre-senior people about healthcare.
- Some other issues raised:
  - People on the low end of retirement income can't afford assisted living.
  - It puts a lot of pressure on doctors to have to say 'you must not drive anymore', consequently many people are driving too long.
  - Pets are important and comforting, but some seniors in apartments are not allowed pets.

SOS (Society of Organized Services) Seniors, Parksville - May 5, 2011

- Number of attendees: 12
- M/F breakdown: 2 men, 10 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Four participants had heard of SeniorsBC.ca and three had used it. No participants were familiar with the e-Newsletter.
- Other information resources that participants use include:
  - the BC Seniors' Guide
  - the Move for Life DVD the Healthy Eating for Seniors handbook
  - the Health and Seniors' Information Line
  - libraries.
- Comments:
  - The Internet is new for me, but sometimes I get confused.
  - Print resources are best since people sometimes don't remember what they heard on the phone.

- All participants agreed that newspapers have value but some commented that there is too much information in local papers and too much advertising so information can get lost.
- Some participants mentioned doctors' offices as a source of information and commented that finding an information resource in a doctor's office gives credibility to the resource.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - Aging sneaks up on you.
  - I thought I'd work forever.
  - I did not plan at all. I would have planned for proper downsizing of my home if I did it differently.
  - The hardest thing is not being able to drive.
  - I don't call it planning; I think about what I'd do if a situation were to occur.
  - Women often don't have any idea about their finances.
  - One participant commented that he'd made an inventory of his own capabilities listing everything he is capable of doing on one side of the sheet, and everything he is capable of doing but may need help with on the other.
  - Caretakers want to help, but seniors want independence.
- Some other issues raised:
  - Transportation is the number one issue for seniors in the Parksville area
    - Bus is expensive, routes are limited, service is infrequent
    - Help getting to doctors' appointments is required.
    - A small shuttle bus would be helpful

Prince George Native Friendship Centre, Prince George - May 9, 2011

- Number of attendees: 6
- M/F breakdown: 6 women
- Service Canada representative attended

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Most participants said they were familiar with the BC Seniors' Guide.

- Other information resources that participants use include:
  - local MLA,
  - friends,
  - personal research through reading,
  - newspaper ads,
  - booklets
- Comments:
  - Books are great but coming up and having face to face conversations is more effective
  - When you phone you just get passed on from one person to the next
  - The Friendship Centre is a safe place for different groups to come together and do projects.
- Participants suggested the following ways to get information out to seniors: send information to seniors groups and Native Friendship Centres. Putting information in doctors' offices would reach isolated seniors who aren't connected to centres or community groups.
- Participants wanted more access to the following types of information**:**
  - Recipes – especially ones appropriate for seniors' nutrition and appetites.
  - Local emergency contacts (suggestion: develop an emergency contact sheet with information about after hours contact, fire/hospitals/emergency services)
  - BC Nurse Line (811) magnets

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

Comments:

- I don't plan; I do the best day by day.
- Volunteering and other ongoing activities that keep you connected are important.
- I left everything up to my husband, but I should have paid more attention to finances.
- Exercise is important. Having a partner to keep fit with helps to keep you going.
- I wish I started many things at a younger age. I didn't understand the pension and how I should have worked to raise it.
- Social connection helps you get away from your troubles.
- I want to be independent until I die; I don't want to go to a nursing home. To do this, it's important to know what services are available in the community.
- A one-story instead of a two-story house would have made dealing with mobility issues much easier.

- A lot of elders have arthritis or minor ailments, start the process of looking for help but can't find any. They give up really quickly.

- Some other issues raised:
  - Seniors' housing units are usually a small bachelor suites. Seniors don't have enough space to host visitors which is important for maintaining social connections.
  - The HandiDart service is very limiting. Arriving an hour early to an appointment and getting picked up an hour after the appointment is exhausting. Taxi discounts are a better system.
  - Even though services are advertised, when you call for help the information is out of date. Services are always changing, which makes it difficult to access them when needed.

- Participants mentioned the need for a number of other services including a residence for Aboriginal elders and seniors that would act as a cultural hub for the community, more services for young people, a local call-in centre for each community, a service referral and navigation system.

Prince George Council of Seniors (PGCOS), Prince George - May 10, 2011

- Number of attendees: 6
- M/F breakdown: 6 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- All participants reported that they are active online

- Comments:
  - When I have a question I Google for answers.
  - This group is web savvy—other seniors aren't.

- Participants suggested the following ways to get information out to seniors:
  - The Seniors' Guide and Healthy Eating for Seniors Guide are valuable resources. We can't keep them in stock.
  - For Prince George, people could be directed to the PGCOS information line. PGCOS has had 1200 walk-ins and phone calls in two months.
  - A printed directory of services is good because you can see more than just the immediate page of information and make notes.
  - A lot of people go first to the seniors' centre in their community or neighbourhood. (There are 5 seniors' centres in Prince George—all have representatives on PGCOS).

- I like to speak to a person - no phone trees!
- It would be helpful if SeniorsBC.ca had community-specific information.

- Participants wanted more access to the following types of information**:**
  - Information on low-cost housing for senior women.
  - Where to go to get help/find an advocate (Comment: Many people don't seek help because they don't know where to go.)

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - I'm depending on my children to help.
  - I have already selected my plans.
  - I'm making changes to my house to let me can stay in it longer.
  - You should start the conversation early with young people. (e.g., need to emphasize the importance of senior-friendly homes, such as one level instead of four).
  - Always talk openly with the family.

- Participants suggested a number of resources that would be helpful for seniors planning for healthy aging:
  - A personal workbook for "my final wishes" to help seniors plan for the future and to act as a talking point for families. The workbook could include spaces for seniors to fill in information on who should be in charge of finances, burial wishes, health care considerations, housing, etc.
  - Information on how to downsize and the benefits of doing so. (Comment: "Have you ever seen a hearse with a UHaul behind it?")
  - A booklet to help address taboo topics related to aging and encourage/assist people to talk about these issues.
  - An information resource for children of aging parents that outlines services, housing options and steps for planning (e.g., when should seniors downsize; how to assist seniors with their planning, how to make their homes suitable for aging in place.)
  - We need more public conversation about difficult topics such as end of life care to encourage people to have personal conversations on these topics.

- Some other issues raised:
  - It's hard to provide services for the community when services rely on volunteers and you don't have funding.
  - Healthy living is for the wealthy. We need to address the basic needs of lower income seniors first before we go forward on things like Seniors' Parks.

- Funding does not reflect the change in demographics (i.e., paediatric funding has increased despite the decrease in this segment of the population.)
- The PGCOS has a van to help people and there are other transportation services available, but transportation for people with disabilities isn't easy. HandiDart can't keep up with the demand.
- Access to physiotherapy is challenging. The cost is prohibitive to lower income clients and there is a shortage of services.
- A lot of services are being provided by volunteers but there needs to be a paid coordinator. (e.g. Prince George has their own local non-medical home support pilot program, but it is run by volunteers so it is hard to manage the ups and downs of staffing)
- Prince George has a Seniors' Park—but outside parks are not very user-friendly for this community when the park can only be used four month of the year. Mandated programs end up costing the community more because they have to supply the land and do maintenance
- It's important to address the issue of care for the caregiver who may be providing care 24 hours a day and often don't have enough support such as respite care. The caregiving burden can be particularly high for families when seniors are making the transition from hospital to home. A care home with three to four "transition" beds was suggested.
- Government needs to have more seniors at the table to make decisions.

S.U.C.C.E.S.S., Vancouver - May 11, 2011

- Number of attendees: 11
- M/F breakdown: 3 men; 8 women
- Two interpreters

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Four participants reported that they have used one or more of the following resources, in some cases translated versions: the Healthy Eating for Seniors handbook, the BC Seniors' Guide and the Health and Seniors' Information Line. (SUCCESS supplies copies of the Seniors' Guide)
    - One participant said he had used the BC Seniors' Guide to access the Nurse Line number when he wasn't feeling well.
- 8-1-1 is popular among all participants and they felt it is a valuable service.

- Other information resources participants use include:
  - SUCCESS
  - Health Workshops
  - Newspapers and Magazines
  - TV – News (in Chinese)
  - Information on community events on TV after Chinese news
  - Flyers from community
  - Information from religious institutions
  - Community centres
- All agreed that they most preferred to get information in printed form. Workshops were also mentioned as a preferred way to get information.
- Participants reported that a major challenge is the fact information available in their own languages is limited.
- Participants wanted more access to the following types of information:
  - Translated information such as brochures on how the medical system/hospital systems work and the procedures for accessing these services.
  - Workshops given to new immigrants by government staff on government services.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

Comments:

- Several participants said they plan to shift into more relaxing and less strenuous physical activities as they get older.
- Several participants said their children financially support them.
- Some said they invest the little money they have so that they still have some funds coming in.
- Several said they wanted to continue to learn English to fit into Canadian culture and access services that are available in English.
- An important part of planning for healthy aging is considering how your lifestyle will change with age.
- I'm already planning to live in a senior's home when I can't live with my daughter any longer. It's important for me not to burden my daughter. My children have their own lives and I don't want to take away from that.

- Participants suggested a number of resources that would be helpful for seniors planning for healthy aging:
  - More information on fall prevention (e.g., what is the best way to board a bus without falling?)
  - More information on physical activities for seniors
  - Resources to help seniors plan
  - Information on where to go for counselling and advocacy
  - Information on financial abuse (including financial abuse from one's own children)
  - More workshops to enable seniors to meet other seniors
  - More information on mental health
  - Resources about parks, recreation centres and attractions in a community to help seniors stay active and involved
- Some other issues raised:
  - Dentist services are hard to pay for. Seniors' income is low income or even zero so it is a big burden. I would like to see dental services be part of MSP.
  - Doctors and dentists should have a translator available at all times.
  - Physical activity programs are often expensive and too short. (e.g. Tai Chi/Lion dancing). Some funding support through SUCCESS or a community centre to hire teachers to provide lessons daily or three times a week would help.
  - Instead of taking seniors to shopping districts, why don't seniors' excursions take people to attractions that provide an opportunity for outdoor exercise (e.g., Butchart Gardens)

South Granville Seniors Centre, Vancouver - May 11, 2011

- Number of attendees: 13
- M/F breakdown: all women
- 3 seniors' advocates (non-seniors)

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- All the participants reported that they use the Internet and are familiar with the BC Seniors' Guide and the Healthy Eating for Seniors handbook. (Comment: SeniorsBC.ca is great.)
- Participants suggested the following ways to get information out to seniors:
  - Send a flier to seniors only (this could be based on lists of British Columbians who receive government pensions. However, it was noted that some immigrant seniors don't receive a government pension so would have to reached through another channel).

- Posters at shopping centres
- A billboard advertising the Health and Seniors' Information Line number
- An app for an iPhone
- Radio advertising since radio is popular with many seniors
- Information channel on Shaw
- 2-1-1
- Banks
- Seniors centres and community groups

- Seniors are looking for information on the following:
  - Housing
  - Legal services
  - Physical activity
  - Help with home repairs

- Comments:
  - Active seniors know most things. You've got to get to people who aren't active. There are lots of isolated seniors out there that are not connected with organizations like South Granville Seniors Centre.
  - There are a lot of overlapping resources.
  - People need to know what to do in a crisis.
  - Seniors need a well-advertised, one-stop phone number they can call for advice on issues.
  - As laws change, seniors are educating seniors through workshops. It's important to make sure that the information is legally sound.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

Comments:

- People deny getting old and therefore don't plan.
- Seniors need to be prepared to help themselves - they can't wait for the panic.
- In our society we have an idea that someone else should help us instead of helping ourselves.
- A lot of seniors don't look after themselves. The younger seniors are getting better though.
- I'm concerned about planning for aging because I don't have a lot of extra money. I don't want to be forgotten in a care facility.

- Participants suggested the following as resources for seniors looking for information on planning for healthy aging:
  - Aging fairs
  - CARP
  - Newspapers
  - 411 Seniors' Centre Society planning booklet
- Some issues raised:
  - More intense help is needed for seniors who aren't active in the community.
  - More day programs for seniors are needed.
  - The health care system doesn't support the reality of life for seniors.
  - Non-medical home supports are very important.
  - More doctors need to be gerontology-focused (e.g., often when a daughter accompanies her mother to a doctor's appointment, the doctor only speaks to the daughter.)

Cranbrook Leisure Services, Cranbrook (Session 1) - May 13, 2011

- Number of attendees: 3
- M/F breakdown: 1 man, 2 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- All participants reported that they are frequent internet users. One participant just finished an introductory computer course of the local college.
- Participants were familiar with the print resources presented but didn't know about SeniorsBC.ca.
- Participants reported that they get information primarily through word of mouth and the Internet. (Comment: People tend to call friends first for help and getting put in the right direction.)
- Participants said they make equal use of the telephone, Internet and printed resources to access information.
- The following information resources would be helpful for seniors:
  - A crisis line for seniors
  - A comprehensive local guide of services/key contact numbers

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

Comments:

- We tend to wait for something to be wrong.
- Aging creeps up on you.
- Planning only happens bit by bit.
- Financial planning is likely the most important.
- Socializing and being in groups is more important than doing word puzzles in order to prevent dementia.
- My wife took a writing course because she wanted to start telling her memoirs so that our children and grandchildren knew her story and could pass it on.
- I'm doing more physical activity now than I did when I was 35.
- I don't think about planning too much but I think that downsizing your goods should start now.
- When things come up, you have to know who to contact. One contact where seniors' can go to get information/help would be beneficial.

Cranbrook Leisure Services, Cranbrook (Session 2) - May 13, 2011

- Number of attendees: 12
- M/F breakdown: 1 man, 11 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- The majority of participants reported that they use the Internet. One participant has visited the SeniorsBC.ca site.
- Participants felt the Healthy Eating for Seniors guide is useful, and called the BC Seniors' Guide "very easy to follow".
- Participants also go for information to the following resources:
  - Health care professionals
  - Healthy Heart Program
  - HealthLink
  - 811
  - Pharmacies

- Participants suggested that seniors prefer to get information in the following ways:
  - Face-to-face
  - Telephone without a phone tree (can be a problem if the senior has a hearing impairment)
  - Large print publications
- Comments:
  - Participants said they find it easy to get information, but isolated seniors have less access.
  - New members of the community don't know where to go to get information. They go to doctors who can't handle all the issues. A resource to assist new residents find the services they need would be helpful.
  - It's important to have a community member assigned to keep in contact with isolated seniors.
  - Education is important because seniors often revert to what they know.
  - The key is to make sure people know about available resources (e.g., through advertising, a contact person).
  - There are a lot of services available for seniors in Cranbrook but it is tough to get the word out about services. As a result, seniors don't access the services they need and the services are underutilized.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - One participant has chosen to live in a seniors' complex that is near the mall, the doctor, a bus route and church.
  - It is difficult to plan for transportation when there aren't many options.
  - It is too late to start planning your finances at 65 years old.
  - It's difficult to plan for the unexpected and unknown.
  - Middle income earners that made an average wage and maybe had a hard break in life are stuck with few options.
  - A lot of people are shocked into planning by a crisis (e.g., illness or a broken leg).
  - Seniors need to know, where do you go when things break down? What are the next steps?
  - There is no one way to plan or one route to take.
  - It helps if you have a good example to guide you such as your parents (i.e. to eat healthy and be physically active.)

- Some issues raised:
  - Veggies and fruits are so expensive that low income people revert to less healthy foods.
  - Seniors who return home after being in hospital or are homebound can get medical home support services but not non-medical home supports. A program like Community Action for Seniors' Independence(CASI) is needed in Cranbrook.
  - Transportation is a huge hindrance for seniors. Taxi savers and HandiDart are useful. In the winter the bus system isn't very good—service is infrequent. Kelowna is where people have to go for cancer treatment but there are no direct flights to Kelowna and the bus takes 25 hours.

Seniors' Outreach Services Society, Kelowna - May 16, 2011

- Number of attendees: 9
- M/F breakdown: all women
- Only one senior; majority of other participants associated with service providing or seniors' organizations

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Five participants had heard of the BC Seniors' Guide; one participant has used the Move for Life DVD (Comment: Personal security section in Seniors' Guide is not clear.)
- Participants go to the following resources for information:
  - Arthritis Society
  - Seniors' Outreach Services Society (have created their own resource guide, in print and on-line)
  - Local seniors' directory
  - Lake Country Health Planning
  - Westside Health Network
  - Seniors' centres
- Comments:
  - In the community there is some confusion about where to find information. It can be a navigation nightmare.
  - Even physicians aren't aware of all the services out there.
  - Computer literate seniors have less trouble accessing information than those who don't use computers.
  - Federal government ads aimed at raising awareness about elder abuse really resonated with people.

- Some seniors are tired of the focus on physical activity and issues such as fall prevention. They would prefer to focus on other activities that keep them well including creative activities such as painting, acting, singing, and music.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments
  - I'm thinking about where my next move will be. (Aware of the need for a spacious bathroom and other aspects of universal design.)
  - I live in a gated community that was built for those 55+. (The homes are all on one level, with room for wheelchairs, grab bars etc.)
  - Planning often follows a crisis.
  - The advanced care planning workbook is an important resource.
- Participants suggested a number of ways to encourage seniors to plan for healthy aging, including the following:
  - Develop a broader planning workbook for seniors that includes more than just information about advanced directives. The areas where planning is requires are interconnected – a comprehensive workbook would be helpful.
  - A clinic with lawyers to help seniors with legal issue such as wills would be good.
  - Develop TV or radio commercials to get people to start thinking about planning. (Need to think about what the barriers are that keep people from planning (e.g., fear of death, busy making ends meet).

Schubert Centre, Vernon - May 17, 2011

- Number of attendees: 10
- M/F breakdown: 1 man, 9 women
- Majority of participants associated with service providing or seniors' organizations; one participant from Interior Health Authority

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Six participants said they use the Internet
- All participants were aware of the BC Seniors' Guide, and the Healthy Eating for Seniors handbook.

- Comments:
  - Seniors love the Healthy Eating for Seniors handbook.
  - Many seniors do not use computers so printed materials are still important to produce.
  - There is a general lack of knowledge about who to call when people need help with an issue, especially advocacy.
  - There is a lot of information out there. It's best if people can go to one place to find what they need.
  - Attendance is often not great at seminars and events—some seniors can't get out to the event and the ones that do are often already informed. The challenge is always how to access the secluded seniors that really need the information.
- Participants go to the following resources for information:
  - Brochures in seniors' centres
  - On-line
  - Symposiums
  - Ask other people
  - Seniors Information Resource Bureau
  - Crisis Line
- Participants suggested the following information resources/forums would be helpful for seniors:
  - Reprinting the Cooking for Two Cookbook (MoH produced this cookbook some years ago.)
  - A directory for advocacy so that people know where to go when an issue arises (e.g., poor practices in residential care)
  - A housing resource that includes criteria for how to assess housing options
  - Information on rental housing in Vernon that is wheelchair and scooter accessible
  - A series of seminars for young seniors before they retire about housing, elder abuse etc.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - When we build our new Seniors' Centre, we are planning to include an electronics room because we know the upcoming generation of seniors will want this. We trying to plan ahead the next group of seniors.
  - Advanced care planning workshops are going to be happening soon.
  - Encourage people to think about financial planning. Who would manage your finances if you were no longer able to do so? Seniors need to plan and be prepared while you are still healthy.

- A lot of times people's caregivers are their spouse and they are too old to be doing the caregiving. We need to think about who should really be the caregiver, and how do we pay them.

- Participants suggested a number of ways to encourage seniors to plan for healthy aging, including the following:
  - Develop a planning workbook (everyone agreed this would be a useful tool.)
  - Have a campaign about planning while you still healthy like the elder abuse ads on TV. Include personal stories.
  - Get information out via local newspapers and radio.

- Some issues raised:
  - Concerned about the shortage of volunteers in next generation of seniors
  - There is a need for more advocacy with municipal governments to get them to realize they have some responsibility for the seniors in the community.
  - The bus system is not well-run. You have to ask drivers to lower the bus a lot of the time. It doesn't run long enough or through the weekends. Taxi drivers don't even get out to help you out of the car or carry your groceries.
  - There are volunteer drivers but there are not enough to meet the demand. We need advocates to motivate folks to volunteer.
  - Concerned that the word "seniors" is a negative term.

What we heard.....

Information and Outreach Focus Groups - 2011

This report represents the input of participants at a series of focus groups in April-May 2011. The comments summarized within do not necessarily represent the views of the Government of British Columbia.

Seniors' Healthy Living Secretariat

Ministry of Health

Seniors' Healthy Living Secretariat

Information and Outreach Focus Groups - 2011

What we heard...

Where do you go to look for information you need?
What's the best way to reach you and other seniors?
What types of planning for healthy aging do you consider most important?
What are you currently doing to plan?
How could government support this?

These were among the questions participants were asked to discuss at a series of Information and Outreach focus groups held around the province by the Seniors' Healthy Living Secretariat. The Secretariat was seeking information on how best to support seniors with information and resources. About 90 seniors and other stakeholders took part in focus groups in seven BC locations—Victoria, Parksville, Vancouver, Prince George, Cranbrook, Vernon and Kelowna.

Information collected during these sessions provides great insight into the information priorities and needs of seniors across the province. The Secretariat will be evaluating these findings and incorporating them into existing and new communications initiatives in the coming months.

Thank you to all that participated. Below, you will find an overview of what we heard in each of the sessions.

James Bay Community Centre, Victoria - April 27, 2011

- Number of attendees: 11
- M/F breakdown: 2 men, 9 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Many of participants were not aware of resources such BC Seniors' Guide; Healthy Eating for Seniors guide, audio book and DVD; Move for Life DVD. (Comment: Members of the public or seniors who are involved in church or other organizations might know about these resources, otherwise many do not know.)
- Some information resources participants use include: Health and Seniors' Information Line, the "Blue Book" (a local senior services directory).
- Five of the 11 participants reported that they use the Internet to find information

- Comments:
  - You can't assume everyone has a computer. Many seniors have limited incomes and a computer would be first thing cut out if prices rise, in person service appreciated.
  - A disabled senior with walking problems would find it hard to go and buy a computer, but they are important and helpful. People feel shut out by the constant pressure to go online.
  - Retired people find it expensive have a computer and keep it maintained.
  - Online information is not necessarily accurate.
  - Two friends 72 and 82, recently went online. Some seniors have conquered the fear of computers; we need to embrace them or sink, that's the way it is.

    On Seniors BC.ca:

  - I circulated the url for the website to 5 friends over 65 who use the web for information. To varying degrees, we found that the website was a challenge to navigate. One suggestion we had was to make more use of bullets rather than longer descriptions of services and features. Many found the main page had too much on it - a main page with bullets leading to various areas would have been easier to work with. For example, simple categories: health, transportation, food, housing etc. ...Overall, the consensus seems to be that the website has loads of information but it misses the mark on being "user friendly". They felt that the wordiness discouraged them from "wading through" the website so they simply gave up looking for information."

- Participants suggested the following ways to get information out to seniors:
  - People still prefer face-to-face, community centers, computer programs with trained volunteers to assist seniors in finding information, people need human beings to teach seniors, advocate for them and help them learn to find information.
  - Libraries are a great resource.
  - A lot of seniors listen to local radio.
  - Most of us get our information at the coffee shop or in the newspaper – informal networks.
  - I take interesting information from the James Bay Community Project home to my building common area.
  - Many seniors don't want to talk on the phone. Many will not call because of previous phone experiences with phone trees and long waits. Occasionally you can find the information online faster.
- We as human beings have to take some responsibility ourselves. The government can only do so much, then it's up to the individual.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - Seniors need to have a frank discussion with their family about their needs and care. (e.g. their ability to manage stairs, whether they will live with their family, what house modifications may be necessary.)
  - More healthcare costs are coming. We need more education for pre-senior people about healthcare.
- Some other issues raised:
  - People on the low end of retirement income can't afford assisted living.
  - It puts a lot of pressure on doctors to have to say 'you must not drive anymore', consequently many people are driving too long.
  - Pets are important and comforting, but some seniors in apartments are not allowed pets.

SOS (Society of Organized Services) Seniors, Parksville - May 5, 2011

- Number of attendees: 12
- M/F breakdown: 2 men, 10 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Four participants had heard of SeniorsBC.ca and three had used it. No participants were familiar with the e-Newsletter.
- Other information resources that participants use include:
  - the BC Seniors' Guide
  - the Move for Life DVD the Healthy Eating for Seniors handbook
  - the Health and Seniors' Information Line
  - libraries.
- Comments:
  - The Internet is new for me, but sometimes I get confused.
  - Print resources are best since people sometimes don't remember what they heard on the phone.

- All participants agreed that newspapers have value but some commented that there is too much information in local papers and too much advertising so information can get lost.
- Some participants mentioned doctors' offices as a source of information and commented that finding an information resource in a doctor's office gives credibility to the resource.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - Aging sneaks up on you.
  - I thought I'd work forever.
  - I did not plan at all. I would have planned for proper downsizing of my home if I did it differently.
  - The hardest thing is not being able to drive.
  - I don't call it planning; I think about what I'd do if a situation were to occur.
  - Women often don't have any idea about their finances.
  - One participant commented that he'd made an inventory of his own capabilities listing everything he is capable of doing on one side of the sheet, and everything he is capable of doing but may need help with on the other.
  - Caretakers want to help, but seniors want independence.
- Some other issues raised:
  - Transportation is the number one issue for seniors in the Parksville area
    - Bus is expensive, routes are limited, service is infrequent
    - Help getting to doctors' appointments is required.
    - A small shuttle bus would be helpful

Prince George Native Friendship Centre, Prince George - May 9, 2011

- Number of attendees: 6
- M/F breakdown: 6 women
- Service Canada representative attended

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Most participants said they were familiar with the BC Seniors' Guide.

- Other information resources that participants use include:
  - local MLA,
  - friends,
  - personal research through reading,
  - newspaper ads,
  - booklets
- Comments:
  - Books are great but coming up and having face to face conversations is more effective
  - When you phone you just get passed on from one person to the next
  - The Friendship Centre is a safe place for different groups to come together and do projects.
- Participants suggested the following ways to get information out to seniors: send information to seniors groups and Native Friendship Centres. Putting information in doctors' offices would reach isolated seniors who aren't connected to centres or community groups.
- Participants wanted more access to the following types of information**:**
  - Recipes – especially ones appropriate for seniors' nutrition and appetites.
  - Local emergency contacts (suggestion: develop an emergency contact sheet with information about after hours contact, fire/hospitals/emergency services)
  - BC Nurse Line (811) magnets

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

Comments:

- I don't plan; I do the best day by day.
- Volunteering and other ongoing activities that keep you connected are important.
- I left everything up to my husband, but I should have paid more attention to finances.
- Exercise is important. Having a partner to keep fit with helps to keep you going.
- I wish I started many things at a younger age. I didn't understand the pension and how I should have worked to raise it.
- Social connection helps you get away from your troubles.
- I want to be independent until I die; I don't want to go to a nursing home. To do this, it's important to know what services are available in the community.
- A one-story instead of a two-story house would have made dealing with mobility issues much easier.

- A lot of elders have arthritis or minor ailments, start the process of looking for help but can't find any. They give up really quickly.

- Some other issues raised:
  - Seniors' housing units are usually a small bachelor suites. Seniors don't have enough space to host visitors which is important for maintaining social connections.
  - The HandiDart service is very limiting. Arriving an hour early to an appointment and getting picked up an hour after the appointment is exhausting. Taxi discounts are a better system.
  - Even though services are advertised, when you call for help the information is out of date. Services are always changing, which makes it difficult to access them when needed.

- Participants mentioned the need for a number of other services including a residence for Aboriginal elders and seniors that would act as a cultural hub for the community, more services for young people, a local call-in centre for each community, a service referral and navigation system.

Prince George Council of Seniors (PGCOS), Prince George - May 10, 2011

- Number of attendees: 6
- M/F breakdown: 6 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- All participants reported that they are active online

- Comments:
  - When I have a question I Google for answers.
  - This group is web savvy—other seniors aren't.

- Participants suggested the following ways to get information out to seniors:
  - The Seniors' Guide and Healthy Eating for Seniors Guide are valuable resources. We can't keep them in stock.
  - For Prince George, people could be directed to the PGCOS information line. PGCOS has had 1200 walk-ins and phone calls in two months.
  - A printed directory of services is good because you can see more than just the immediate page of information and make notes.
  - A lot of people go first to the seniors' centre in their community or neighbourhood. (There are 5 seniors' centres in Prince George—all have representatives on PGCOS).

- I like to speak to a person - no phone trees!
- It would be helpful if SeniorsBC.ca had community-specific information.

- Participants wanted more access to the following types of information**:**
  - Information on low-cost housing for senior women.
  - Where to go to get help/find an advocate (Comment: Many people don't seek help because they don't know where to go.)

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - I'm depending on my children to help.
  - I have already selected my plans.
  - I'm making changes to my house to let me can stay in it longer.
  - You should start the conversation early with young people. (e.g., need to emphasize the importance of senior-friendly homes, such as one level instead of four).
  - Always talk openly with the family.

- Participants suggested a number of resources that would be helpful for seniors planning for healthy aging:
  - A personal workbook for "my final wishes" to help seniors plan for the future and to act as a talking point for families. The workbook could include spaces for seniors to fill in information on who should be in charge of finances, burial wishes, health care considerations, housing, etc.
  - Information on how to downsize and the benefits of doing so. (Comment: "Have you ever seen a hearse with a UHaul behind it?")
  - A booklet to help address taboo topics related to aging and encourage/assist people to talk about these issues.
  - An information resource for children of aging parents that outlines services, housing options and steps for planning (e.g., when should seniors downsize; how to assist seniors with their planning, how to make their homes suitable for aging in place.)
  - We need more public conversation about difficult topics such as end of life care to encourage people to have personal conversations on these topics.

- Some other issues raised:
  - It's hard to provide services for the community when services rely on volunteers and you don't have funding.
  - Healthy living is for the wealthy. We need to address the basic needs of lower income seniors first before we go forward on things like Seniors' Parks.

- Funding does not reflect the change in demographics (i.e., paediatric funding has increased despite the decrease in this segment of the population.)
- The PGCOS has a van to help people and there are other transportation services available, but transportation for people with disabilities isn't easy. HandiDart can't keep up with the demand.
- Access to physiotherapy is challenging. The cost is prohibitive to lower income clients and there is a shortage of services.
- A lot of services are being provided by volunteers but there needs to be a paid coordinator. (e.g. Prince George has their own local non-medical home support pilot program, but it is run by volunteers so it is hard to manage the ups and downs of staffing)
- Prince George has a Seniors' Park—but outside parks are not very user-friendly for this community when the park can only be used four month of the year. Mandated programs end up costing the community more because they have to supply the land and do maintenance
- It's important to address the issue of care for the caregiver who may be providing care 24 hours a day and often don't have enough support such as respite care. The caregiving burden can be particularly high for families when seniors are making the transition from hospital to home. A care home with three to four "transition" beds was suggested.
- Government needs to have more seniors at the table to make decisions.

S.U.C.C.E.S.S., Vancouver - May 11, 2011

- Number of attendees: 11
- M/F breakdown: 3 men; 8 women
- Two interpreters

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Four participants reported that they have used one or more of the following resources, in some cases translated versions: the Healthy Eating for Seniors handbook, the BC Seniors' Guide and the Health and Seniors' Information Line. (SUCCESS supplies copies of the Seniors' Guide)
    - One participant said he had used the BC Seniors' Guide to access the Nurse Line number when he wasn't feeling well.
- 8-1-1 is popular among all participants and they felt it is a valuable service.

- Other information resources participants use include:
  - SUCCESS
  - Health Workshops
  - Newspapers and Magazines
  - TV – News (in Chinese)
  - Information on community events on TV after Chinese news
  - Flyers from community
  - Information from religious institutions
  - Community centres
- All agreed that they most preferred to get information in printed form. Workshops were also mentioned as a preferred way to get information.
- Participants reported that a major challenge is the fact information available in their own languages is limited.
- Participants wanted more access to the following types of information:
  - Translated information such as brochures on how the medical system/hospital systems work and the procedures for accessing these services.
  - Workshops given to new immigrants by government staff on government services.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

Comments:

- Several participants said they plan to shift into more relaxing and less strenuous physical activities as they get older.
- Several participants said their children financially support them.
- Some said they invest the little money they have so that they still have some funds coming in.
- Several said they wanted to continue to learn English to fit into Canadian culture and access services that are available in English.
- An important part of planning for healthy aging is considering how your lifestyle will change with age.
- I'm already planning to live in a senior's home when I can't live with my daughter any longer. It's important for me not to burden my daughter. My children have their own lives and I don't want to take away from that.

- Participants suggested a number of resources that would be helpful for seniors planning for healthy aging:
  - More information on fall prevention (e.g., what is the best way to board a bus without falling?)
  - More information on physical activities for seniors
  - Resources to help seniors plan
  - Information on where to go for counselling and advocacy
  - Information on financial abuse (including financial abuse from one's own children)
  - More workshops to enable seniors to meet other seniors
  - More information on mental health
  - Resources about parks, recreation centres and attractions in a community to help seniors stay active and involved
- Some other issues raised:
  - Dentist services are hard to pay for. Seniors' income is low income or even zero so it is a big burden. I would like to see dental services be part of MSP.
  - Doctors and dentists should have a translator available at all times.
  - Physical activity programs are often expensive and too short. (e.g. Tai Chi/Lion dancing). Some funding support through SUCCESS or a community centre to hire teachers to provide lessons daily or three times a week would help.
  - Instead of taking seniors to shopping districts, why don't seniors' excursions take people to attractions that provide an opportunity for outdoor exercise (e.g., Butchart Gardens)

South Granville Seniors Centre, Vancouver - May 11, 2011

- Number of attendees: 13
- M/F breakdown: all women
- 3 seniors' advocates (non-seniors)

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- All the participants reported that they use the Internet and are familiar with the BC Seniors' Guide and the Healthy Eating for Seniors handbook. (Comment: SeniorsBC.ca is great.)
- Participants suggested the following ways to get information out to seniors:
  - Send a flier to seniors only (this could be based on lists of British Columbians who receive government pensions. However, it was noted that some immigrant seniors don't receive a government pension so would have to reached through another channel).

- Posters at shopping centres
- A billboard advertising the Health and Seniors' Information Line number
- An app for an iPhone
- Radio advertising since radio is popular with many seniors
- Information channel on Shaw
- 2-1-1
- Banks
- Seniors centres and community groups

- Seniors are looking for information on the following:
  - Housing
  - Legal services
  - Physical activity
  - Help with home repairs

- Comments:
  - Active seniors know most things. You've got to get to people who aren't active. There are lots of isolated seniors out there that are not connected with organizations like South Granville Seniors Centre.
  - There are a lot of overlapping resources.
  - People need to know what to do in a crisis.
  - Seniors need a well-advertised, one-stop phone number they can call for advice on issues.
  - As laws change, seniors are educating seniors through workshops. It's important to make sure that the information is legally sound.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

Comments:

- People deny getting old and therefore don't plan.
- Seniors need to be prepared to help themselves - they can't wait for the panic.
- In our society we have an idea that someone else should help us instead of helping ourselves.
- A lot of seniors don't look after themselves. The younger seniors are getting better though.
- I'm concerned about planning for aging because I don't have a lot of extra money. I don't want to be forgotten in a care facility.

- Participants suggested the following as resources for seniors looking for information on planning for healthy aging:
  - Aging fairs
  - CARP
  - Newspapers
  - 411 Seniors' Centre Society planning booklet
- Some issues raised:
  - More intense help is needed for seniors who aren't active in the community.
  - More day programs for seniors are needed.
  - The health care system doesn't support the reality of life for seniors.
  - Non-medical home supports are very important.
  - More doctors need to be gerontology-focused (e.g., often when a daughter accompanies her mother to a doctor's appointment, the doctor only speaks to the daughter.)

Cranbrook Leisure Services, Cranbrook (Session 1) - May 13, 2011

- Number of attendees: 3
- M/F breakdown: 1 man, 2 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- All participants reported that they are frequent internet users. One participant just finished an introductory computer course of the local college.
- Participants were familiar with the print resources presented but didn't know about SeniorsBC.ca.
- Participants reported that they get information primarily through word of mouth and the Internet. (Comment: People tend to call friends first for help and getting put in the right direction.)
- Participants said they make equal use of the telephone, Internet and printed resources to access information.
- The following information resources would be helpful for seniors:
  - A crisis line for seniors
  - A comprehensive local guide of services/key contact numbers

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

Comments:

- We tend to wait for something to be wrong.
- Aging creeps up on you.
- Planning only happens bit by bit.
- Financial planning is likely the most important.
- Socializing and being in groups is more important than doing word puzzles in order to prevent dementia.
- My wife took a writing course because she wanted to start telling her memoirs so that our children and grandchildren knew her story and could pass it on.
- I'm doing more physical activity now than I did when I was 35.
- I don't think about planning too much but I think that downsizing your goods should start now.
- When things come up, you have to know who to contact. One contact where seniors' can go to get information/help would be beneficial.

Cranbrook Leisure Services, Cranbrook (Session 2) - May 13, 2011

- Number of attendees: 12
- M/F breakdown: 1 man, 11 women

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- The majority of participants reported that they use the Internet. One participant has visited the SeniorsBC.ca site.
- Participants felt the Healthy Eating for Seniors guide is useful, and called the BC Seniors' Guide "very easy to follow".
- Participants also go for information to the following resources:
  - Health care professionals
  - Healthy Heart Program
  - HealthLink
  - 811
  - Pharmacies

- Participants suggested that seniors prefer to get information in the following ways:
  - Face-to-face
  - Telephone without a phone tree (can be a problem if the senior has a hearing impairment)
  - Large print publications
- Comments:
  - Participants said they find it easy to get information, but isolated seniors have less access.
  - New members of the community don't know where to go to get information. They go to doctors who can't handle all the issues. A resource to assist new residents find the services they need would be helpful.
  - It's important to have a community member assigned to keep in contact with isolated seniors.
  - Education is important because seniors often revert to what they know.
  - The key is to make sure people know about available resources (e.g., through advertising, a contact person).
  - There are a lot of services available for seniors in Cranbrook but it is tough to get the word out about services. As a result, seniors don't access the services they need and the services are underutilized.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - One participant has chosen to live in a seniors' complex that is near the mall, the doctor, a bus route and church.
  - It is difficult to plan for transportation when there aren't many options.
  - It is too late to start planning your finances at 65 years old.
  - It's difficult to plan for the unexpected and unknown.
  - Middle income earners that made an average wage and maybe had a hard break in life are stuck with few options.
  - A lot of people are shocked into planning by a crisis (e.g., illness or a broken leg).
  - Seniors need to know, where do you go when things break down? What are the next steps?
  - There is no one way to plan or one route to take.
  - It helps if you have a good example to guide you such as your parents (i.e. to eat healthy and be physically active.)

- Some issues raised:
  - Veggies and fruits are so expensive that low income people revert to less healthy foods.
  - Seniors who return home after being in hospital or are homebound can get medical home support services but not non-medical home supports. A program like Community Action for Seniors' Independence(CASI) is needed in Cranbrook.
  - Transportation is a huge hindrance for seniors. Taxi savers and HandiDart are useful. In the winter the bus system isn't very good—service is infrequent. Kelowna is where people have to go for cancer treatment but there are no direct flights to Kelowna and the bus takes 25 hours.

Seniors' Outreach Services Society, Kelowna - May 16, 2011

- Number of attendees: 9
- M/F breakdown: all women
- Only one senior; majority of other participants associated with service providing or seniors' organizations

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Five participants had heard of the BC Seniors' Guide; one participant has used the Move for Life DVD (Comment: Personal security section in Seniors' Guide is not clear.)
- Participants go to the following resources for information:
  - Arthritis Society
  - Seniors' Outreach Services Society (have created their own resource guide, in print and on-line)
  - Local seniors' directory
  - Lake Country Health Planning
  - Westside Health Network
  - Seniors' centres
- Comments:
  - In the community there is some confusion about where to find information. It can be a navigation nightmare.
  - Even physicians aren't aware of all the services out there.
  - Computer literate seniors have less trouble accessing information than those who don't use computers.
  - Federal government ads aimed at raising awareness about elder abuse really resonated with people.

- Some seniors are tired of the focus on physical activity and issues such as fall prevention. They would prefer to focus on other activities that keep them well including creative activities such as painting, acting, singing, and music.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments
  - I'm thinking about where my next move will be. (Aware of the need for a spacious bathroom and other aspects of universal design.)
  - I live in a gated community that was built for those 55+. (The homes are all on one level, with room for wheelchairs, grab bars etc.)
  - Planning often follows a crisis.
  - The advanced care planning workbook is an important resource.
- Participants suggested a number of ways to encourage seniors to plan for healthy aging, including the following:
  - Develop a broader planning workbook for seniors that includes more than just information about advanced directives. The areas where planning is requires are interconnected – a comprehensive workbook would be helpful.
  - A clinic with lawyers to help seniors with legal issue such as wills would be good.
  - Develop TV or radio commercials to get people to start thinking about planning. (Need to think about what the barriers are that keep people from planning (e.g., fear of death, busy making ends meet).

Schubert Centre, Vernon - May 17, 2011

- Number of attendees: 10
- M/F breakdown: 1 man, 9 women
- Majority of participants associated with service providing or seniors' organizations; one participant from Interior Health Authority

Information and Outreach

Where do you go to look for information you need? What's the best way to reach you and other seniors?

- Six participants said they use the Internet
- All participants were aware of the BC Seniors' Guide, and the Healthy Eating for Seniors handbook.

- Comments:
  - Seniors love the Healthy Eating for Seniors handbook.
  - Many seniors do not use computers so printed materials are still important to produce.
  - There is a general lack of knowledge about who to call when people need help with an issue, especially advocacy.
  - There is a lot of information out there. It's best if people can go to one place to find what they need.
  - Attendance is often not great at seminars and events—some seniors can't get out to the event and the ones that do are often already informed. The challenge is always how to access the secluded seniors that really need the information.
- Participants go to the following resources for information:
  - Brochures in seniors' centres
  - On-line
  - Symposiums
  - Ask other people
  - Seniors Information Resource Bureau
  - Crisis Line
- Participants suggested the following information resources/forums would be helpful for seniors:
  - Reprinting the Cooking for Two Cookbook (MoH produced this cookbook some years ago.)
  - A directory for advocacy so that people know where to go when an issue arises (e.g., poor practices in residential care)
  - A housing resource that includes criteria for how to assess housing options
  - Information on rental housing in Vernon that is wheelchair and scooter accessible
  - A series of seminars for young seniors before they retire about housing, elder abuse etc.

Planning for Healthy Aging

What types of planning do you consider most important? What are you currently doing to plan? How could government support this?

- Comments:
  - When we build our new Seniors' Centre, we are planning to include an electronics room because we know the upcoming generation of seniors will want this. We trying to plan ahead the next group of seniors.
  - Advanced care planning workshops are going to be happening soon.
  - Encourage people to think about financial planning. Who would manage your finances if you were no longer able to do so? Seniors need to plan and be prepared while you are still healthy.

- A lot of times people's caregivers are their spouse and they are too old to be doing the caregiving. We need to think about who should really be the caregiver, and how do we pay them.

- Participants suggested a number of ways to encourage seniors to plan for healthy aging, including the following:
  - Develop a planning workbook (everyone agreed this would be a useful tool.)
  - Have a campaign about planning while you still healthy like the elder abuse ads on TV. Include personal stories.
  - Get information out via local newspapers and radio.

- Some issues raised:
  - Concerned about the shortage of volunteers in next generation of seniors
  - There is a need for more advocacy with municipal governments to get them to realize they have some responsibility for the seniors in the community.
  - The bus system is not well-run. You have to ask drivers to lower the bus a lot of the time. It doesn't run long enough or through the weekends. Taxi drivers don't even get out to help you out of the car or carry your groceries.
  - There are volunteer drivers but there are not enough to meet the demand. We need advocates to motivate folks to volunteer.
  - Concerned that the word "seniors" is a negative term.