

**MENTAL HEALTH & ADDICTIONS
IN GREATER VICTORIA:
RESULTS OF KEY INFORMANT INTERVIEWS**

A Report for the United Way of Greater Victoria



Acknowledgements

The Community Council was contracted by the United Way of Greater Victoria to prepare this report, and takes responsibility for its content.

Victoria Barr, MHSc, prepared this report under contract with the Community Council. Victoria has more than 15 years experience in health promotion and population health, focusing on community-based application of research around the social and economic determinants of health. Victoria is the lead author of the Expanded Chronic Care Model, a framework for action that combines health promotion and prevention with chronic disease management.

The Community Council is a registered charity with a mission to provide leadership that brings the community together to create a sustainable quality of life for everyone in BC's Capital Region. The Community Council is respected for the relevance and quality of its community-based research, and for providing a range of research, communications and collaboration services within BC's Capital Region. For further research by and information about the Community Council, see www.communitycouncil.ca.

Table of Contents

1. Background	3
2. Key Informant Interviews	3
3. Limitations of this Research	4
4. Results of Interviews	4
4.1 Strengths of the Current Mental Health / Addictions System in Victoria	4
4.2 Gaps in the Current System	5
4.3 Ideas to Improve the Mental Health and Addictions System.....	7
5. Appendix A: Organizations Represented in this Research	9

1. Background

The following report summarizes the results of key informant interviews done to support the work of the United Way Mental Health and Addictions Impact Council, as part of an environmental scan. The goal of this project was to help understand where current mental health and addictions resources in Greater Victoria are focused, where the gaps are, and where funding can best be focused to have maximum community impact.

2. Key Informant Interviews

From June 19 to July 5, 2007, eleven key informants participated in this research – ten were interviewed in person, one was interviewed over the phone, and one person participated via e-mail. All interviews were done in a one-to-one format, except for one case, in which a group of four was interviewed¹. The eleven participants interviewed work at organizations that actively support people with mental health and/or addictions issues, and their families. The names of those organizations can be found in Appendix A. Participants ranged from front-line workers to Executive Directors, but many participants work in a coordinator role.

The following questions were asked during interviews:

- Organization name:
 - What types of service does your organization offer?
 - How do clients access your service?
 - What role do you play in your organization?
 - How sustainable are the services your organization provides?
- In what ways do current mental health and addiction services in Greater Victoria serve clients, families, and the community well? What are the current systems' strengths?
- In what ways does the current system not serve clients, families, and the community well? What are the key gaps or weaknesses in service?
- If you could wave a 'magic wand' and improve the mental health and addictions system(s) in Greater Victoria, what would you do? What is really needed to improve the service?
- What are some promising practices in your field? What new or innovative programs or practices could funders or service providers in Greater Victoria learn from?

¹ The group of four participants are treated as one when adding up the total number of interviewees in this project.

3. Limitations of this Research

This research involved discussions with only eleven people over a short time period, and so should not be seen as representing a comprehensive picture of the mental health and addictions system in Victoria. Conclusions drawn from this research should be considered in a broader context that includes the results of other ongoing research and consultation processes.

4. Results of Interviews

The following is a summary of the key themes expressed in interviews. These themes are listed in order based on the frequency with which they were mentioned; the most frequently cited responses are listed first.

4.1 Strengths of the Current Mental Health / Addictions System in Victoria

- *People working in the system*

Most participants in this research acknowledged the professionalism and experience of staff working in all parts of the system. Staff were described as caring, compassionate and hard working people, who strive to provide high quality services. Managers in the system were described as trying to do their best with scarce resources.

- *Quality mental health and addictions services*

The programming offered by VIHA and other service providers was seen by many interviewees as high quality, especially for those individuals who are highly motivated and able to adequately navigate the system. In particular, a strong medical base to some parts of the adult mental health system (in the form of well-trained nurses and psychiatrists) was appreciated for that portion of the population who require intensive care. In general, the range of services available for youth addictions issues was also described as a strength of the system. Most of those services, some participants said, are client directed and deal with a variety of life issues beyond the immediate addiction.

- *Informal support services provided by non-profit agencies and volunteers in the community*

Participants described the value of services offered by non-profit agencies in the community, many of which are not formally affiliated with the mental health and addictions system. For instance, lay counseling, informal supports offered by community associations and neighbourhood houses, and other volunteer

programs (including 12 Step programs) were described as important resources that assist people through critical transitions in their lives.

- *Emergency mental health services*

The emergency mental health team was identified by a few interviewees as a key strength of the system. That team, they said, does a terrific job of helping people connect with other parts of the system and provides vital, timely supports in a less intrusive way. The psychiatric-specific emergency room was also cited as a very helpful resource for clients and families.

- *Innovative collaborative initiatives*

Interviewees from a variety of parts of the system spoke of some new initiatives designed to build collaboration between service providers, streamline services and improve service integration. These new initiatives include cross-training among mental health and addictions clinicians (especially those that involved VIHA and Ministry of Child and Family Development staff learning together), and those that allow regular informal networking and case discussions among agencies that are working with a common set of clients.

4.2 Gaps in the Current System

Participants in this research identified the following gaps in the current mental health and addictions system in Victoria:

- *Difficulties in accessing the current system*

Clients and families are having difficulty accessing many parts of the current system, especially those relating to both adult and youth mental health. Part of the issue stems from the stigma still surrounding mental illness in society that can prevent people from reaching out for formal supports. But, most interviewees said, the main barriers exist due to the way in which services are organized or delivered. Specifically, the following barriers were identified:

- Many mental health services are not available in evenings or on weekends, when they may be most needed;
- A referral from a family physician and a fixed address and telephone number are needed for assessment. Many clients may not have access to these resources;
- Services for are not culturally relevant for Aboriginal people. The current telephone intake process does not work for them;
- There are long waitlists for youth mental health services.

- *Prevention / early intervention / risk reduction*

The balance of programs, especially in the mental health area, are geared to crisis intervention and the later stages of illness. There is little support offered for issues before they get to a crisis point. This lack of balance was seen, by

some participants, as linked to the exclusive use of the medical model among much of the adult mental health system. Primary and secondary prevention was described as “not even in the game”.

- *Separate mental health and addictions services*

While many interviewees agreed that working to integrate mental health and addictions services is a good idea, and some progress has been made to bring them together, the systems were seen as still too separate. For instance, the mental health system continues to refuse some clients who also have addiction issues, and service providers working in the two separate areas do not connect with each other often enough to provide streamlined service. In particular, the youth mental health system was identified as not well connected to other youth service providers.

- *Housing*

The lack of access to affordable, secure, and appropriate long-term housing was identified as a significant need for many clients and families.

- *Transition from youth to adult services*

In most cases, at age 19 youth are transferred from the youth mental health and addictions system to the adult set of services. Given the health issues and life experiences of this client group, in most cases chronological age was not seen as a good marker of the ability to relate to or navigate the adult system. Without significant family or other supports, some participants said, these young people run a great risk of “falling through the cracks”, only to try to re-enter the system at a later age, when their health concerns are much worse.

- *Population groups most at risk*

Participants in this research identified the following population groups most at risk, due to gaps in the mental health and addictions system in Victoria:

- Youth – while the collection of youth addiction services were seen as a strength of the current system, mental health services for youth were identified as not doing a good job of reaching and supporting young people and their families;
- Aboriginal people – significant cultural barriers exist in both the mental health and addictions areas;
- Women with addictions issues – services are insufficient for women, especially long term services for those women with children;
- People with disabilities – some services were described as inaccessible for people with physical and/or cognitive disabilities;
- Seniors – services are lacking that incorporate long-term involvement with seniors, those supports that would help to reduce social isolation, and ways to help seniors deal with multiple medications.

4.3 Ideas to Improve the Mental Health and Addictions System

When asked how to best improve the mental health and addictions system in Greater Victoria, interviewees offered the following suggestions:

- *Build a program of informal supports*

Almost all participants in this research suggested that a program be developed that offers a broad range of informal supports that will help clients and families access and use needed services and resources in the community. Supports were identified as “someone to hold their hand” and were suggested for clients at all stages of illness or concern. The staff offering such support may not require extensive professional training. The goal is to build relationships and build individual and family capacity. Components of such a set of supports could include:

- Help with navigating the system, including driving to appointments as necessary;
- Peer support;
- Help to identify other resources needed outside the health system – including housing, transportation, food, employment, etc.;
- Life skills – reminders to take medications, keep appointments, etc.

- *Bolster outreach for many types of services*

Interviewees suggested that more outreach be attempted in many parts of the system. Again, the focus would be on building relationships and trust, and “meeting people where they’re at”. Outreach could include follow-up with those people who frequently access short term urgent services, such as emergency rooms and crisis lines.

- *Continued integration of mental health and addictions services*

Creative ways to continue to open the channels between these two groups of service providers was encouraged. Specific ideas included long-term professional development with both groups, so that they can learn more about each others’ ways of working.

- *Cultural competency training for service providers and health care professionals*

Cultural competency training for all staff working in the mental health and addictions system would help to improve access to the system for Aboriginal people, it was suggested.

- *Community education to reduce stigmas*

Education is needed with the general community, some participants said, to reduce the stigma of mental illness and the prevalence of the ‘moral model’ way of looking at addictions.

- *Long-term supports for addictions*

More long-term supports (e.g. residential or community-based treatment programs) were suggested for both youth and adults with addictions issues.

- *Family counseling programs*

Some participants recommended that more family counseling supports be offered in both the mental health and addictions areas.

- *Comprehensive prevention program*

An evidence based program to effectively promote health and prevent some mental illness and addiction problems is important, some interviewees said.

- *Better program evaluation and quality assurance methods*

Better ways to measure the effect of current services is needed, it was suggested, to ensure that services are meeting the needs of the community effectively and efficiently.

5. Appendix A: Organizations Represented in this Research

Participants in this research represented the following organizations:

- BC Ministry of Children and Family Development – Mental Health Services
- BC Schizophrenia Society
- Cool-Aid Community Health Centre
- NEED Crisis and Information Line
- Umbrella Society for Addictions and Mental Health
- Vancouver Island Health Authority (VIHA) - Mental Health and Addictions
 - Administrative offices
 - Victoria Withdrawal Management Services
 - Victoria Innovative Seniors' Treatment Approach (VISTA) / Elderly Outreach Services
 - Youth Addictions Services
- Victoria Native Friendship Centre
- Victoria Youth Empowerment Society