Canadian Mental Health Association
British Columbia
Mental health for all

POVERTY REDUCTION STRATEGY SUBMISSION

CANADIAN MENTAL HEALTH ASSOCIATION BC DIVISION

March 29, 2018

CMHA BC Division

905–1130 West Pender Street | Vancouver, BC, V6E 4A4 | 604.688,3234 | 1.800.555.8222 | Fax: 604.688.3236 | www.cmha.bc.ca

ABOUT CMHA IN BC

OUR VISION: Mentally healthy people in a healthy society.

OUR MISSION: As the nation-wide leader and champion for mental health, CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience and support recovery from mental illness.

OUR MANDATE AND SCOPE: In BC, mental health, substance use and addictive behaviours are within the scope of CMHA.

OUR KEY VALUES AND PRINCIPLES:

- Embracing the voice of people with mental health and substance use problems
- Promoting inclusion
- Working collaboratively
- Influencing the social determinants of health
- Focusing on the mental health needs of all age groups
- Using evidence to inform our work
- Being transparent and accountable

CMHA Branches in BC

CMHA has a network of 14 branches in BC that are separate legal entities that provide services to over 100 BC communities: Cariboo Chilcotin (Williams Lake), Cowichan Valley (Duncan), Kamloops, Kelowna, Kootenays (Cranbrook), Mid-Island (Nanaimo), North and West Vancouver (North Vancouver), Port Alberni, Prince George, Shuswap-Revelstoke (Salmon Arm), South Cariboo (100 Mile House), South Okanagan Similkameen, Vancouver-Fraser (Delta and Vancouver) and Vernon.

The CMHA BC office covers areas of the province where there is no local branch, for example, the Greater Victoria Regional District.

Framework for Support

The Framework for Support is the central philosophy guiding the activities of CMHA. This philosophy holds that the person experiencing mental health or substance use problems is at the centre of any supportive mental health system. The Community Resource Base (see images above) outlines a range of possible resources in addition to the formal mental health system that can provide support to a person with mental illness. Housing, income, work and education represent four basic elements of citizenship. The ultimate goal of the Framework is to ensure that people with mental health and substance use problems live fulfilling lives in the community.

MENTAL HEALTH, SUBSTANCE USE AND POVERTY

There is a complex two-way relationship between both mental health and substance use and poverty. People experiencing mental illness and/or substance use are at an increased risk of living in poverty because of stigma, discrimination, social exclusion, additional healthcare costs, and barriers to employment. Conversely, people living in poverty face an increased risk of experiencing stress and trauma, which has a strong correlation with mental illness and problematic substance use – economic security is a key determinant of mental health and wellbeing.[1] In addition, an adequate standard of living is a critical necessity to support the recovery of a person experiencing mental health or substance use-related illness.

The relationship between poverty, mental health and substance use is even more complex for people who experience additional forms of social exclusion or marginalization. For example, Indigenous people grappling with the impacts of inter-generational trauma and the ongoing consequences of colonization face disproportionate rates of poverty, mental illness and problematic substance use;[2] the impacts of stigma, discrimination, cultural interference and poverty are deeply intertwined.

What was the most helpful during a mental health or substance use crisis? "A safe place to sleep, even if it was on an uncomfortable fold out chair."
– Vancouver Island Survey Respondent [3]

The consequences of the relationship between poverty, mental health and substance use are profound for people directly impacted:

- Over 50% of people designated as a "persons with disabilities" under the Employment and Assistance for Persons with Disabilities Act have a mental health or substance use-related diagnosis.[4] Many more are likely relying on regular income assistance.
- As many as 90% of people with serious mental illness are unemployed.[5]
- Despite having lower rates of heavy drinking, people experiencing poverty are more likely to be hospitalized for reasons entirely connected to alcohol (possibly due to the increased stress, social isolation and lack of resources).[6]
- People in BC living on lower incomes experience higher rates of repeat hospitalizations for mental illness.[7]
- People experiencing mental health or substance use-related health problems are incredibly overrepresented among the homeless population in BC, which places them at increased risk for premature death.[8] In the context of incredibly low rental vacancy rates, people with mental health or substance use problems may be discriminated against in the provision of rental housing and face heightened insecurity.[9]
- Food insecurity is tied strongly to adverse mental health outcomes.[10]
- Nearly 40% of people with mental health issues report experiencing stigma, almost three times the rate of stigma experienced by those without mental health issues.[11] People with substance use problems experience higher rates of stigma than those with any other health condition.[12] Stigma not only undermines self-worth and health, but it also creates additional barriers to accessing services, employment, housing, and community/social supports.[13]

When we think about the connections between poverty, mental health and substance use, we often think about its impact on youth and adults, but the complex relationships also have a significant impact on childhood development. We are developing an increasing understanding of the impacts of adverse childhood experiences and childhood trauma on the long-term health and wellbeing of people throughout their lives, and particularly on mental health and substance use.[14] We know that childhood experiences of neglect and exposure to family violence can negatively impact an individual's mental health and wellbeing, and both neglect and ongoing family violence often correspond directly or indirectly to issues of economic security.[15]

BC has committed to a provincial poverty reduction strategy, new housing investments, urgent responses to the opioid overdose crisis, and a "new and improved mental health and addiction plan that meets the needs of people when and where they need it."[16] Addressing poverty and improving the provincial systems that have the potential to support people's economic security – and by extension their mental health, wellbeing and recovery – are crucial parts of fulfilling both of those commitments.

MENTAL HEALTH AND SUBSTANCE USE SUPPORTS IN BC

"My sister in law was turned away from emergency due to our city not having a detox centre. She had to prove she was suicidal before agreeing to help her... and only if there was space. She is now in the depths of addiction because there were no options for early intervention."
– Northern BC Survey Respondent

It is no secret that BC's mental health and substance use services currently lack coordination and the capacity to provide timely support for people early on in their mental health or substance use-related illness. Instead, we rely heavily on acute care. Using the most recent data available, BC's hospitalization rates and length of hospitalizations for mental illness are both higher than the national average, and BC has the highest rates of repeat hospitalizations and readmission within 30 days due to mental illness in Canada.[17] Those rates are higher for those living in the lowest income bands. CMHA BC often hears from people with mental health and substance-related illness (or the people close to them) that they have searched for services but have run into a fragmented system that is confusing and difficult to navigate. We hear that people try to access help, but they are presented with lengthy waitlists. Individuals report going to hospital after an attempted suicide only to be discharged without meaningful assessments or care.

As a result, if individuals or families cannot pay for private care, those experiencing illness are often unable to access effective health and social supports early on in their illness when impacts of economic security could be minimized. Instead, their health declines into a crisis that is serious enough to allow them to access care though the hospital or criminal justice systems, often resulting in poverty and instability. This approach is incredibly harmful for the individuals involved, the people close to them, and their communities. It is also the most expensive way to provide health and social services. Supporting mental health and wellbeing before crisis is a key factor in addressing poverty.

RECOMMENDATION 1: Ensure that all people in BC, including children and youth, have access to coordinated, timely, culturally safe, person-centred and evidence-based mental health and addiction services in their communities, ranging from prevention and early intervention to treatment and crisis care.

THE NEED FOR CROSS-SYSTEM COORDINATION

It is not uncommon to hear of people in BC being hospitalized for a serious mental health or substance use-related crisis only to be discharged into homelessness, which significantly undermines their health recovery. We also hear of people who experience illness that leads to a reduction in their income and they are suddenly at risk of losing their housing while trying to navigate BC's income assistance system to gain access to income supports. Research consistently shows that people with mental health and substance use-related illness are consistently involved in the criminal justice system more than the general population, often for health or poverty-related reasons. This criminalization adds an additional layer of stigma, exclusion and discrimination as they try to access supportive housing and regular health services. The lack of system coordination leads to acute financial and health crises for many that are avoidable.

What would help in a mental health or substance use crisis? "[C]reate long term coordinated services across all levels of government. [M]ake it easier for people to qualify for disability pensions and increase amounts to reflect cost of living. [I]ncrease the cap of how much income you can earn while receiving disability pension. [M]ake insurance companies more accountable to their clients." *– Greater Vancouver Survey Respondent*

In general, BC requires much stronger system coordination especially between mental health and substance use services, housing support, income support, and the justice system.[18] These systems need improved integration and coordination at both the direct service level – so that individuals can better access the services they need to support their recovery – as well as at the planning level in terms of system design.

RECOMMENDATION 2: Improve the integration and coordination of mental health and addiction, housing support, income support and justice system services. Ensure meaningful cross-ministerial involvement in BC's provincial poverty reduction strategy, housing initiatives, and mental health and addiction plans.

INCOME SUPPORT

Despite recent increases, income and disability assistance rates remain inadequate in BC and do not allow those who rely on them to live with dignity and security or meet their basic needs. The average rents in SROs in Vancouver's Downtown Eastside have risen to $687 per month, leaving $23 per month to buy food and meet all other basic living costs for someone relying on income assistance.[19] This squeeze is now felt throughout the province. The current rates keep people in deep poverty that undermines their health and creates a barrier to their recovery.

"[A]pplying for disability [assistance] when it was needed resulted in taking over a year (he was in such bad shape he could not navigate the paperwork and requirements). He was forced to borrow money to survive which ended in bankruptcy. He did finally get disability support."
– Vancouver Island Survey Respondent

In addition, there are significant barriers to accessing income and disability assistance. Lengthy application processes that require computer literacy and online accounts; long telephone wait times; required assessments by physicians when many do not have a GP; and out-dated, discriminatory and overly complex eligibility criteria (particularly for substance use-related problems) are all hurdles that many people simply cannot get over without support.[20] Individuals without computer literacy, those facing cognitive problems, those experiencing language barriers or experiences of trauma struggle to navigate the current system and may simply give up. For many, the current system is stigmatizing and re-traumatizing. The reality is that those who struggle most to navigate this kind of system likely need it the most. Failing to provide it in a timely, equitable and accessible way further marginalizes those individuals, creates more chaos in their lives, and further undermines their human rights.

Community service providers also report that the consequences of the Ministry of Social Development and Poverty Reductions increasingly centralized and online processes result in an offloading of services to those organizations to ensure that the individuals they serve are able to get basic income supports. Taking time to help navigate these unnecessary hurdles simply takes time away from their other services.

Particular attention needs to be focused on the transportation needs of people in rural and remote communities. Due to affordability of housing many individuals find housing outside of urban centres. However, to access services, they must travel and transportation costs may be unaffordable.

Finally, the health supplements provided to those on income and disability assistance are critical to their wellbeing, but they currently fail to reflect the needs of many people who rely on assistance.[21] We have a growing understanding of the role that trauma plays in the mental health and wellbeing of individuals who experience it.[22] We also know that services like counselling are an evidence-based aspect of health services for many people, and especially those with mental health or substance use-related problems. Modernizing the health supports provided under the income and disability assistance scheme to include access to counselling and other evidence-based services would better support people's mental health and wellbeing, support their recovery and their ability to participate in their communities.

RECOMMENDATION 3: Increase income and disability rates to reflect the actual cost of an adequate standard of living and index them to inflation.

RECOMENATION 4: Children and youth in care require security in order to succeed. Ensure youth are supported as they transition out of care by providing housing and income supports or foster care support through to age 25.

RECOMMENDATION 5: Eliminate barriers to accessing income and disability assistance including unnecessary eligibility criteria, lengthy and complex application processes, and provide flexible methods of access.

RECOMMENDATION 6: Provide equitable access to income and disability assistance by ensuring that services are trauma-informed and include the supports necessary to navigate the system.

RECOMMENDATION 7: Modernize coverage for health supplements that are particularly relevant for people on income or disability assistance with mental health or substance use-related disabilities, including access to counselling services.

HOUSING

"First, get people into stable housing with adequate food. Then provide the services to address their underlying problems."
– Interior BC Survey Respondent

Affordable, safe and secure housing is a fundamental determinant of health. When housing crises hit with rising rental rates and incredibly low vacancy rates, people with disabilities and those who are otherwise marginalized are more likely to be unable to keep or obtain adequate housing and will therefore experience disproportionate rates of housing insecurity and homelessness.[23] The At Home/Chez Soi project confirmed that the Housing First model – low barrier access to housing that respects choice and includes recovery-oriented supports – can have a very positive impact on the lives of our most marginalized community members, contributing to improved health outcomes and overall quality of life.[24] Precarious housing and social isolation can lead to negative life courses.[25] Unfortunately, the provincial government has been slow to adopt a Housing First model approach.

Some housing providers in BC have shown key leadership in providing evidence-based and person-centred supported housing that reflects the self-determination of their clients. BC's current approach to the provision of social and supported housing has led to many, many service providers with varying capacities to adhere to emerging best practices. The At Home/Chez Soi project highlighted that fidelity to the Housing First model is important to achieve the positive impacts of the program,[26] but there is significant room for increased shared learning across housing providers in order to establish best practice standards, particularly for supported housing. We have the evidence, but we are not applying it in BC.

Existing housing subsidy programs, while beneficial to many, fail to support the housing security of those living in the deepest poverty and experiencing the most significant marginalization.

Initiatives like the Rental Assistance Program (RAP) and Shelter Aid for Elderly Renters (SAFER) are currently unavailable to people in receipt of income or disability assistance despite the fact that the shelter rate is wholly inadequate to cover safe and secure housing. The Homelessness Prevention Program has the potential for rapid and significant expansion throughout BC. Subsidy programs not only assist individuals to secure housing of their choice, but they are also less likely to result in corresponding rent increases, a concern that is often expressed in relation to raising social assistance shelter rates.

Because of its connection to health and the particular barriers they face in BC's current housing market, housing is especially crucial to people with mental health and substance use-related problems. A range of solutions will be needed to support access to adequate housing.

RECOMMENDATION 8: Continue to increase BC's affordable housing stock across the housing spectrum, with particular emphasis on social and supported housing and culturally safe housing. Attach health and social services when appropriate to support people to maintain their housing.

RECOMMENDATION 9: Ensure choice and self-determination, but also address low vacancy rates, by increasing supported housing stock using a mix of scatter site and dedicated site housing.

RECOMMENDATION 10: As much as possible, allow for flexible housing supports that are tied to the person and not the unit; when that is not possible, coordinate and improve transitions across the housing spectrum as an individual's needs change.

RECOMMENDATION 11: Fund the development and implementation of a community of practice and standards for supportive housing providers emphasizing fidelity to the Housing First model.

RECOMMENDATION 12: Unify the RAP and SAFER housing subsidies and expand access to include all low-income renters, including those in receipt of income and disability assistance.

RECOMMENDATION 13: Ensure that tenants with mental health and/or substance use-related disabilities have a means to enforce their human rights related to accessing and maintaining their housing. BC's new Human Rights Commission can play a role in educating landlords about their obligations to ensure equal access to housing and to accommodate tenant disabilities.

RECOMMENDATION 14: Provide research and evaluations on the community impacts of social and supported housing to local governments to support them in developing social and supported housing in their communities and to confidently address discriminatory opposition from some residents.

EMPLOYMENT

Secure, dignified employment is both a means of financial security and a social determinant of health. While paid employment is not a goal of all people with mental health or substance use-related illness, and they should not be pressured into paid work, we know that it is a goal for many, many people. For those who do want to work, employment is not just a means to income. It can be a very important part of meaningful community participation and an essential element of recovery.

"Create peer-based support programs that are run by and for people with mental health issues. Having peer-based support programs is beneficial to both the supported individual who is facing mental health crisis and for the peer mental health consumer who is playing a supporting role. This way, people who have experienced or are experiencing mental health issues can act as the experts and provide insight that might not otherwise be available. This can be done in liaison with agencies that employ both people with and without mental health issues."
– Greater Vancouver Survey Respondent

For those who are working, the conditions of their employment can have a significant impact on their mental health; recognition of this fact has led to the development of workplace psychological health and safety standards. It has also increased the attention paid to the impact of work and employment standards on our health and wellbeing.[27] For low income and precarious workers, any health issues including mental health and substance use-related problems can have catastrophic impacts in their lives. BC currently does not require employers to provide any paid sick time, which creates a significant disincentive to accessing necessary health care and mental health or substance use supports.[28] Even a small health issue can have catastrophic financial consequences for employees who work pay cheque to pay cheque. Further, a lack of employment standards enforcement means that even existing protections are not guaranteed to workers uniformly throughout the province.[29]

For people who have experienced an interruption in working because of mental health or substance use-related problems, improved employment supports can have a significantly positive impact on their recovery and economic security. Improved employer and employee understanding and comfort level with workplace accommodations and a renewed focus on evidence-based employment supports have the potential to provide those working on their recovery to increase their earnings and also their participation, confidence and social inclusion.

BC's current employment supports program, provided through the Employment Program of BC, has low levels of success for people with serious mental health or substance use-related issues.[30] The move to a one-size-fits-all employment support model has been a missed opportunity for BC given that well researched, evidence-based supportive employment programs with much higher success rates already exist in BC and in other jurisdictions. The Individual Placement and Support (IPS) model has a strong evidence base to support its

beneficial impact in the lives of people with serious mental illness and problematic substance use.[31] IPS uses a zero exclusion approach that focuses on self-determination and choice, and the assumption that everyone can work in the competitive job market if they choose without any employment readiness assessment. It also utilizes rapid job search and integrated employment supports that can include employer support if the individual participating chooses to disclose their health issues.[32] IPS has significantly higher success rates than traditional vocational supports when it is provided (and maintains its fidelity) to those with serious mental illness. IPS clients include youth, people with substance use-related illness, people expensing homelessness, and people living in rural areas.[33] In addition to successful work placements, IPS has been shown to reduce psychiatric hospitalizations and lead to fewer symptoms, longer work tenures, more hours worked and higher wages.[34]

The CMHA Vancouver Fraser Branch has been running a successful IPS program for a number of years, with a 51% success rate in securing and retaining employment over a year, significantly higher than WorkBC's current success rates for Tier 3 and 4 clients (34% and 17%, respectively).[35] Furthermore, when the cost of the IPS program is compared to WorkBC for those with severe mental health or substance use-created problems, it has an equivalent or significantly lower cost per successful work placement.[36]

Finally, the expansion of peer support and navigation programs also provide increased employment opportunities for those who have experienced mental health or substance use-related illness, and have been shown to lead to better experiences for those currently trying to access services.

RECOMMENDATION 15: Support a living wage and develop and enforce stronger employment standards for precarious and low wage workers, including paid sick time.

RECOMMENDATION 16: Ensure that both employers and employees have access to meaningful supports to navigate solution-oriented workplace disability accommodation. BC's new Human Rights Commission can play a role in providing leadership to practical workplace accommodation solutions.

RECOMMENDATION 17: Raise the earnings exemptions for those in receipt of income and disability assistance; improve information provided to recipients about the supports available to them if they choose to work and minimize fear that working will negatively impact their benefits.

RECOMMENDATION 18: Support the development of paid peer support and navigations positions throughout the housing, mental health, substance use and income support systems and ensure those workers are paid a living wage and the same benefits as other workers.

RECOMMENDATION 19: Expand IPS, and evidence-based supported employment programs, to all mental health teams, Employment Program of BC providers and emerging models of primary care in BC.

EDUCATION

Education is a determinant of health and economic security. Lower levels of education are tied to higher rates of poverty, poor health and increased rates of social exclusion. Children and youth with special needs, which include students with moderate or severe mental health problems, have lower graduation rates in BC.[37] Rates are particularly low for children and youth with special needs in provincial care.[38]

Kids need many things to be successful in school but having their mental health needs met and having positive and consistent relationships with school staff are key.[39] With over 84,000 children and youth in BC experiencing serious mental health issues, the needs are great.[40] Existing resources in BC's public schools, including school counsellors, could be leveraged to better support the mental health and long-term educational outcomes of kids in the province.

Further, increased support for youth and adults at post-secondary education institutions would support them to complete their education and, as a result, improve their long-term economic and overall wellbeing.

"My 12 year old daughter was admitted to hospital. I felt that the support while she was there was wonderful (2 weeks). However, once discharged the support vanished. It took months to see a psychiatrist for a proper diagnosis. By that time her daily life was chaos. The aftermath of not having proper support immediately has been enormous. It is so painful to watch a child struggle. She just turned 18. She is doing well because she is a fighter. She never set foot in a high school though. I often wonder what she would be doing now if she had access to proper mental health services 5 years ago. She is brilliant, creative, and resilient. The schools and doctors (walk in because we cannot find a GP) really let her down."
– Vancouver Island Survey Respondent

RECOMMENDATION 20: Ensure the public education system supports children's mental health-related needs (this includes existing services like school counsellors), with a particular focus on children and youth in care.

RECOMMENDATION 21: Support post-secondary institutions to develop mental health and substance use policies that support students and staff.[41]

CHILDCARE

Access to affordable, high quality childcare and early years programming has significant benefits for the economic security of both the adults caring for the children and for the children themselves. For adults, and particular single parent-led families, access to childcare is a necessary support for employment and crucial in enabling women to leave violent relationships.[42] In addition, for those parenting alone with serious mental health or substance use problems, childcare can be a key support to allow caregivers time to improve their health and focus on their recovery by providing a respite from constant caregiving.[43] For children, high quality early years programming can prevent or reduce the impacts of adverse early childhood events and can help support school readiness and childhood development.[44]

"Affordable child care - start early by helping children and families by providing free or cheap quality daycare. We are educated in child development and we can help prevent mental health [problems] of children in our quality daycares. Early intervention is the best solution!"
– Northern BC Survey Respondent

While BC has recently announced significant and welcome investments in childcare, it is concerning that families who are more likely to need childcare urgently because of precarious and sporadic employment, health crises or family violence may be unlikely to benefit from initial investments. Those who are most in need of access to safe and affordable childcare (and most seriously impacted when they cannot obtain it) are less likely to be able to navigate lengthy waitlists for newly subsidized care spaces.

RECOMMENDATION 22: Expand access to affordable, culturally appropriate, regulated childcare. Ensure that the expanded spaces are available to caregivers with mental health or substance use-related problems, women fleeing violence, and those living in poverty or working precariously, who are less likely to be in a position to proactively register for waitlists and might need childcare more urgently.

EQUITY, CULTURAL SAFETY AND TRAUMA-INFORMED SERVICES

As stated earlier, nearly 40% of people with mental health issues report experiencing stigma, almost three times the rate of stigma experienced by those without mental health issues.[45] People with substance use problems experience higher rates of stigma than those with any other health condition.[46] Stigma undermines self-worth and health, and it creates additional barriers to accessing services, employment, housing, and community/social supports.[47] In addition, many people with mental health and substance use-related problems are experiencing

intersecting forms of social exclusion and discrimination, including people with other kinds of disabilities, as well as those who are racialized, Indigenous, or LGBTQ2S.

"Cultural services, I need people [who] are First Nations that understand what I am talking about. Not educated people who have only heard about my existence. I need to speak with people who truly understand what it means to be abandoned and crushed by society."
– Vancouver Island Survey Respondent

The social exclusion experienced by these groups has profound impacts on their economic security. They are more likely to live in poverty due to discrimination and other forms of systemic barriers, often built into our social systems.[48] In particular, access to culturally safe services continues to be an ongoing barrier for Indigenous people and others who have experienced trauma. When provincial systems are complex, difficult to navigate and impersonal, they can be re-traumatizing and those who experience complex barriers may be unable to navigate them.

RECOMMENDATION 23: BC's poverty reduction plan should expressly utilize a human rights framework that includes recognition of international human rights and equity.

RECOMMENDATION 24: BC's new Human Rights Commission should measure and research solutions to stigma and intersectional inequality for people with mental health and substance use problems. Further, BC should fund programs that have stigma reduction as an express goal.

RECOMMENDATION 25: All provincial services, and particularly those relied on by people living in poverty, must be trauma-informed and culturally safe.

---

[1] Shane Darke, "Pathways to heroin dependence: time to re-appraise self-medication" (2012) *Addiction* 108 at 659–667; Michelle Funk et al, "Mental health, poverty and development" (2012) *Journal of Public Mental Health* 11:4 at 166–185.

[2] First Nations Health Authority, *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 year Plan* (December 2012) at 16.

[3] All quotes in this submission are taken from CMHA's "Help Shape Our Future Survey", which was open from August - September, 2017. A summary of results can be found here: https://www.b4stage4.ca/2017_survey_results.

[4] Data provided by the Ministry of Social Development and Poverty Reduction to the Supporting Increased Participation table.

[5] Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, *Breaking the Cycle: A Study on Poverty Reduction* (May 2017).

[6] Canadian Institute for Health Information, *Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm* (2017).

[7] Canadian Institute for Health Information, "Health Indicators Interactive Tool", online: https://yourhealthsystem.cihi.ca/epub/ (searched using most recent year available, by province, for "30-day Readmission for Mental Illness", "Mental Illness Hospitalization – T", "Mental Illness Patient Days – T", and "Patients with Repeat Hospitalizations for Mental Illness").

[8] BC Non-Profit Housing Association and M. Thomson Consulting, *2017 Homeless Count in Metro Vancouver*; Jessica Hannon, *Dying on the Streets: Homeless Deaths in British Columbia, 2006-2015* (3rd Edition, 2017).

[9] Greg Richmond, "Housing Our Homeless" (2017) *Visions: BC's Mental Health and Addiction Journal* 12:3.

[10] PROOF Food Insecurity Policy Research, "Fact Sheet: Food Insecurity and Mental Health" online: http://proof.utoronto.ca/resources/fact-sheets/#mentalhealth.

[11] Jamie Livingston, *Mental Illness-Related Structural Stigma: The Downward Spiral of Systemic Exclusion Final Report* (Mental Health Commission of Canada, 2015).

[12] Jamie Livingston et al, "The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review" (2012) *Addiction* 107:1.

[13] Supra note 11.

[14] Darke, supra note 1; Ivana Jakovijevic et al, "Children's mental health: Is poverty the diagnosis?" (2016) *BC Medical Journal* 58:8.

[15] Jakovijevic, ibid; Kendra Milne, "High Stakes: the impacts of childcare on the human rights of women and children in BC" (West Coast LEAF, 2016).

[16] BC Budget and Fiscal Plan 2018/19-2020-21at page 29.

[17] Supra note 7.

[18] BC Rental Housing Coalition, *An Affordable Housing Plan for BC* at pages 20–21, 22.

[19] Jean Swanson et al, *2017 Hotel Survey and Housing Report* (Carnegie Community Action Project).

[20] See for example, http://bcpiac.com/our-work/welfare/ombudsperson-complaint-welfare-access/; Heather McCain et al, *Sharing Our Realities: Life on Disability Assistance in British Columbia* (2017) online: http://bcpovertyreduction.ca/wp-content/uploads/2017/04/SOR-Final-for-Web.pdf.

[21] McCain, ibid at 19.

[22] See for example, Trina Larson Soles, "Opioid crisis seen through the lens of adverse childhood experiences" (Vancouver Sun, 4 January 2018).

[23] Supra note 9.

[24] Paula Goering et al, *National At Home/Chez Soi Final Report* (Mental Health Commission of Canada, 2014).

[25] Ibid.

[26] Ibid.

[27] See for example, Sheila Block, "Work and Health: Exploring the impact of employment on health disparities" (Wellesley Institute, nd); National Standard of Canada for Psychological Health and Safety in the Workplace (2013); WorkSafeBC bullying and harassment initiatives.

[28] Andrew Longhurst et al, *Workers' Stories of Exploitation and Abuse: Why BC Employment Standards Need to Change* (BC Employment Standard Coalition, 2017).

[29] Ibid.

[30] Christina Panagio, "Adapting the Individual Placement and Support Employment Program for Vancouver's Homeless Population" (submitted to UVic, School of Public Administration, 2016) at iv.

[31] https://ipsworks.org/index.php/evidence-for-ips/.

[32] https://ipsworks.org/index.php/what-is-ips/.

[33] Kristin M. Ferguson et al, "Adapting the Individual Placement and Support Model with Homeless Young Adults" (2012) *Child Youth Care Forum* 41:3 at 277–294; Gary R. Bond et al, "Effectiveness of individual placement and support supported employment for young adults" (2016) *Early Intervention in Psychiatry* 10:4 at 300–307; William R. Haslett et al "Individual Placement and Support: Does Rurality Matter?" (2011) *American Journal of Psychiatric Rehabilitation* 14:3 237–244.

[34] Kikuko Campbell et al, "Who benefits from supported employment: an meta-analytic study" (2011) *Schizophrenia Bulletin* 37:2 at 370–380; Denise O'Connor et al, "Individual placement and support for people with severe mental illness wishing to enter competitive employment improved vocational outcomes and reduced hospital admissions" (2008) *Australian Occupational Therapy Journal* 55 at 291–296; Gary R Bond et al, "Is Job Tenure Brief in Individual Placement and Support (IPS) Employment Programs?" (2011) *Psychiatric Services* 62:8 at 950–953.

[35] Supra note 30.

[36] Ibid.

[37] BC Representative for Children and Youth, *Room for Improvement: Toward better educational outcomes for children in care* (2017).

[38] Ibid.

[39] Ibid.

[40] Charlotte Waddell et al, "Child and Youth Mental Disorders: Prevalence and Evidence-Based Interventions" (Children's Health Policy Centre, 2014).

[41] See for example, Canadian Association of College and University Student Services and the Canadian Mental Health Association, *Post-Secondary Student Mental Health: Guide to a Systemic Approach* (nd).

[42] Iglika Ivanova, *Solving BC's Affordability Crisis in Childcare: Financing the $10 a Day Plan* (Canadian Centre for Policy Alternatives, 2015); Milne supra note 13.

[43] Milne supra note 13.

[44] Ivanova supra note 42.

[45] Supra note 11.

[46] Supra note 12.

[47] Supra note 11.

[48] See for example, David McDonald et al, *Shameful Neglect: Indigenous Child Poverty in Canada* (Canadian Centre for Policy Alternatives, 2016); Jennifer Jihye Chun et al, "Immigrants and Low-Paid Work: Persistent Problems, Enduring Consequences" (Centre of Excellence for Research on Immigration and Diversity, 2011); Jane Pulkingham et al, *Walking the line to put their families first: Lone mothers navigating welfare and work in British Columbia* (SPARCBC, First Call, Single Mothers Alliance BC, 2016).