



British Columbia Framework for Accessibility Legislation

Formal Submission

British Columbia Schizophrenia Society

Who We Are:

- The BC Schizophrenia Society (BCSS) is a provincial non-profit organization with members, branches and services in many communities. Its central office is in Vancouver.
- The BCSS Vision is “A province where those affected by schizophrenia and psychosis receive excellent treatment and services and are accepted and included in their communities.”
- The BCSS Mission is “To improve the quality of life for those affected by schizophrenia and psychosis through education, support, public policy and research.”

Our Connection to Accessibility Legislation is Both Personal and Professional

- Accessibility legislation to facilitate treatment and rehabilitation for people with schizophrenia and other psychotic disorders is critical for the ill person, families who are often primary caregivers and professionals who facilitate recovery.
- Without timely and appropriate treatment, people with serious mental illness who, due to the very nature of brain disorder, often cannot comprehend that they have an illness or disability. Thus, they will not “choose” to access needed disability services, no matter how good the legislation is.
- Many of our members have loved ones with untreated or refractory schizophrenia who, due to severity of symptoms—delusions, hallucinations, thought disorder, cognitive deficits—do not believe they are ill (“I’m not sick, I don’t need help”.) This precludes them from being in the “*Nothing about us without us*” group. Instead they are voiceless in hospitals, prisons, or homeless and living on the street.
- BCSS was founded to help speak for those who are too ill to advocate for themselves—our relatives and others with brain illnesses who need treatment and disability services to facilitate their recovery.

Our Concerns

- BCSS supports the general aims and principles of the current Framework for Accessibility Legislation. However, BCSS is extremely concerned that this legislation might deliberately or inadvertently include the UN Convention on the Rights of Persons with Disabilities (CRPD) official and problematic interpretation regarding schizophrenia and other serious mental illnesses.
- The official UN committee interpretation requires British Columbia to eliminate from its legislation the following.
 - Eliminate all involuntary admission to hospital (Mental Health Act)
 - Eliminate all involuntary treatment in hospital (Mental Health Act)
 - Eliminate all involuntary services in the community (Mental Health Act)
 - Eliminate the *Not Criminally Responsible on Account of Mental Disorder* (NCRMD) defense (Criminal Code of Canada)
- The results would be that at least 20,000 people each year that are too ill to avail themselves of voluntary mental health services would be turned away from hospitals even though they are likely to harm others or themselves without treatment.
- The result of *not* treating these people with an illness would be further barriers to their right to health and disability services.
- People with psychosis—many likely to harm themselves or others—would go to family, the street, or the justice system, but they would not receive treatment in a hospital or disability services.
- In addition, Canada’s current reservation to the UN CRPD that allows for substitute decision-making would also be eliminated— affecting BC’s Representation Agreement and other legislation designed to remove barriers for people unable to speak for themselves.
- BC Schizophrenia Society concerns are provided in more detail in the attached letters to BC Ministers and the reply from the Attorney General.

RESPONSES to Questions in the Framework Document

BCSS appreciates the opportunity to respond to the questions in the document. We have also provided some recommendations on the document text. The page numbers are referenced.

p. 6 “It [proposed legislation] would not directly affect programs that fall under other pieces of legislation, such as Worker’s Compensation Benefits”.

Recommendation: Add “or health legislation, such as the Mental Health Act”

p. 8. “The principles enshrined in the UNCRPD, including values of inherent dignity,.....to the development of accessibility legislation for BC.” These principles must recognize the need for access to treatment to ameliorate potential disability when a person with schizophrenia, because

of that brain illness, does not realize the necessity for treatment and rehabilitation and is likely to harm themselves or others.

p. 10. The most important issues about accessibility legislation is first that it not interfere with the treatment and rehabilitation for people with serious mental illness for whom the barrier to restoring dignity and human rights is lack of psychiatric treatment, involuntary if necessary. Second, is that good legislation must help in accessing the human services people need whose illness results in significant functional deficits. Disability services include supported housing, cognitive remediation, assisted employment, life skills training etc.

p. 11. If there is agreement not to follow the UN CRPD committee's requirement for the abolition of involuntary treatment, frequently required to restore a person's rights, we agree that the suggested model appears to be appropriate.

p.11. "to support Canada's ratification..." This ratification was contingent on Canada being able to continue substitute decision making as well supported decision making. This is reservation is very important for guardianship, mental health and representative agreement legislation in BC and elsewhere.

Recommendation: Add after "ratification" – "which included the continuation of substitute, as well as supported decision making."

p. 13. **Self Determination as a purpose of the legislation.** For people with an untreated brain illness that causes them to have delusions, hallucinations, and thought disorder, many will "self-determine" not to voluntarily accept treatment. This can easily result in suicide, serious harm to others, family and work disruption. BCSS agrees that self-determination is important but some notion that the person must be capable of making these decisions is important. That is why Canada has a reservation about substitute decision making.

Recommendation: After "own," insert "capable choices"

p. 14. **Accessibility standards and timelines.** "Service delivery" could include a number of issues. Many people with schizophrenia, in addition to their medical needs for symptoms control have a number of disability related needs including supported housing, employment and activity, rehabilitation (cognitive remediation etc). Accessibility standards should also address timelines. For example, "A person ready for hospital discharge and needing supported housing should not have to wait, taking up a hospital bed unnecessarily, for more than XXX days"

p. 15. **Governance.** Many disability services, e.g. housing, employment, are essential for people with serious mental illness. These services are usually provided by Health Authorities. Therefore it is very important that health representatives be involved in planning and evaluating the disability accessibility legislation. These include the Health Authorities, health non-

governmental organizations (e.g. Schizophrenia Society, Mood disorders) family organizations and people with lived experience.

p. 18. **Incentives, compliance and enforcement.** Incentive suggestions sound reasonable. On compliance, families who support a person with a severe mental illness who has difficulties accessing disability services could provide information not just for their loved one but to inform the system of its strengths and weaknesses. Enforcement options look appropriate

p. 19. **Reviews.** Probably the initial review after 4 years, which could address start up issues and 5 years thereafter. We do have concerns about one person doing the review unless the person's terms of reference clearly included consulting with the many people involved including those with disabilities, providers, families of people, etc.. It might be better to have a tribunal with knowledgeable people.

p. 22. **Culture of accessibility.** Public, provider and potential recipients education as well as incentives, will be important to the success of a cultural change and the aims of the legislation.

Thank you for the opportunity to contribute to this important work for those disabled by schizophrenia and other serious brain illnesses.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Halikowski', with a small dot at the end.

Dave Halikowski

President, BC Schizophrenia Society.

November 29, 2019