Canadian Mental Health Association
British Columbia
Mental health for all

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Via email (engageaccessibility@gov.bc.ca)

Honourable Shane Simpson
Minister of Social Development and Poverty Reduction
PO Box 9058 Stn Prov Govt
Victoria, BC V8W 9E2

Dear Minister Simpson:

Re: Accessibility Through Legislation

The Canadian Mental Health Association BC Division (CMHA BC) is pleased to provide the following input in response to the Ministry's Accessibility Through Legislation engagement and the *BC Framework for Accessibility Legislation*.

True accessibility means that people with disabilities are able to live with dignity and meaningfully participate in their communities to the same extent as people without disabilities. An accessible BC would ensure equitable access to crucial services and spaces for all people regardless of their abilities.

CMHA BC recently undertook a yearlong project examining access barriers to crucial public services experienced by people with mental health or substance use-related disabilities.[1] During that project, we carried out inter-disciplinary and qualitative research, where we spoke with 44 people with lived and living experience about times when they felt included and were able to access services in communities throughout BC. Overall two key themes emerged: first, people with mental health and substance use-related disabilities currently experience significant barriers to accessing crucial public services that are foundational to their health and dignity, including housing, income supports and supportive employment. Such barriers cause them not only to be unable to access what they need to be well, but also to feel additional shame and judgment that worsens their health.

Second, inclusive services are a key accessibility need of many people with mental health and substance use-related disabilities. In this context, "inclusive" means services that are low barrier, welcoming, empathetic, culturally safe, trauma informed, and embracing of harm reduction. Services that further stigmatize people and cause them to

[1] Milne, K. & Hamfelt, A. (2019). Building an Equitable Foundation: Removing barriers to access for people with mental health and substance use-related disabilities. *Canadian Mental Health Association BC Division.*

feel shame are simply not accessible to them. Many people with mental health and substance use-related disabilities encounter this as a very real barrier to accessing services and spaces open to the public, and fully participating in their communities.

Our findings closely align with research about the impacts of stigma, which identify that stigma is one of the biggest barriers for people with mental health and substance use-related disabilities trying to access health services.[2] Stigma is rooted in negative attitudes and behaviors against a particular group, a lack of awareness and a lack of skills, and produces real consequences in the lives and well being of people affected.

Research demonstrates that people who encounter stigma in their daily interactions, constraints on their agency and social rejection have a lower quality of life and confront multiple barriers to accessing services and spaces.[3] Such external forces not only limit the opportunities a person can access, but also impact their internal conception of self. A particularly invidious form of exclusion occurs when stigmatized individuals recognize that a negative label has been applied to them and feel as though other people are likely to devalue or discredit them on the basis of that label. The result is self-devaluation that leads to lower levels of hope, empowerment, self-esteem and help seeking, and higher levels of chronic stress.[4]

People who experience illness-related stigma report a constant anticipation or threat of being stigmatized or discriminated against that generates fear and can lead to full-scale avoidance of services. Stigma influences the decision to seek health care and the type of engagement a person might encounter in a clinical setting. Research documents recurrent dismissal of physical health concerns as an example of how stigmatizing attitudes influence the kind of treatment mental health service users receive. Their symptoms are very often viewed through the lens of their psychiatric disorder and any additional complaint that does not fit within their diagnosis is dismissed. As a result, people may choose to conceal their psychiatric histories when presenting with new and potentially unrelated symptoms or avoid medical encounters all together.[5] This pattern of discrimination and dismissal, then avoidance is detrimental to health because it denies access to people who require services. BC's accessibility legislation can stop this from occurring in the lives of people with disabilities by recognizing and addressing stigma for the barrier it is.

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[2] Knaak, S., Mantier, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare Management Forum,* 30(2): 111-116.
[3] Livingston, J.D. (2013). Mental illness-related structural stigma: The downward spiral of systemic exclusion final report. *Mental Health Commission of Canada.*
[4] Livingston, J.D., & Boyd, J.E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine,* 71: 2150-2161.
[5] Thachuk, A.K. (2011). Stigma and the politics of biomedical models of mental illness. *International Journal of Feminist Perspectives on Ethics in Psychiatry,* Spring Ed: 140-163.

What is most important to you about accessibility legislation for B.C.?

Many people understand accessibility narrowly and look to examples such as assistive devices, ramps or alternative modes of access. Similarly other provinces have implemented accessibility standards that primarily address physical disability-related needs, which are typically much easier to prescribe and monitor. While these standards are crucial and aligned with people's expectations and other jurisdictions, CMHA BC encourages BC to further in order to guarantee that all people with disabilities benefit meaningfully from accessibility legislation.

Some of the most common disabilities, and some of the most stigmatized disabilities, are mental illness and substance use-related health conditions. These disabilities are often invisible and come with disability-related needs that are less tangible and harder to define than standards that apply to physical space and alternative modes of access. Accessibility legislation should identify and remove access barriers for people with all kinds of disabilities, whether they be physical or mental.

CMHA BC is heartened to see the level of engagement of people with disabilities in the development of the accessibility legislation. We urge the Minister to continue on that path through all aspects of the process of developing legislation, accessibility standards and enforcement processes, but remain mindful of where public perception may diverge. People with mental health and substance use-related disabilities may not always find the term "accessibility" relevant to their experience given it is often used in relation to other kinds of disability-related needs. To address this, the Minister should reach out intentionally to the mental health and substance use community to meaningfully engagement them.

The Framework's suggested model for legislation and scope of legislation

CMHA BC fully supports using the UN *Convention on the Rights of People with Disabilities* as a foundation for BC's accessibility legislation given its broad and inclusive approach to defining disability; however, such a broad approach will require significant public education because the Convention's definition of disability goes well beyond what an average BC person might understand as a disability.

The Framework's suggested purposes and principles for legislation

CMHA BC strongly encourages the addition of education and awareness raising, both for service providers and the public, as an additional purpose of the legislation. The reasons set out above, focused on the real accessibility barriers created by stigma and exclusion, demonstrate that supporting education is a key role the provincial

government can play and foundational to equitable accessibility for people with mental health and substance use-related disabilities.

In addition, the recognition of the need for adaptability is positive given that disability is an ever-evolving concept. The ability to shift the definition of disability in response to social understanding is especially important for stigmatized disabilities like substance use disorder, which many still see as a moral failing, rather than a disability or health issue. CMHA BC's primary suggestion with respect to the principles section is to add economic security to the list of ways diversity can impact the way people experience disability and accessibility barriers.

The Framework's suggested accessibility standards

CMHA BC is supportive of the standards included in the draft framework, but has identified two key gaps: first, the accessibility needs of people who use drugs accessing healthcare are not addressed in the legislative framework. People who have substance use-related disabilities experience barriers to accessing adequate physical healthcare and have disproportionately poorer physical health outcomes. Some get funneled into specialized mental health care at the expense of general physical health care, despite the fact that the two are interconnected and must be integrated. Others are refused healthcare (e.g., accused of drug seeking in ERs, released by GPs for substance use, refused specialty services until they show abstinence, community refusal of harm reduction services, etc.) because of discriminatory assumptions and stereotypes, which negatively impacts their relationship with the healthcare system and denies access on an ongoing basis.[6] In the context of a public health emergency related to overdose deaths, the government cannot ignore the accessibility needs of this population and should ensure they are included in the legislative framework.

Second, the draft scope of the framework does not address public education. As is set out above, stigma and shame are well known and documented as key accessibility barriers experienced by people with mental health and substance use-related disabilities. We know that reducing stigma and creating inclusive services that include people without judgment are foundational to guaranteeing equal access to services.

At the time specific standards are developed, CMHA BC suggests the following recommendations be considered to guarantee meaningful stigma reduction and inclusive services for people mental health and substance use-related disabilities:

- All service provision staff should receive mandatory literacy training that is co-produced and delivered by people with mental health and substance use-related

[6] Ontario HIV Treatment Network. (2018). Interventions to reduce stigma among health care providers working with substance users. *Rapid Response Service,* 128.

disabilities. There is strong evidence that social contact training, where service provision staff have direct interpersonal contact with someone with lived or living experience of disability and accessing services, can disprove negative stereotypes, increase awareness, change behaviour, and ultimately, dismantle stigma-related barriers.[7] Some other types of literacy training have the potential to cause harm and increase stigma, and should be differentiated from social contact approaches that rely on the full involvement of people with lived and living experience through design to delivery. In particular, literacy training that uses a biological or genetic explanation of the cause of mental illness or use of substances, and focuses on trainees matching diagnoses to case studies without any interpersonal contact should be avoided.[8]

- The services covered by the provincial accessibility standards should include those that are foundational determinants of both mental and physical health and wellbeing such as rental housing.

- BC should take a broad approach to guarantee that service animals are welcome in all services and spaces available to the public. People with mental health and substance use-related disabilities identify support animals as important for their wellbeing, yet, at the same time, point to the limitation they pose on their ability to freely access necessary services. They commonly experience problems obtaining certification for their support animal and finding suitable rental housing that permits them to keep the animal.[9]

  Accessibility standards should expand certification to include documentation by members of professional colleges that include, but are not limited to psychologists, psychotherapists, social workers, and general physicians. This list of professional colleges should reflect the range of care people with mental health and substance use-related disabilities access and provide them multiple ways of obtaining documentation. In addition, as set out above, such standards should apply to BC Housing and other organizations who provide subsidized and supported housing to persons with disabilities. Improved access to certification

[7] Lillie, E., Koller, M. & Stuart, H. (2011). Opening Minds at University: Results of a Contact-Based Anti-Stigma Intervention. *Mental Health Commission of Canada;* Thornicroft, G., et al. Evidence for effective interventions to reduce mental health-related stigma and discrimination. Lancet, 2015; Couture SM, Penn DL. Interpersonal contact and the stigma of mental illness: a review of the literature. J Ment Health 2003; 12: 291–305.
[8] Corrigan PW, Morris SB, Michaels PJ, Rafacz JD, Rüsch N. Challenging the public stigma of mental illness: a meta-analysis of outcome studies. Psychiatr Serv 2012; 63: 963–73.
[9] Milne, K. & Hamfelt, A. (2019). Building an Equitable Foundation: Removing barriers to access for people with mental health and substance use-related disabilities. *Canadian Mental Health Association BC Division.*

will not be effective unless people have a safe place to live with their support animal.

The Framework's suggested approach to governance for accessibility legislation

CMHA BC's only suggestion is to consider if the Accessibility Commissioner should be independent and report directly to the legislature instead of the Minister. This change in reporting structure would ensure that government service providers, who provide many key services for people with disabilities, are monitored for compliance without any potential political interference.

Conclusion

To summarize, CMHA BC is excited that BC is taking concrete steps towards accessibility legislation and we hope that it will create meaningful improvements in access and community inclusion for people with all kinds of disabilities. There is recognizable difficulty in creating laws and standards for less tangible accessibility-related needs such as those had by people with mental health and substance use-related disabilities, but BC has a profound opportunity to take a leadership role and produce accessibility legislation that does not leave any group of people with disabilities out.

In order to accomplish this, we strongly encourage BC to understand all the ways accessibility barriers are experienced and take meaningful steps to reduce them, whether they impact people with physical or mental disabilities. We look forward to continuing to work with the Minister to bring that to reality. Should you have any questions about this submission, CMHA BC welcomes the opportunity to provide further information.

Yours truly,

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