Vancouver City Council: Mayor’s Roundtable on Mental Health and Addiction

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City Manager
October 22, 2013
Presentation Outline

• Context of a Vancouver Crisis: Serious Mental Illness and Addiction (SAMI)
• Mayor’s Roundtable
• What We Know from Research
• Real Life Experience
• Best Practices in the Continuum of Care
• Moving Forward Together: What we Heard & Next Steps
Context of a Vancouver Crisis

People with Serious Addictions & Mental Illness (SAMI)

- 2/3 of street & sheltered homeless (1,100)
- Almost 1/2 of all SRO Tenants (3,000)

City Goals: Healthy People, Healthy City

- Income
- Housing
- Healthy Food
- Health care
- Social supports
- Social networks
Healthy City Strategy
Draft Framework - 20 Key Building Blocks
Healthy City + Housing & Homelessness Strategy
City Priority Actions

- Increase the supply of affordable housing
- Encourage a housing mix across all neighbourhoods that enhances quality of life
- Provide strong leadership and support partners to enhance housing stability
Mental Health Crisis: Key Local Data 2013

Inadequate treatment:
• Significant number of people with severe mental health and addiction issues do not have access to treatment needed;
• This cohort never admitted to Riverview or any tertiary mental health facility;
• Research: higher rate of victimization of SAMIs

Increasing Crisis Levels:
• SPH ER: 43% increase patients with severe mental illness and/or addiction since 2010

VPD Section 28 Mental Health Act apprehensions:
• 5-fold increase in last few years
• 23% increase in last year (2,636 in 2012)
• Public Safety Risk: bystanders at risk - vicious beatings, stabbings, shootings
• Increase ACT teams targeted to seriously ill patients;
• Increase resources at BC Housing supportive housing sites;
• Enhanced urgent care at a Vancouver Hospital for individuals in mental health crisis;
• 300 long-term and secure mental health beds
• Implement VPD/VCHA rapid response teams for clients in crisis
Mayor’s Round Table:
Mental Health and Addictions - 2/10/13

Approximately 140 community leaders:

- Researchers
- Non-Profit and Business
- Aboriginal Elders and organizations
- People with lived experience
- DTES residents
- Vancouver Coastal Health
- Providence Health Care
- BC Housing
- Ministries of Health, Justice, Social Development and Innovation, Children and Families
- Foundations
- Elected officials, City Advisory Committees, VPD and City Staff
Key Research
### SRO Tenants (n=293)

#### The Hotel Study (2013)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>homelessness</td>
<td>67% experienced previous homelessness</td>
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<tr>
<td>mortality</td>
<td>4.83 standardized mortality ratio</td>
</tr>
<tr>
<td>addiction</td>
<td>95% substance dependence (62% injection drug use, 19% alcohol, 39% opioid, 82% cocaine and/or methamphetamine)</td>
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<tr>
<td>mental health</td>
<td>74% mental health prevalence (47% psychosis most common)</td>
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<td></td>
<td>46% had a neurological disorder</td>
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<tr>
<td>physical and health</td>
<td>18% HIV and 67% Hep C positive</td>
</tr>
<tr>
<td>conditions</td>
<td>Multiple conditions: Median of 3 co-existent medical illnesses per person</td>
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</tbody>
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The Hotel Study 2013 (continued)
UBC Department of Psychiatry/PHSA

SRO Tenants (n=293)

SAMSI-SI for every 10 people (opioids, psychosis, or HIV):

- Adequate treatment
- Inadequate: no medication
- Inadequate: no care at all
SRO Tenants (n=293)

- SPH ER visits 2011/12 = 72,824 or 200/d
- Estimate 21/d from 5500 SRO in DTES = 10% of daily visits
- Physical chief complaint = 65,479 or 179/d
- Estimate 15/d from 5500 SRO in DTES = 8% of daily visits
- Mental health / addictions = 7345 = 20/d
- Estimate 6/day from 5500 SRO in DTES = 30% of daily visits
### Homeless - Unmet Service Need at Baseline (2011) (n=497)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Homeless duration - lifetime (&gt;5yrs)</td>
<td>36%</td>
</tr>
<tr>
<td>Homeless duration - longest episode (&gt;1yr)</td>
<td>59%</td>
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<tr>
<td>Multiple mental disorders (2 or more)</td>
<td>65%</td>
</tr>
<tr>
<td>Mental illness- less severe form (Major depression/PTSD/Panic disorder)</td>
<td>67%</td>
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<tr>
<td>Alcohol Dependence</td>
<td>31%</td>
</tr>
<tr>
<td>Substance dependence</td>
<td>66%</td>
</tr>
<tr>
<td>Suicidality (high/moderate)</td>
<td>49%</td>
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<tr>
<td>Contacts with policy only (no arrest)</td>
<td>63%</td>
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<tr>
<td>Participated in justice service program</td>
<td>15%</td>
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<tr>
<td>Forceful sexual activity (past 6 months)</td>
<td>9%</td>
</tr>
<tr>
<td>Psychiatric Diagnosis</td>
<td>Percent</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Psychotic Disorder</td>
<td>53%</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>40%</td>
</tr>
<tr>
<td>PTSD</td>
<td>26%</td>
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<tr>
<td>Manic or Hypo-manic Episode</td>
<td>19%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>21%</td>
</tr>
<tr>
<td>Mood disorder with psychotic feature</td>
<td>17%</td>
</tr>
<tr>
<td>Two or more mental disorders</td>
<td>52%</td>
</tr>
<tr>
<td>Three or more mental disorders</td>
<td>25%</td>
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<table>
<thead>
<tr>
<th>Drug Use</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Poly drug use (two or more)</td>
<td>38%</td>
</tr>
<tr>
<td>Daily use of any drug</td>
<td>25%</td>
</tr>
<tr>
<td>Injection drug (IV) use</td>
<td>88%</td>
</tr>
<tr>
<td>Poly IV drug use (two or more)</td>
<td>32%</td>
</tr>
<tr>
<td>Median age of first drug use (IQR)</td>
<td>12-18yrs</td>
</tr>
<tr>
<td>Substance dependence</td>
<td>58%</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>24%</td>
</tr>
<tr>
<td>Suicidality (High or moderate)</td>
<td>34%</td>
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</table>
250 individuals with formal diagnosis:
- 50-70 individuals have early psychosis or schizophrenia, bipolar disorder
- Overrepresentation of fetal alcohol spectrum and neurocognitive deficits (e.g. processing speed and working memory)
- 60-70% also have substance use disorders and high levels of eating disorders, severe OCD, social anxiety, depression
- 30-40% have lived in foster care
- 50% have a history with law
- Only 10% have graduated high school
Impact of Stable Supportive Housing: Individuals with Mental Health and Addictions

*National Film Board Documentary*
http://athome.nfb.ca/#/athome
http://www.youtube.com/watch?v=KP2M9pkCF0E#t=119

- The stigma of mental health and addictions is an obstacle to recovery
- Housing First is a successful way to move people towards recovery
- Give people options on where to live: i.e. in and outside of the DTES, with needed supports
Mayor’s Roundtable: Major Themes

1. General support for City-VPD-VCH priorities (5 point recommendations) received

2. Build on existing best practice to enhance supports and interventions:
   - E.g.: housing first; Low-barrier comprehensive support services; nutritious food

3. Enhance access to health care & treatment:
   - E.g.: ACT teams; Methadone Maintenance Treatment (MMT); weekend and after hours treatment; access to primary health care; enable access to new models and therapies

4. Focus prevention efforts: children and youth at risk

5. Support evidence based research, evaluation and metrics to inform actions
“It is now time to listen with our hearts - and we need to go beyond listening, to hearing”

Quote from Elder Shane Pointe
Mayors Task Force - Next Steps

- Establish Mayor’s Task Force on Mental Health and Addictions
  - Model on best practice from 4 Pillars Coalition - long term issue, mobilization of community required, key stakeholders need to be involved
  - Follow-up meeting December 2013
    - Consider options to deliver on 5 point recommendations
Other Follow-up

- Continue discussions with Ministry of Health, VCHA, VPD re next steps
- Continue to work with BC Housing to ensure adequate supports for 14 sites tenants
  - 4 sites coming on stream within the next 12 months