



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

Dr. Penny Ballem
City Manager
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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)

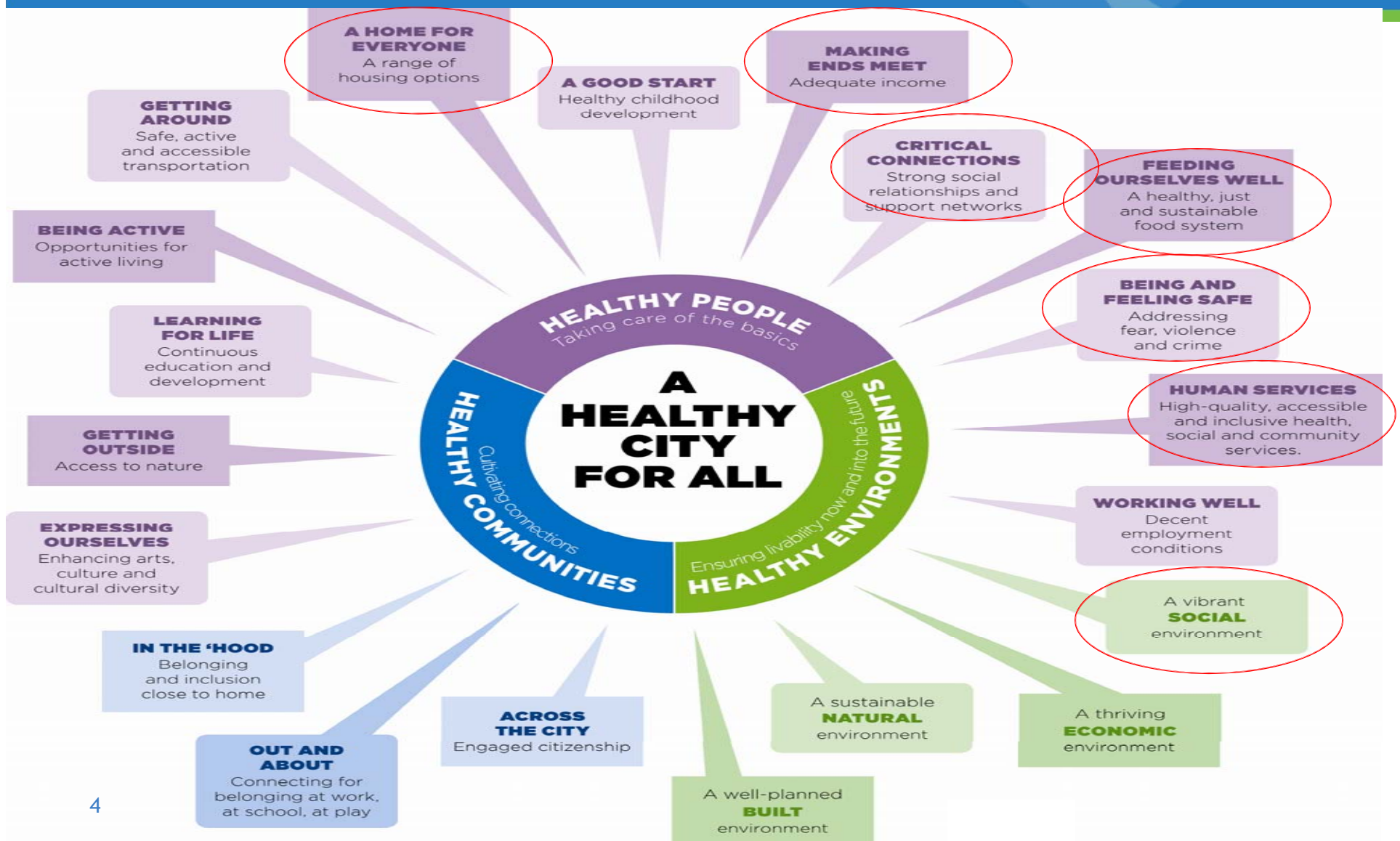
Almost 1/2 of all SRO Tenants (3,000)

**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



STRATEGIC
DIRECTION 1

Increase the
supply of
affordable
housing



STRATEGIC
DIRECTION 2

Encourage a
housing mix
across all
neighbourhoods
that enhances
quality of life



STRATEGIC
DIRECTION 3

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

COV / VPD / Vancouver Coastal Health Priority Recommendations to Province

- 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

Local Research: Hotel (SRO) Study 2013

UBC Department of Psychiatry

SRO Tenants (n=293)

The Hotel Study (2013)

homelessness	67% experienced previous homelessness
mortality	4.83 standardized mortality ratio
addiction	95% substance dependence (62% injection drug use, 19% alcohol, 39% opioid, 82% cocaine and/or methamphetamine)
mental health	74% mental health prevalence (47% psychosis most common) 46% had a neurological disorder
physical and health conditions	18% HIV and 67% Hep C positive
multiple conditions	Median of 3 co-existent medical illnesses per person

The Hotel Study 2013 (continued)

UBC Department of Psychiatry/PHSA

SRO Tenants (n=293)

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



Adequate treatment



Inadequate: no medication



Inadequate: no care at all

The Hotel Study 2013 (continued)

UBC Department of Psychiatry/PHSA

SRO Tenants (n=293)

DTES SROs and St Paul's Hospital ER visits



- 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

Mental Health Commission of Canada 2013

At Home/Chez Soi Vancouver

Homeless - Unmet Service Need at Baseline (2011) (n=497)

Variables	Percent
Homeless duration - lifetime (>5yrs)	36%
Homeless duration - longest episode (>1yr)	59%
Multiple mental disorders (2 or more)	65%
Mental illness- less severe form (Major depression/PTSD/Panic disorder)	67%
Alcohol Dependence	31%
Substance dependence	66%
Suicidality (high/moderate)	49%
Contacts with police only (no arrest)	63%
Participated in justice service program	15%
Forceful sexual activity (past 6 months)	9%

Mental Health Commission of Canada At Home/Chez Soi Vancouver (continued)

Homeless- Mental Illness & Drug Use at Baseline (2011) (n=497)

Psychiatric Diagnosis	Percent	Drug Use	Percent
Psychotic Disorder	53%	Poly drug use (two or more)	38%
Major Depressive Episode	40%	Daily use of any drug	25%
PTSD	26%	Injection drug (IV) use	88%
Manic or Hypo-manic Episode	19%	Poly IV drug use (two or more)	32%
Panic Disorder	21%	Median age of first drug use (IQR)	12-18yrs
Mood disorder with psychotic feature	17%	Substance dependence	58%
Two or more mental disorders	52%	Alcohol Dependence	24%
Three or more mental disorders	25%	Suicidality (High or moderate)	34%

Vancouver's Inner City Homeless Youth: St Paul's Mental Health Program - Dr. Steve Mathias



Homeless - Estimate 400-700 street homeless youth

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

Mayor's Roundtable: Next Steps

“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