



IN FOCUS >

Mental Health in BRITISH COLUMBIA

Population: 5,646,467

Rural: 12.7%

With 32% of all apparent drug-related deaths in Canada occurring in British Columbia, this province is ground zero in the drug toxicity crisis. The high rates of housing insecurity and unaffordability, core housing need and poverty all contribute to these drug-related harms. The BC government's strong commitments to harm reduction and improving population well-being are reflected in its solid mental health strategy. The strategy also targets the social determinants of health, with housing measures and legislation to reduce poverty by 60%. British Columbia reports the highest rates of stigma and discrimination in the country.

BC amended its Mental Health Act in 2022, and its "deemed consent" legislation remains a concern as it allows for involuntary treatment regardless of a person's capacity to consent. The recent rollback of the decriminalization pilot is a step backwards in the hard-won achievements to support the health of people who use drugs and reduce stigma. Despite historic investment for mental health in 2023, the 2024 budget was flat. British Columbians continue to experience greater-than-average barriers to mental health, addictions and substance use health (MHASU) services.



IN FOCUS: BRITISH COLUMBIA

Indicator	Indicator Category	BC	CAN
1.1a Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	Ins.	6.3%
1.1b Bilateral Health Spending for MHASU	Policy	20.1%	31%
1.2 MHASU Strategy	Policy	Highly comprehensive	Out of date
1.3 Decriminalization policy	Policy	–	Low support
1.4 Harm reduction policy	Policy	High support	High support
1.5 Mental Health Acts	Policy	High concern	–
2.1 Perceived mental health – poor/fair	Population Mental Health (MH)	28.1%	26.1%
2.2a Prevalence of mood/anxiety disorders (12-month)	Population MH	9.9%	10.6%
2.2b Prevalence of substance use disorders (lifetime)	Population MH	25.2%	20.7%
2.3 Rate of death by suicide	Population MH	6.9	10.9
2.4 Rate of hospitalization for self-harm	Population MH	75.0	64.9
2.5 Rate of apparent opioid toxicity deaths	Population MH	46.6	20.8
2.6 Rate of hospitalizations caused entirely by alcohol	Population MH	385	262
3.1 Percentage of population needing mental health care but needs are unmet or partially met	Service access	9.4%	7.8%
3.2 Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	68%	61%
3.3 Number of psychiatrists per 100,000 population	Service access	14.8	13.1
3.4 Supply of MHASU healthcare providers	Service access	1,446.8	1,721.4
3.5 30-day hospital readmission rates for MHASU concerns	Service access	15.3%	13.4%
4.1 Percentage of population reporting poor-to-fair mental health in core housing need	Social determinants of health (SDOH)	19.1%	15.8%
4.2 Poverty rate	SDOH	9.8%	8.1%
4.3 Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	50.3%	46.1%
5.1 Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	10.9%	9.1%
5.2 Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	56.8%	54.4%
5.3 Reported rate of drug-related offences	Stigma and discrim	343	162

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population

Mental Health Scoreboard



POLICY

BC’s spending on mental health and substance use health (MHASU) care is unknown. BC’s budget estimates do not disaggregate MHASU spending from the overall healthcare budget: the only information shared in the budget included the operating costs for the Mental Health and Addictions Ministry Office (\$40.5 million) and \$215 million over three years in new funding for existing programs, which translates into \$70 million for 2024-2025. The *Working Together Agreement* (2023 Bilateral deal) that was recently struck between BC and the Government of Canada will dedicate 20.1% of this healthcare funding to MHASU, which is lower than the Canadian average (31%).

In 2019, the BC government released its 10-year MHASU strategy, *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*, setting out priority actions for the first three years. The strategy specifically highlights the importance of mental health promotion, mental illness prevention and early intervention, evidence-based decision making in policy and programs, and investing in the social determinants of health. While the strategy did not outline an accountability framework, the BC government published a progress report in 2023.⁶⁴

Mental Health Act

BC’s *Mental Health Act* was amended in 2022 in response to concerns raised by Health Justice, the Ombudsperson and a constitutional court challenge that the legislation was undermining the rights of people with mental illnesses.⁶⁵ An investigative report found that the Act was resulting in an overreliance on involuntary services for people with mental illnesses and lacked appropriate procedural safeguards for

those detained. The new amendments, passed with Bill 23, established an independent rights advice service for people admitted involuntarily to a psychiatric or treatment facility, a step in the right direction toward safeguarding human rights. Health Justice noted that the new rights service needs to be monitored closely, however, to determine whether it is truly accessible and transparent.⁶⁶ Furthermore, “deemed consent” is still part of the Act, and states that anyone with involuntary status is presumed to have agreed to psychiatric treatment, thereby removing patient agency in decision making about their treatment.

Policy Response to the toxic drug crisis

As the number of apparent opioid toxicity deaths continues to soar in BC, the province has been responding with a policy framework to address the harms. BC has been an innovator in creating policies and piloting programs. It was the first province to declare, in 2016, the drug toxicity crisis a public health emergency. The BC government has introduced programs for drug checking, overdose prevention services and safer supply. It has the highest number of supervised consumption/overdose prevention services in the country: a total of 47 sites.

A graphic featuring a gear icon on a dark background, a horizontal bar with a teal-to-red gradient, and the text 'WORK IN PROGRESS' in bold white letters on a green background.

BC’s *Mental Health Act* was amended in 2022 to better safeguard human rights, but “deemed consent” is still a problem.



Recently, however, government support for certain harm reduction policies has been waning. The pilot legislation decriminalizing personal possession of unregulated drugs was rolled back recently, not long after the government introduced new legislation restricting public drug use—legislation which the previous Chief Coroner was paused by BC’s top court.⁶⁷ The Premier, Chief Coroner, and Provincial Health Officer have been openly in disagreement over the merits of safer supply, and the BC government has been increasingly favouring access to treatment beds to address the toxic drug crisis.⁶⁸

Furthermore, BC’s auditor general recently released a report critiquing BC’s Ministries of Health and Mental Health and Addictions for weaknesses in their overdose prevention and safer supply policies, particularly regarding the barriers to establishing the services and addressing health providers’ hesitancy about prescribing drugs.⁶⁹ The rising rate of death in the province due to opioid toxicity is also linked to the need for more overdose prevention sites offering safer inhalation services. As of October 2023, 19 of the province’s 47 sites offered safer inhalation services.⁷⁰



FALLING SHORT

Ground zero for opioid-related deaths, BC has been a standout in harm reduction policies but support has been waning.

POPULATION MENTAL HEALTH

British Columbia reports some of the highest rates of harm due to substance and alcohol use in the country: the province’s rate of apparent opioid toxicity deaths is 46.6 per 100,000 people, more than double the national rate (20.8/100,000), and hospitalization rates due to alcohol are higher than the national average. The lifetime prevalence rate of substance use disorders is also higher for BC (25.2%) compared to the national average (20.7%).

The rate of suicide in British Columbia is lower than the national rate (6.9 versus 10.9 /100,000). This marks a decline from previous years, in which reported rates were 11.6 (2019) and 10.6 per 100,000 (2021).⁷¹

SERVICE ACCESS

BC reports a higher distribution of psychiatrists (14.8 per 100,000 people) compared to the Canadian average (13.1). However, the data from other indicators in this report suggest that there may be other barriers to receiving MHASU health care. The reported rate of unmet/partially met need for MHASU care is higher in BC than the Canadian average (9.4% vs. 7.8%), and hospital readmission rates within 30 days are 15.3% compared to 13.4% across Canada.

British Columbia has, however, been leading the way in investing in early intervention services and crisis care reform. The BC government funds early intervention programs such as BounceBack and Confident Parents: Thriving Kids and, in 2023, it invested \$75 million to expand Foundry services with the addition of 12 new centres.⁷² The government has also committed to supporting 12 Peer Assisted Care Teams (PACTs), which are mobile and civilian-led crisis response teams that do not involve police.⁷³ Such alternative approaches to crisis response aim to decrease incidents that result in the harm of those in crisis and to support them with service navigation and trauma-informed resources.⁷⁴



NOTEWORTHY

BC is leading the way in early intervention services and crisis care reform.

SOCIAL DETERMINANTS OF HEALTH

BC reports higher-than-average rates of housing unaffordability, homelessness, and poverty. The province has one of the largest populations of renters in Canada and is among one of the least affordable places to live. In Vancouver, the number of people who are unhoused has increased by 32% between 2020 and 2023. To address the housing and poverty crises, the BC government introduced new housing policy measures⁷⁵ and legislation to reduce poverty by 60% over the next decade.⁷⁶

STIGMA AND DISCRIMINATION

With the exception of *Sense of belonging to community* (indicator 5.2), the other two indicators relating to stigma and discrimination in British Columbia underperform, suggesting weakness in supporting the human rights and wellness of people with poorer mental health in the province. On one hand, people who report “poor” or “fair” mental health in BC have a stronger sense of feeling connected to community than elsewhere in Canada, at 56.8%. On the other hand, approximately 10.9% of the population reporting poor-to-fair mental health say that they have experienced stigma or discrimination, marking British Columbia with the highest rate in Canada. Furthermore, in 2021, British Columbia reported the third highest rate of police-reported crime for drugs per 100,000 population: 343 versus the average of 162 per 100,000, a rate that should be read with caution as it may have changed during the decriminalization pilot.



HIGH ALERT

BC has the highest rate of stigma and discrimination in Canada.