

What we heard

Roundtable Dialogue with Direct Service Providers

Victoria, May 14, 2018

On May 14, 2018 the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 20 direct providers of mental health and addictions services from different parts of Vancouver Island.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include meeting with a broad spectrum of individuals, communities, as well as Indigenous peoples from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the B.C. Government Engage [website](#). What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experiences of those who work in clinical settings as generalists and specialists, as well as people who provide community-based supports in schools and community organizations—so we can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experiences or observations—has worked or is currently working in the mental health and addictions system, and what changes would make a difference. To close off the breakout discussion, participants were asked to identify their priorities for action. In a closing circle, participants shared what gives them hope and what more needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.¹ This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses recorded in participants' own words. The themes listed in this report are ideas or suggestions mentioned in at least two participant worksheets. This means that the list does not indicate an order of priority.

¹ The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

Increased treatment and recovery options with greater accessibility and reduced wait times was most frequently prioritized by participants. Integration of services and care was the second most frequent identified priority, including easier transitions from one service to another, and improved integration between ministries and professionals that help people find mental health and addictions support. Participants also frequently mentioned increased accessibility of primary care, including family doctors and nurse practitioners with mental health training, as well as free or low-cost mental health care, such as counselling. Support for independent and assisted housing was another commonly prioritized item.

The full list of priorities includes:

- More treatment and recovery options / reduced wait times
- Integration of services and care (between ministries, programs, professionals)
- Accessible primary care (including free/low-cost mental health care)
- Housing support
- Empowering communities and community-based services
- Prevention and early intervention
- Hubs for education and community-based care
- De-stigmatization and education
- Client advocacy and navigation support