

What we heard

Roundtable Dialogue with Family Members

Victoria, April 3, 2018

On April 3, 2018 the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 21 individuals who have, or have lost, a family member with mental illness or addiction issues.

This dialogue was part of the ministry's engagement process to develop 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 BC 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 our mental health and addictions service system needs reform despite the passion and dedication of service providers who are working hard every day to care for others. 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 experience of families who have, or have lost, a loved one with mental illness or addiction issues.

Following opening remarks from Minister Darcy, roundtable participants introduced themselves in a circle and shared both what brought them to the dialogue and what they would like the Minister to understand about their experience. In small groups, participants then discussed their ideas on what will improve services, care and timely intervention and other supports for families who have loved ones living with serious mental health and addictions difficulties. In a closing circle, participants reflected on what they have heard that might give them a sense of hope and healing and what more needs to be done.

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 by at least two of the participants in their worksheets. This means that the list does not indicate an order of priority chosen by participants.

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 support for families was among the most frequently mentioned suggestions, which includes not only financial support but also counselling, peer-support groups and respite leave for those who are supporting a family member dealing with mental illness and addictions. An equal number of participants called for more and improved treatment services in order to reduce wait times for clients and patients. Mandatory treatment was another prominent theme as many participants felt that the right to reduce treatment put their family members at risk and impeded their healing process. A large number of participants also called for holistic approaches to care that would involve family-centered responses, culturally-sensitive treatments and services that address housing and other social determinants of mental health. Addressing concurrent disorders was another common suggestion during the conversation, with participants citing examples of family members not receiving the appropriate care or being disqualified from accessing treatment for one disorder if they were suffering from another. A similar number of participants also called for improved coordination of services and addressing concurrent disorders.

The full list of themes includes:

- Increased treatment services and reduced wait times
- Increased support for families (financial and other)
- Mandatory treatment
- Education and training
- Address concurrent disorders
- Improved coordination of services
- Holistic approaches to care
- Harm reduction and decriminalization
- Help in accessing and navigating services
- Long-term care
- Youth-specific services
- De-stigmatization
- Early detection and intervention
- Improved regulation of treatment
- Harm-reduction
- Housing support