Minister's
Advisory Council
On Mental Health

MOVING FORWARD

Annual Report 2001

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Letter to the Minister

The Honourable Dr. Gulzar Cheema
Minister of State for Mental Health
Parliament Buildings
Victoria, British Columbia

Dear Minister Cheema,

Congratulations on your appointment to this very important and influential post in government. It is our pleasure to submit this first annual report of the Minister's Advisory Council on Mental Health for your consideration. Our first year has been an exciting and rewarding experience for us and we remain committed to our goal of contributing to the creation of positive changes for people with mental illnesses and their families.

We sincerely hope the advice we have provided so far has been helpful to the ministry in its work addressing the needs and concerns of people with mental illness in our province. We look forward to developing a positive working relationship with you over the next year and look forward to hearing about your particular interests and priorities regarding mental health.

We appreciate the excellent assistance provided by the ministry staff in helping us to meet our goals during this formative year.

Yours truly,

Patrick Storey
Chair,
Minister's Advisory Council on Mental Health

INTRODUCTION

This report is intended to inform the Minister of State for Mental Health and the people of British Columbia about the nature and purpose of the Minister's Advisory Council on Mental Health and the activities and views of this Council concerning mental health reform and service development as they have developed over the past year. The Council is very new, meeting for the first time in April of 2000. It has, however, been very active.

BACKGROUND

The Council is comprised of 15 people from various parts of the province representing, in equal measure, the consumer, family and caregiver perspectives. Nominations were invited from across the province with over 75 names being submitted. Members were chosen on the basis of their understanding and appreciation of the experiences of people living with a mental illness and the issues facing them in daily life. Members were also selected with due consideration being given for gender, ethnicity and geography. The appointments were made by the former Minister of Health. Appointments are three years in length and can be renewed once. The Chair of the Council is also appointed by the Minister and serves for a one-year term. This appointment is also renewable for a second term only.

The Council focuses on provincial issues rather than on regional issues and members do not represent specific organizations or their home communities.

MISSION STATEMENT AND GUIDING PRINCIPLES

The mission of the Council is to provide specific advice to the Minister of State for Mental Health that will facilitate effective mental health reform and service delivery for the benefit of all British Columbians.

This advice, as well as the general operation of the Council, will be consistent with the following principles, values and beliefs:

- Analyze and discuss mental health issues with a provincial focus;
- Provide advice that is concrete and specific in nature;
- Deliberate in a context of hopefulness;
- Support creativity and flexibility in thinking and acting;
- Respect the autonomy and authority of regional governing and advisory bodies and service delivery agencies;
- Respect the diverse nature of B.C. communities;
- Provide advice that reflects collaboration between people who use mental health services, their family members and those workers who serve them;
- Focus on potentials, strengths and gifts of individuals, families and organizations;
- Respond to the needs of the Minister and be proactive in bringing issues and advice to his or her attention;
- Support the empowerment of individuals and families;
- Support mental health system changes that respect the individuality and unique needs of each person living with a mental health issue;
- Conduct the business of the Council with integrity and respect;
- Focus on supporting a mental health system that enhances wellness as well as mitigates the effects of illnesses;
- Recognize that social attitudes and cultural misinterpretations create significant obstacles for people with mental illness and that these must be addressed in the process of reform;

- Endorse the responsible, accountable and effective use of mental health resources;
- Support the development of a user-friendly mental health system that ensures continuity of care from childhood through adulthood and into the senior years;
- Make the work of the Council more accessible through the use of plain language in all communication;
- Create choices and options for people with mental illnesses and their family members;
- Support the creation of a high quality and effective range of services;
- Recognize and address the needs of British Columbians living in rural areas and small towns; and,
- Honour the struggles, victories and contributions people are making to mental health reform.

MEMBERSHIP (2000 - 2001)

Joanne Banks	Burnaby
Walter Beier	Langley
Ahlay Chin	Richmond
Fred Dawe	Powell River
Beverley Derby	Nelson
Dr. Soma Ganesan	Vancouver
Glenda Harcourt	Dawson Creek
Patricia Harding	Vernon
Andrew Kellett	Surrey
Joyce Knapp	Chilliwack
Beverley McNee	Courtenay
Martha Scales	Salmon Arm
Linda Smerychynski	Masset
Norma Soderholm	Campbell River
Patrick Storey (Chair)	Abbotsford
Nancy Hall (ex officio)	Provincial Mental Health Advocate

How the Council Works

Each year at its June planning meeting, the Council sets its strategy and goals for the next year's work. Priorities are determined by the Minister and Council through discussions and work with individuals, groups or organizations involved in mental health reform and service delivery throughout the year. Methods for examining issues or topic areas may include site visits, guest speakers, public forums, workshops, research projects, Web-based discussions, special committees, consultation with other advisory groups or written submissions. The outcomes of our work are contained and articulated in recommendations to the Minister of State for Mental Health, the annual report and/or position papers.

The Mental Health System in B.C.: Trends and Progress

The Council has been formed within a context of change in mental health. Some of these changes are specific to our province while some are general across North America. To introduce the work of the Council, we would first like to review some of the key developmental trends that have, in recent decades, shaped mental health service systems in this province and to outline some of the positive developments since the 1998 Mental Health Plan was produced.

Trends

The first and most important of the modern trends in mental health is perhaps the dramatic shift from an emphasis on hospital care to the recognition of the importance and value of natural support networks, meaningful roles, economic and housing security as well as community based services. In B.C., this is apparent in the dramatic decrease in the population of Riverview Hospital, from a high of 5,000 people in the 1950s to its present population of 800.

Technological changes have also shaped mental health reform over the years. Medical and pharmacological research has produced an improved understanding of the biological basis of several mental illnesses and has resulted in more effective treatments. These include psychosocial rehabilitation, cognitive behavioral therapy and better medications. Further, changes in information and communication technologies have made knowledge and experiences of other people more accessible to everyone and have improved access to specialized services for people living in remote locations.

Importantly, the recognition of the value and importance of involving consumers and family members in the planning and evaluation of mental health services has meant that people who are most affected by mental health services have had an increased say in their care. This has been a great benefit to planners and decision-makers in improving the relevance and the effectiveness of community mental health services.

Finally, the trend in the larger health care system towards regionalized decision-making and governance of health services and the diminished role of the ministry and its Adult Mental Health Policy and Mental Health Plan Implementation Division have produced a number of benefits and challenges to the reform of mental health services. We are doing our best to exploit the benefits and respond constructively to the challenges.

For a more complete description of historical developments in mental health in B.C., see Appendix A.

RECENT PROGRESS TOWARDS MENTAL HEALTH REFORM

Since the Mental Health Plan was released, there has been some progress in improving the services available to people with mental illnesses and their families. A brief list of the most significant of these includes:

- In 1998, an increase of $10 million in annualized funding for mental health services;
- Establishment of the Provincial Mental Health Advocate's Office;
- Increases in supported independent living beds and residential care resources;
- Increases in staffing and training for community services;
- Pilot projects for early intervention initiatives and tele-mental health;
- Annualized increases in funding of almost $2 million to health authorities with an increase of $4 million in 2001/02 for crisis response, acute diversion and critical community support services; and,
- Increased emphasis on the implementation of best practices guidelines and the principles of continuous quality improvement in mental health services.

This is not an inclusive list. These and other steps towards implementing the Mental Health Plan have been most welcome.

Unfortunately, the majority of reform goals are yet to be reached. The shortfalls that are most apparent include:

- Lack of adequate community resources for the treatment and support of people with serious mental illness. This deficiency dramatically reduces an individual's quality of life and increases risk of social isolation, personal suffering, discrimination, unemployment, substance abuse, homelessness, violence (people with mental illnesses are much more likely to be the victims of violence rather than the perpetrators), HIV/AIDS infection and suicide. In addition, existing services are generally not well integrated with respect to the co-ordination of their efforts in meeting the needs of individuals with mental illnesses.

- Inadequate investment in Mental Health Plan service targets (housing, clinical care, rehabilitation and crisis services). Adequate levels of these resources will serve to expedite discharges, prevent unnecessary hospitalizations, alleviate acute care pressures and improve an individual's ability to participate in communities.

- Absence of a coherent and comprehensive province-wide early intervention program. There is strong evidence that early intervention and prompt treatment reduces the degree of short-term and long-term disability experienced by people with a serious mental illness and greatly alleviates the suffering and worry of family members. Early intervention also significantly reduces lifetime health related care costs and costs to the social benefits and criminal justice systems.

In the following pages, you will see how the Council has attempted to provide assistance to the Minister in addressing these shortfalls through research, discussion, reflection and the provision of quality advice on the implementation of mental health reform.

THE YEAR'S ACTIVITIES

In its first year of operation, the Council met a total of four times. Meetings were held in Nanaimo, Surrey, Dawson Creek and Kelowna. In each community, the Council met with local representatives of consumer, family and service groups and whenever possible, visited agencies and talked to people using those services personally. The Council divided its time between:

1. Developing its mission statement;
2. Determining the principles and values that would guide its operation;
3. Developing positive working relationships between members and with support staff; and,
4. Gaining an understanding of the current status of mental health reform as well as the primary issues facing people with mental illness, their family members and caregivers in the province.

Though the Council has made steady progress in all areas, this work will be ongoing as we enter our second year.

The Council heard presentations from the Mental Health Advocate, the B.C. Mental Health Monitoring Coalition, the Thompson Okanagan Kootenay Regional Consumer Council and the planning group for the tertiary psychiatric facility in Kamloops. At each meeting, the Council had an opportunity to spend time with consumers in two clubhouses (Nanaimo and Dawson Creek), at the International Association of Psychosocial Rehabilitation Services' conference at Riverview Hospital, the Consumer Advisory Council in Kelowna, and at a community forum on discrimination in Richmond.

In addition to its meetings, the Council was invited to provide comment on *The Guidelines for Elderly Mental Health Care Planning for Health Authorities*, the Children and Youth Mental Health Plan, the Foundations for Reform document and the Hospital-based Emergency Mental Health Care Manual. Committees were struck and these groups studied the materials and provided feedback to the relevant project leaders. Council members also assisted in the selection of the recipient of the Minister's Cup for outstanding service on the part of a nurse and participated in the presentation of this award.

While in Dawson Creek, the Council was given a comprehensive introduction to mental health services in the Peace-Liard region by program representatives, consumers and family members. The Council also had a chance to participate in a videoconference with Dr. Karlinsky in Montreal and Dr. Goldner from Vancouver using the technology of the tele-mental health project.

Several Council members also participated in a reference group concerning the development of the "Charter of Rights" for consumers of mental health services, under the auspices of the Provincial Mental Health Advocate's Office and the Ministry of Health Services.

RECOMMENDATIONS TO THE MINISTER

Based on the consultations and experiences described above, the Council made a number of recommendations to the Minister for improving the mental health system and moving the reform process forward.

A number of topic areas were of particular concern:

Fund the Mental Health Plan

At each of the opportunities the Council has had to communicate with the Minister, it has recommended that the money promised by previous Ministers be applied to the implementation of the Mental Health Plan. This means more than just setting aside the $125 million called for in the Plan. What is needed, the Council asserted, is a multi-year plan with specific targets, measures of accountability and adequate protections to ensure those mental health dollars fund mental health programs. During the latter part of the year, we were very excited to hear that the federal government was bringing more money to the table. Our advice was that an appropriate portion of these new funds should be used to advance the mental health reform agenda. The Council was pleased that funds announced in December 2000 were devoted to improving some elements of mental health care. However, we also noted that the amount devoted to mental health was not proportional in any way to the well documented needs of people with mental illnesses in this province.

The Council acknowledges that funding alone will not solve the problems in the mental health system. All mental health service providers must be strategic and creative in their approach and apply these funds in a judicious, co-ordinated and informed way with set targets and clear measures of accountability.

Quality of Life Issues and Material Needs

Best practices research shows that reform of mental health systems should prioritize the creation of a full range of housing options for people with mental illnesses. A safe, secure and affordable place to live is frequently identified as the most valued of social supports by people with mental illnesses. The Council recommended that steps should be taken to ensure that safe, secure, affordable and appropriately supported housing options be available to people with mental illnesses.

The Council suggested further that priority should be placed on the other key elements of life in the community, which include stable, adequate income, meaningful roles (employment and education opportunities) and support in the area of developing personal relationships with other members of the community. The Mental Health Plan identifies seven ministries with program and policies that impact the lives of people with mental illness. In 2000, we were informed that there are 15 inter-ministerial committees working on the task of harmonizing policies, benefits and services to achieve these ends. The Council encouraged the Minister to work with other members of Cabinet to empower these committees and to accelerate their work. Progress in this area would go a long way towards alleviating the many pressing needs of people with mental illnesses trying to live as full citizens in the community and meet their daily material needs. We, of course, included the needs of children and youth with mental health challenges in this discussion.

The Council recommended a review of the Disability I, Disability II and Canada Pension Plan benefit programs to better meet the needs of people with mental illness and make the appropriate changes to that process so that these modifications can be put into place. This will have the effect of reducing the discriminatory aspects of the current programs and improve access to the basic community supports necessary to the maintenance of security and well being among people with mental illnesses.

Progressive policies and services that accommodate the special and basic human needs of people with mental illness in these areas will eliminate a great many stressors, which often result in the need for more direct (and expensive) health care services and prevent people from reaching their full potential as contributing members of their communities.

Reducing Discrimination against People with Mental Illness

Discrimination is identified by many as the primary obstacle faced by people with mental illness. To address this, public as well as staff educational initiatives are necessary. Many professionals and service providers in other segments of the social service system have the same misconceptions about people with mental

illnesses as the general public. People with mental illnesses are often identified labeled with their illness rather than considered as people with specific disabilities as well as a range of talents and potentials.

Our recommendation to the Minister concerned the need to encourage – through training and support – caregivers, service providers, police, courts, family members, physicians and the many others who serve the needs of people with mental illness to re-examine their roles, the ways in which they work together and how they view people with mental illnesses. Agencies need to improve their communication with one another and thus, better coordinate their services. Roles should be designed to meet the needs of people with mental illness rather than policies, the requirements of professional bodies, "bottom lines" and other administrative criteria which do not always reflect the needs of people living with mental illnesses or their family members.

The Council feels very strongly that there is a need for an investment in public education about mental illness to help reduce the discrimination that is such a big part in the experiences people with mental illness endure when trying to find work or housing, in securing a stable income and even in trying to access proper health care. Until the misconceptions that surround mental illness are reduced, these barriers to full participation in community life will continue to limit the potentials of people with mental illness. In the Council's view, this educational effort must target people from various cultures as well and must be tailored to the specific beliefs and values of each of those cultures.

The Council was asked to examine the issue of discrimination in detail and to make recommendations on how to address the obstacles created by ignorance and fear about mental illness in order to reduce discrimination. To facilitate this work, the Council sponsored, jointly with the Vancouver/Richmond Health Board, a very successful community forum to explore this topic on June 1, 2001. A detailed report with a comprehensive set of recommendations is currently being prepared.

Leadership

In many discussions with people involved in the mental health system, the Council became aware of the need to maintain the ministry infrastructure necessary to support reform initiatives. In the Council's view, leadership from the ministry must be both visible and potent. This is necessary to prevent the historical pattern of health care decision-makers moving mental health services to the "back burner" where they tend to stagnate, or taking funds dedicated to mental health services and using them to meet other pressures in the larger system. These processes occur to the great detriment of people with mental

illnesses. The Council recommended that the Minister appoint an Assistant Deputy Minister to oversee and implement the Mental Health Plan. A person at this level of authority, we felt, would have the power and status to work effectively with senior officials in other ministries and with health authorities. Further, the Council recommended that the province needs a strong Executive Director and Director, both appropriately supported by research and policy staff to insure that core services are maintained and that new services, consistent with the basic tenets of reform, are created. Fortunately, the new government has appointed a Minister of State for Mental Health with the specific mandate of moving the reform of the system ahead. We also have seen the appointment of a new Executive Director and she, too, is responding capably to the challenges of her position. The people we met in each region told us that health authorities must be held accountable for any failure to meet reform and/or core service requirements with respect to mental health.

Also with respect to the issue of leadership, the ministry must develop the capacity to encourage and support the exercise of leadership among the consumer and family communities. This is particularly important in regions where the advisory functions of these groups are marginalized.

As a part of this provincially focused structure, we also recommended that the Provincial Mental Health Advocate's Office be appropriately funded and given the appropriate degree of independence to be able to establish working relationships with relevant government and regional authorities and to be able to support individual advocates around the province.

The Council further recommended that the Implementation Committee for Mental Health Reform must be revitalized and composed of high-level decision-makers as well as consumers and family members with strong voices. This, it was felt, would assist greatly as mental health reform takes place.

Early Intervention

In the Council's view, a primary funding priority should be given to a comprehensive, province-wide early intervention program. This program should include education for gatekeepers, accessible and user friendly pathways into the mental health care system, education and support for families and proactive community support services to help people maintain their valued roles within their families, school/workplace and neighborhoods.

The Role of Consumer and Family Advisory Groups

The Council noted with concern that not all regions have functioning and appropriately supported family and consumer advisory groups. Best practices research again calls for meaningful opportunities for consumer and family participation in decision making and policy development. By listening to the experiences of the Thompson Okanagan Kootenay Regional Consumer Council, the Council learned that appropriate levels of staff support, Regional Manager's commitment, training and support for consumer participants, as well as a clear set of goals and guidelines, were the keys to success. The Council encouraged the Minister to ensure that health authorities take the necessary steps to implement the best practices guidelines for consumer and family participation in advisory roles. Further, we advised that the Adult Mental Health Policy and Mental Health Plan Implementation Division of the Ministry of Health Services be given the responsibility of monitoring the activities of advisory groups throughout the province to make sure that consumers and families have a meaningful voice in the development of polices and services that affect them.

Outreach and Crisis Response Services

The Council recommended that community outreach services and crisis response services be enhanced in all regions. These services target people with the greatest and most immediate needs. This advice came in the context of news reports that highlighted the tragic deaths of several people with mental illnesses during police interventions. With well-established outreach and crisis response services of this type, the Council felt that tragedies like the last three shootings of people with severe and acute mental illnesses by police could be avoided.

The Development of Regional Tertiary Psychiatric Services

In reflecting upon the presentation the Council heard from the planners of the Thompson Okanagan Kootenay regional tertiary psychiatric facility in Kamloops, the Council was pleased that specialized services for people with mental illnesses would be made available closer to home. We advised the Minister, however, that it would be essential to include in the project the necessary funds to develop community-based services to provide the support that people will need when returning home from hospital. The Council feels that without appropriate housing, personal and family supports and clinical follow-up services in local communities, the new hospital will quickly become as congested as Riverview Hospital has become. When people have been successfully treated in hospital, they need to return to their homes as quickly as possible to resume their lives and relationships.

The Use of Technology

After having had an introduction to the ways in which video-conferencing technology is being used in the northern part of the province, the Council feels that this technology has great potential to improve access to specialized care for people living in rural and remote areas. The Council recommended that specific steps be taken to share the benefits and explore the potential of the tele-mental health model with other regional health boards. This will, in the Council's view, support the effectiveness and further development of the existing mental health system.

FUTURE DIRECTIONS

In the future, the Council will address a variety of issues of specific concern to the Minister and the mental health community.

The goals set by the Council at a recent planning meeting include the following:

- Provide advice promoting public education and workforce training that reduces discrimination and increases opportunities for recovery among people with mental illness;
- Provide advice promoting the development and exercise of leadership for and within the process of mental health system development and reform;
- Provide advice that will strengthen various elements of the framework of support (housing, income, work, education and relationships) to increase the quality of life for people with mental illnesses; and,
- Strengthen the Council's working relationships and ties to regional advisory bodies to enhance the quality of consultation throughout the province and foster accountability for the Ministry of Health Services and health authorities.

To support our work in relation to these goals, the Council will continue its work towards completing a report on discrimination, establishing a Web site with links to regional advisory groups, supporting the development of the "Charter of Rights," and providing input to the Mental Health Workforce Competency Taskforce.

At each of its meetings, the Council will continue to solicit the participation of people involved in mental health issues. Wherever we go, we will listen to the feelings and wisdom of the people we encounter who live with mental illness every day, their family members and those dedicated individuals who serve their needs. We will then reflect upon, discuss and identify the themes and issues of concern and share these directly with the Minister.

EMERGING ISSUES

We once again acknowledge the context of change in which mental health reform occurs. The demographic characteristics of our population are changing dramatically. Our population is aging and increasing attention must be directed towards the mental health needs of seniors. Increasing numbers of people from different countries are coming to live in our communities. Mental health services need to adapt to and accommodate the diverse needs of people of various cultures, as well as take advantage of the wisdom and experience that people from other cultures bring to the notion and practice of mental wellness.

Issues with respect to the recruitment and retention of qualified and capable staff in the mental health system are salient. Creative ways must be found to attract people to work in rural and more remote parts of the province.

We also note a ground swell of support for a paradigm that places its emphasis on recovery, maximizing individual potential and full participation in community life as opposed to the medical model with its emphasis on symptom reduction. Personal choice and having a voice in decisions made about care are also emphasized in this paradigm, necessitating greater involvement of people who use services and their family members. New strategies for incorporating these voices in meaningful ways must be found and refined.

Technological changes are also making an impact. The Internet makes vast amounts of information available to anyone with access to a personal computer and video conferencing technology makes it possible for us to communicate face-to-face over vast distances.

All of these trends and developments alter our understanding of the issues important to mental health and create challenges for a group such as ourselves, interested in providing sound and thoughtful advice on some of the most complex issues facing our health system and our communities.

The Minister's Advisory Council on Mental Health is up to the challenge.

A Few Last Reflections on the Year Past

Without exception, Council members, all of whom were new to the experience of serving in this capacity, have taken their responsibilities very seriously, have worked hard to build a positive and respectful work climate within the Council and have all engaged in the task of generating useful, informed advice with enthusiasm and creativity.

In addition to our work on the Council, each person has had to deal with the usual day-to-day challenges faced by people who either live with mental illnesses, support family members with mental illnesses and/or who work in the field. We have faced our challenges together, supported one another through individual crises and shared in the triumphs of personal successes or in the successes of loved ones.

This first year has been a very successful one. It has been an honour to serve with this Council and I look forward to the next year with great optimism and hope.

APPENDIX A

MAJOR DEVELOPMENTS IN B.C. MENTAL HEALTH REFORM

1987 **Mental Health Consultation Report: A Draft Plan to Replace Riverview Hospital**

68 recommendations including:

- ► Provide a $20 million increase to community mental health services
- ► Replace 1220 Riverview Hospital beds enhance community mental health with:
  - 550 regional tertiary psychiatric beds
  - 170 acute psychiatric beds in general hospitals
  - 500 supported community residential care beds
- ► provide additional transition funding
- ► maintain and maximize effectiveness of existing resources
- ► develop an ongoing consultative approach to implementation

1988 **B.C. Mental Health Society established to operate Riverview Hospital**

1991 **Royal Commission on Health Care and Costs released**

20 recommendations for mental health including:

- ► Publish 5-year provincial plan
- ► Develop provincial, regional and local multi-year plans
- ► Require psychiatrists to provide hospital services
- ► Publish annual numbers of voluntary and involuntary admissions

1992 **Implementation of B.C. Mental Health Reform**

- ► $53 million increase in community mental health funding provided ($25 million of new services)
- ► Provincial Mental Health Advisory Council (PMHAC) established
- ► Year 1 – formal transfer of Riverview Hospital patients and resources to communities

1993 **New Directions in Health - Closer to Home Initiative**

B.C. Mental Health Reform Continues

- ► Provincial Consumer and Family Councils established
- ► Strategic Mental Health Plan published
- ► Year 2 – formal transfer of Riverview Hospital patients and resources to communities

1994 **Auditor General's Value-for-Money Audits in Mental Health**

(Transfer of Patients from Riverview Hospital to the Community and Psychiatrist Services)

Ombudsman's Report of Riverview Hospital, *Listening*
94 recommendations including:
- ► Mental Health Advocate for B.C.
- ► Implementation of recommendation began

B.C. Mental Health Reform Continues
- ► Year 3 – formal transfer of Riverview Hospital patients and resources to communities
- ► Regional Mental Health Advisory Councils formed

1995 **B.C. Mental Health Reform Continues**
- ► Elements of Reform articulated:
  - Restoration of independence
  - Responsive, clinical care
  - Basic supports for community living for people with the most serious mental illness
- ► Year 4 – formal transfer of Riverview Hospital patients and resources to communities

1996 **Suspension of patient and resource transfers from Riverview Hospital**
- ► PMHAC Working Group released report on resources required to resume Riverview Hospital patient and resource transfers
- ► B.C.'s Mental Health Initiative – 1995 Report (released in 1996)

Apr 1997 **Health Service Delivery Transferred from Ministry of Health to Health Authorities**

Jan 1998 **Mental Health Plan Released**

1998 **British Columbia Mental Health Society (B.C.MHS) Board of Directors replaced with a public administrator**

May 1998 **Changes to the** *Mental Health Act* **introduced in the legislature**

Aug 1998 **First Mental Health Advocate appointed**

Oct 1998 **Funding announced for the Mental Health Plan ($10.038 million)**
- ► includes $2.1 million for Forensic Liaison Workers (signaling a new relationship with Forensic Services)

Mar 1999 **Advisory Council Restructuring**
- ► Ministry disbanded the Provincial Mental Health Advisory Council and the Provincial Consumer and Family Advisory Councils and announced intent to establish a 15 member Minister's Advisory Council (1/3 consumers; 1/3 family members; 1/3 service providers) — similar in structure and mandate to other Ministerial Advisory Councils

Apr 1999 **Forensic Psychiatric Services Commission empowered as an operating entity by Order in Council**

Apr 1999 **Mental Health Plan Implementation Steering Committee and Best Practices Working Groups established**

May 1999 **Mental Health Evaluation and Community Consultation Unit (MHECCU) formally announced**

- replacing Cooperative University Psychiatric Program Liaison (CUPPL) with an expanded mandate for evaluation

One-time $5.6 million in bridge funding projects announced
(early intervention, Access project, tele-mental health, information management, regional reform initiatives)

Nov 1999 **Provincial best practices conference held**

- best practice working group reports discussed/validated

Nov 1999 **New** *Mental Health Act* **came into effect**

Jan 2000 **$5.7 million in funding announced for variety of projects**

- projects include: Housing Outreach Program, Supportive Employment, Neuropsychiatry, Acute Hospital Diversion/After Hours Crisis Services, Peer Support, Concurrent Disorders, expansion of Access Project

Feb 2000 **Appointments made to Minister's Advisory Council on Mental Health**

Feb 2000 **Board appointments made to B.C.MHS governing Riverview Hospital**

June 2000 **Establishment of Care Services Division bringing together Acute, Mental Health and Continuing Care policy in Ministry of Health**

July 2000 *Foundations for Reform: The Policy Framework and Key Planning Tools* **distributed to health authorities by Ministry of Health**

Sept 2000 **CEO for Forensic Psychiatric Services Commission in place**

Oct 2000 **CEO for Riverview Hospital in place**

Oct 2000 **Director for Adult Mental Health Policy Division in place**

Dec 2000 **Funding for acute diversion projects announced through Health Action Plan**

June 2001 **Dr Gulzar Cheema appointed Minister of State for Mental Health**

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