

## Access to Mental Health Care for People with Intellectual and Developmental Disabilities

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### Technical Version

Adopted January 2025

All people should have access to timely, effective, accessible, and culturally safe mental health care. All levels of government must enact their identified responsibilities to take the right measures to provide mental health care that improves people's quality of life. The measures should provide coordination of care between mental health and disability-related supports.

Access to mental health care should exist on a continuum, addressing needs across the lifespan. For this position statement, we are highlighting specific needs and calls to action for people with intellectual and developmental disabilities of all ages.

Our position statement strives to challenge racist, ableist, ageist, and colonial views about people with intellectual and developmental disabilities. Our goal is to promote the inclusion of all members of the community regardless of income, ethnicity, background, culture, religion, marital status, sex, sexual orientation, gender identity or expression, age, and disability.

We recognize and support the inherent Indigenous rights and titles throughout the province of British Columbia, the implementation of the UN Declaration on the Rights of Indigenous Peoples, the 94 Calls to Action by the Truth and Reconciliation Commission, and the B.C. Declaration on the Rights of Indigenous Peoples Act.

[Click here to skip the background and rights-based section and move directly to the calls to action.](#)

## Background

### People with Disabilities and Mental Health

The term *dual diagnosis* describes people with intellectual and developmental disabilities and co-occurring mental health challenges and/or substance use. A [study](#) by Marquis et al,<sup>1</sup> compared youth aged 15 to 24 in B.C. with intellectual and developmental disabilities and those without. Findings showed that youth with intellectual disabilities were more likely to receive a mental health diagnosis. The Children's Health Policy Centre confirms an exceptionally high occurrence of mental health challenges among children and youth with developmental disabilities; increasing their vulnerability and daily struggles.<sup>2</sup> The Health Care Access Research and Developmental Disabilities program estimates that 45% of adults with developmental disabilities have a mental illness or addiction.<sup>3</sup>

Mental health is the fastest-growing disability in Canada.<sup>4</sup> The need for specialized mental health services for people with intellectual and developmental disabilities in the province is rising. Projections indicate a doubling of this population every twenty years;<sup>5</sup> supporting their various needs across their lifespan is critical.

To ensure access to appropriate mental health supports for people with disabilities, intersections of identity should be considered. For example, newcomers and people from different cultural backgrounds may face additional mental health challenges due to disparities in social determinants of health, discrimination, and isolation.<sup>6</sup> Indigenous people in Canada also experience worse mental health outcomes, have 30-35% higher disability rates, and are nine times more likely to die by suicide

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<sup>1</sup> Marquis, S. et al. (2024), "Population Level Mental Health Diagnoses for Youth with Intellectual/Developmental Disabilities Compared to Youth Without Intellectual/Developmental Disabilities," *Res Child Adolesc Psychopathol*, Jul;522(7):1147-1156, online: <https://pubmed.ncbi.nlm.nih.gov/38329685/>

<sup>2</sup> Representative for Children and Youth (2023), *Still Left Out: Children and Youth with Disabilities in B.C.*, online: <https://rcybc.ca/reports-and-publications/reports/still-left-out/>

<sup>3</sup> Mental Illness and Addiction Project, online: <https://www.camh.ca/en/professionals/professionals--projects/hcardd/projects/mental-illness-and-addiction-project>

<sup>4</sup> New Data on Disability in Canada (2022), online: <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2023063-eng.htm>

<sup>5</sup> Marquis, S. et al, supra note 1

<sup>6</sup> Canadian Mental Health Association British Columbia, *Cross-cultural Mental Health and Substance Use*, online: <https://www.heretohelp.bc.ca/sites/default/files/cross-cultural-mental-health-and-substance-use.pdf>

compared to the non-Indigenous population.<sup>7,8</sup> Additionally, people from the 2SLGBTQIA+<sup>9</sup> community encounter disproportionate rates of disability and mental health.<sup>10</sup>

People with intellectual and developmental disabilities deserve the same opportunities as anyone else to pursue good quality lives, including access to mental health care, where they have the autonomy to make their own choices.<sup>11</sup>

## Culturally Safe Care

Cultural safety means ensuring mental health services respect and honour differences in culture, language, identity, and worldview. Using an equity lens in the design and delivery of mental health care services helps promote cultural safety for Indigenous peoples, immigrants, racialized groups, people with disabilities, and the 2SLGBTQIA+ community.<sup>12</sup>

Different Indigenous cultures have their own views on disability. [Culture is Healing](#)<sup>13</sup> (2023) is an Indigenous child and youth mental wellness framework, emphasizing the importance of relational and holistic healing approaches that focus on individual wellness alongside people's relationships with family, community, culture, and land. It calls for an increased accessibility and availability of specialized services for children and youth with support needs, provincial policies, funding to support the role of Elders and Knowledge Keepers across sectors of service delivery, and wrap-around prevention supports and services that are culture and land-based.

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<sup>7</sup> BC Aboriginal Network on Disability Society, Who We Are, online: <https://www.bcands.bc.ca/>

<sup>8</sup> UBC Learning Circle (2023), The Past, Present and Co-Developed Future of Services for Children and Youth with Support Needs. Video, online: <https://www.youtube.com/watch?v=hcWKOwmo2ZE>

<sup>9</sup> 2SLGBTQIA+ stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Androgynous, Asexual, plus.

<sup>10</sup> Inclusion Canada (2024), The Data: Mental Health and Disability in 2024, online: <https://inclusioncanada.ca/wp-content/uploads/2024/01/Mental-Health-Statistics.pdf>

<sup>11</sup> Ministry of Social Development and Poverty Reduction (2019), Re-Imagining Community Inclusion, online: <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/ministries-organizations/social-development-poverty-reduction/re-imagining-community-inclusion-march-2019.pdf>

<sup>12</sup> Ministry of Health (2023), 2023/24 – 2025/26 Service Plan, online: <https://www.bcbudget.gov.bc.ca/2023/sp/pdf/ministry/hlth.pdf>

<sup>13</sup> The Indigenous Child and Family Services Directors (ICFSD) Society (2023), Culture is Healing: An Indigenous Child & Youth Mental Wellness Framework, online: [https://ourchildrenourway.ca/wp-content/uploads/2024/01/62369-ICFSD\\_ICYMW-FrameWork-V1Ro-F1-WEB.pdf](https://ourchildrenourway.ca/wp-content/uploads/2024/01/62369-ICFSD_ICYMW-FrameWork-V1Ro-F1-WEB.pdf)

## Mental Health for Children and Youth

### Rights Specific to Children and Youth

All children and youth, especially Indigenous children and those with disabilities, have the right to healthcare, including **mental health** care.<sup>14</sup> In 1991, Canada signed the [United Nations Convention on the Rights of the Child](#),<sup>15</sup> to ensure the rights of children are respected. [Article 24](#) says that States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health... and shall strive to ensure that no child is deprived of their right to access health care services.

### What Has Been Done: Background for Children and Youth

Since 2018, the government has been working on updating the Children and Youth with Support Needs (CYSN) service delivery framework. In 2021, pushbacks prompted a pause and reset to the plan. In 2022, Premier David Eby emphasized that “every child in B.C. should have the supports they need to thrive.”<sup>16</sup> However, this is still not happening in multiple areas of children's lives.<sup>17</sup> According to the Representative for Children and Youth, the much-needed changes to the CYSN framework are still a year or more away from being available. This delay is detrimental to the lives of many children and youth with disabilities who are awaiting support, including mental health support.<sup>18</sup> In the upcoming redesign of the system, there should be adequate resourcing, and support must be based on individual needs not only diagnosis.<sup>19</sup>

The Representative for Children and Youth has issued several reports<sup>20</sup> recommending that the government remove barriers and provide a robust and

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<sup>14</sup> Representative for Children and Youth (2023), *Toward Inclusion: The need to Improve Access to Mental Health Services for Children and Youth with Neurodevelopmental Conditions*, online: <https://rcybc.ca/reports-and-publications/reports/toward-inclusion-the-need-to-improve-access-to-mental-health-services-for-children-and-youth-with-developmental-conditions/>

<sup>15</sup> The United Nations Convention on the Rights of the Child, online: <https://www.canada.ca/en/public-health/services/national-child-day/united-nations-convention-rights-of-the-child.html>

<sup>16</sup> Representative for Children and Youth, *Still Left Out*, supra note 2 at 3.

<sup>17</sup> Ibid.

<sup>18</sup> Representative for Children and Youth, *Toward Inclusion*, supra note 14.

<sup>19</sup> Ibid.

<sup>20</sup> Representative for Children and Youth (2018), *Alone and Afraid: Lessons Learned from the Ordeal of a Child With Special Needs and his Family*, online: <https://rcybc.ca/reports-and-publications/reports/reviews-and-investigations/alone-and-afraid-lessons-learned-from-the-ordeal-of-a-child-with-special-needs-and-his-family/>

appropriate mental health service system for children and youth with support needs. The government should develop, implement, and fund a plan that provides comprehensive mental health screening, assessment, and treatment services to ensure needs are met.

## Service Gaps

Publicly funded mental health services for children and youth with dual diagnosis are delivered through Child and Youth Mental Health (CYMH) services, specialized Developmental Disabilities Mental Health (DDMH) services, tertiary hospital services, and complex care programs. However, CYMH services are not equipped with mental health supports to fit their needs in any region in B.C. Similarly, DDMH services and complex care programs are limited in who they serve. For example, the specialized Complex Care Program at [Maples Adolescent Treatment Centre](#)<sup>21</sup> is limited to children and youth aged 7-18. The Provincial Assessment Center (PAC) is limited to ten beds for people over the age of 14, and only 2 out of 42 admissions between 2019 and 2022 were youth.<sup>22</sup> This highlights a service gap for young people.

The 2019 [Child and Youth Mental Health Service Framework](#) states that in cases of dual diagnoses, CYMH provides assessment and treatment in collaboration with regional and provincial health authorities and ministries.<sup>23</sup> However, according to the 2020 CYMH Service Inventory,<sup>24</sup> none of the CYMH teams in the province are focused on providing specialized mental health services to children and youth with dual diagnosis, nor are there specialists for this demographic. Instead, referrals are made to regional DDMH services where there is limited support available. For example, people face significant wait times, small program sizes, limited services, restrictive criteria for referrals, and difficulties in access due to geography and

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Representative for Children and Youth (2020), Left Out: Children and Youth with Special Needs in the Pandemic, online: <https://rcybc.ca/reports-and-publications/cysn-report/>

Representative for Children and Youth (2023), Still Left Out: Children and Youth with Disabilities in B.C., online: <https://rcybc.ca/reports-and-publications/reports/still-left-out/>

Representative for Children and Youth (2023), Toward Inclusion: The need to Improve Access to Mental Health Services for Children and Youth with Neurodevelopmental Conditions, online: <https://rcybc.ca/reports-and-publications/reports/toward-inclusion-the-need-to-improve-access-to-mental-health-services-for-children-and-youth-with-neurodevelopmental-conditions/>

<sup>21</sup> Maples Adolescent Treatment Centre, online: <https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/maples-adolescent-treatment-centre>

<sup>22</sup> Provincial Health Services Authority, Provincial Assessment Center, online: <http://www.bcmhsus.ca/our-services/provincial-integrated-mental-health-addiction-programs/provincial-assessment-centre>

<sup>23</sup> Ministry of Children and Family Development (2019), The Child & Youth Mental Health Service Framework, online: [https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/cymh\\_service\\_framework\\_2019-20.pdf](https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/cymh_service_framework_2019-20.pdf)

<sup>24</sup> Representative for Children and Youth, Toward Inclusion, supra note 14 at 22.

eligibility qualifications.<sup>25</sup> DDMH services also exclude children under the age of 12 in the Fraser Health and Vancouver Coastal Health regions and those under the age of 14 in the Interior Health, Northern Health, and Island Health regions.

Mainstream mental health services, including the [Foundry](#), are intended for all youth aged 12-24, but families have told us these services often do not support youth with intellectual and developmental disabilities. **All mainstream mental health services need to be enhanced** through staffing, resources, and training, so they can become access points for supporting people with dual diagnosis in every community. Currently, the workforce necessary to meet existing demand is lacking.

Our [Position Statement on Access to Health Care and Coordination of Care for Children and Youth with Intellectual and Developmental Disabilities](#), highlights new research showing that transitions into adulthood can worsen mental health symptoms and increase psychiatric hospitalizations, medication use, and Emergency Department visits.<sup>26</sup> Findings from a study in B.C. indicate that the high rates of mental health challenges among youth with intellectual and developmental disabilities not only persist but increase during the transition to adulthood.<sup>27</sup> However, gathering accurate data on health and mental health impacts during these periods remains challenging due to fragmented systems.<sup>28</sup>

The lack of cross-ministry collaboration in the province means many families encounter difficulties meeting their children's needs, especially during transitions. Often, when a person with a disability turns 19, they and their families struggle to connect with Community Living BC services, leaving the young adult without critical supports for an extended period of time.

**Without a strategy for training, recruiting, and attracting generalists and specialists in mental health professions, many people will continue to have unmet needs.** Families report that the absence of outside support has resulted in their children being medicated and sent home, as no better action can be taken. They are left on waitlists with inadequate mental health support. As a result, people

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<sup>25</sup> Representative of Children and Youth, Toward Inclusion, supra note 14.

<sup>26</sup> Marquis, S. et al. (2023), "Population level administrative data evidence of visits to the emergency department by youth with intellectual/developmental disabilities in BC, Canada," American Journal of Emergency Medicine, 69; 52-57, online: [10.1016/j.ajem.2023.04.006](https://doi.org/10.1016/j.ajem.2023.04.006)

<sup>27</sup> Ibid.

<sup>28</sup> Representative for Children and Youth, Toward Inclusion, supra note 14 at 10.

often reach a crisis point before support is provided. This highlights the need for **improved access to prevention and assessment services**, which would help reduce unnecessary hardship and prevent crises in people's lives.

## Government Plans for Children and Youth

The Representative for Children and Youth's 2023 report [Toward Inclusion](#), highlights a "compelling need" to incorporate improvements to mental health services for children and youth into the province's next Accessibility Plan.<sup>29</sup> B.C.'s current [Accessibility Plan](#),<sup>30</sup> in effect from 2022-2025, is silent on mental health services for children and youth with disabilities who require care delivered in ways that meet their needs.

The [Ministry of Health 2023/24 – 2025/26 Service Plan](#)<sup>31</sup> includes strategies to enhance child and youth services by working to implement [A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia](#). The roadmap focuses on supporting children and youth through prevention, early intervention, integrated care, and mental health in schools.<sup>32</sup>

Schools play a key role in supporting the mental health of children and youth. The [Mental Health in Schools Strategy](#) recognizes that schools serve as vital entry points to a pathway of care; making it imperative they build relationships with cross-government and community resources to ensure all students receive the support they need.<sup>33</sup> However, without knowledge and awareness about how to best support students with dual diagnosis, they miss out on all these efforts. We spoke with families whose children were removed from school due to mental health challenges. They wondered how their children could be expected to recover without these critical supports in place.

Informed by the reports of the Representative for Children and Youth, the engagement to redesign the Children and Youth with Support Needs Framework,

<sup>29</sup> Representative for Children and Youth, *Toward Inclusion*, supra note 14 at 8.

<sup>30</sup> British Columbia (2023), *Accessible BC: B.C.'s Accessibility Plan 2022/23 to 2024/25*, online:

<https://www2.gov.bc.ca/assets/gov/government/about-the-bc-government/accessible-bc/accessiblebc-plan.pdf>

<sup>31</sup> Ministry of Health (2023), *2023/24 – 2025/26 Service Plan*, online: [Ministry of Health 2023/24 - 2025/26 Service Plan \(gov.bc.ca\)](#)

<sup>32</sup> British Columbia (2019), *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*, online: [https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap\\_2019web-5.pdf](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf)

<sup>33</sup> Ministry of Education, *Mental Health in School Strategy*, online:

<https://www2.gov.bc.ca/assets/gov/erase/documents/mental-health-wellness/mhis-strategy.pdf>

the Pathway to Hope plan, and the Mental Health in Schools Strategy, **enhanced and comprehensive mental health services and supports must be established across a continuum of care, including access to specialized mental health professionals, to support people with dual diagnosis.**

## Mental Health for Adults

### Rights of People with Disabilities

In 2010, Canada ratified [The United Nations Convention on the Rights of Persons with Disabilities](#) which asserts the right of every person with a disability to equality and non-discrimination regarding education, **health**, employment, respect for home and family, and access to services.<sup>34</sup> [Article 25](#) says that persons with disabilities have the right to the enjoyment of the highest attainable standard of **health** without discrimination on the basis of disability.

In its 2017 [concluding observations on the initial report of Canada](#),<sup>35</sup> the Committee of the Rights of Persons with Disabilities notes concern about “the intersecting nature of discrimination against women and girls with disabilities, Indigenous persons with disabilities and migrant persons with disabilities, who face heightened risks of gender-based violence, poverty, marginalization and barriers in access to **mental health care** services.”

In reviewing the human rights records of Canada, the 2023 [Report of the Working Group on the Universal Periodic Review](#) recommends that Canada reduce disparities in access to mental health care, particularly for Indigenous peoples and minorities, to ensure the right to health for all. This includes implementing human rights-based mental health policies that align with the Convention on the Rights of Persons with

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<sup>34</sup> The United Nations Convention on the Rights of Persons with Disabilities, online:

<https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

<sup>35</sup> Committee on the Rights of Persons with Disabilities (2017). Concluding Observations on the initial report of Canada, online:

[https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhshFUyVCoX405cFaiGbrlL87R7e4hNB%2FgZKnTAU8BqK7FKCyFSQGUzS4dKwSRSD%2FCPUoSzW7oP9Ol5lweGr%2Br%2B7wpRzObCN1rv%2B%2BwMd4FofZ\\_at](https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhshFUyVCoX405cFaiGbrlL87R7e4hNB%2FgZKnTAU8BqK7FKCyFSQGUzS4dKwSRSD%2FCPUoSzW7oP9Ol5lweGr%2Br%2B7wpRzObCN1rv%2B%2BwMd4FofZ_at) section 13 (b)



Disabilities, investing in community-based services to end stigma and discrimination, and respecting people's choices and rights regarding their mental health care.<sup>36</sup>

On June 21, 2021 the [United Nations Declaration of the Rights of Indigenous People Act](#) received royal assent in Canada, mandating the government to align Canadian laws with the [United Nations Declaration on the Rights of Indigenous People](#).<sup>37</sup> [Article 24](#) says that Indigenous people have an equal right to the enjoyment of the highest attainable standard of physical and **mental health** and that States must take the necessary steps to achieve the full realization of this right.<sup>38</sup>

The Canadian Mental Health Association emphasizes that the promotion of human rights reinforces mental health. While certain laws have significantly advanced human rights, challenges in accessing comprehensive and quality mental health services and supports for people with mental health challenges continue.<sup>39</sup>

## What has been Done: Background for Adults

For over two decades, there have been concerns that the service system focuses more on funding and placing people in programs than on meeting individualized needs.<sup>40</sup> In the 1990s, specialized multidisciplinary Developmental Disability Mental Health (DDMH) teams were created for people with dual diagnosis and managed by regional health authorities. In 2005, the landscape of community living shifted further with the establishment of Community Living BC.<sup>41</sup> However, limited access, the division of services, and a lack of continuity in care for people with dual diagnosis are ongoing issues across systems.

The [Provincial Assessment Centre](#) (PAC) is a tertiary care mental health service under the Provincial Health Service Authority. It offers inpatient and outpatient services and multidisciplinary care to people aged 14 or older with a developmental disability and a co-occurring mental illness or behaviour challenges, who have been referred by Community Living BC, the Ministry of Children and Family Development,

<sup>36</sup> Report of the Working Group on the Universal Periodic Review-Canada (2023), online:

<https://documents.un.org/doc/undoc/gen/g23/251/73/pdf/g2325173.pdf> at 37.183 and 37.279

<sup>37</sup> The United Nations Declaration on the Rights of Indigenous Peoples: The struggle to recognize Indigenous rights in Canadian law, online: <https://humanrights.ca/story/the-united-nations-declaration-on-the-rights-of-indigenous-peoples>

<sup>38</sup> The United Nations Declaration on the Rights of Indigenous Peoples, online:

[https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)

<sup>39</sup> Canadian Mental Health Association (2021), Brief | Mental Health as a Human Right: CMHAs Vision, online:

<https://cmha.ca/brochure/brief-mental-health-as-a-human-right-cmhas-vision/>

<sup>40</sup> Ministry of Social Development and Poverty Reduction, supra note 11.

<sup>41</sup> Community Living British Columbia, History, online: <https://www.communitylivingbc.ca/about-us/who-is-clbc/history/>

or admitted under the Mental Health Act.<sup>42</sup> However, capacity is limited, with only ten beds available for all of B.C.

In 2018, the [Re-imagining Community Inclusion](#)<sup>43</sup> initiative was launched to create a pathway for the future of community inclusion. Throughout 2021, the [Re-imagining Community Inclusion Work Plan](#)<sup>44</sup> was developed. It identified health— including mental health, as a priority to improve the lives of people with intellectual and developmental disabilities in B.C.

The [Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities](#)<sup>45</sup> were developed between Community Living BC, regional and provincial health authorities, the Ministry of Health, and the Ministry of Social Development and Poverty Reduction. The guidelines emphasize the responsibility of health authorities to ensure services for people with developmental disabilities are funded in an equitable manner and to provide services in alignment with the [2007 Planning Guidelines for Mental Health and Addiction Services for Children, Youth, and Adults with Developmental Disabilities](#).<sup>46</sup> Despite these guidelines being established as the current frameworks in use, there is a notable lack of knowledge and implementation in practice surrounding them.

The guidelines on mental health state it is the responsibility of Developmental Disabilities Mental Health Services (DDMH) to provide:

- Thorough assessment and diagnosis.
- Referral procedures that are established locally and in collaboration with Community Living BC.

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<sup>42</sup> Provincial Health Services Authority, supra note 22.

<sup>43</sup> Re-imagining Community Inclusion Initiative, online: <https://www2.gov.bc.ca/gov/content/governments/about-the-bc-government/initiatives/rci>

<sup>44</sup> Ministry of Social Development and Poverty Reduction (2022), Re-Imagining Community Inclusion: Work plan 2022/2023-2024/2025, online: <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/ministries-organizations/social-development-poverty-reduction/rci-workplan.pdf>

<sup>45</sup> Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities Between Community Living British Columbia, Regional and Provincial Health Authorities Ministry of Health, and Ministry of Social Development and Poverty Reduction (2022), online: <https://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/accountability/pdf/guidelinescollaborativeservicedeliveryadults.pdf>

<sup>46</sup> BC Ministry of Health (2007), Planning Guidelines for Mental Health & Addiction Services for Children, Youth, & Adults with Developmental Disability, online: [https://www.sfu.ca/content/dam/sfu/carmha/resources/planning-guidelines-for-mental-health-and/MHA\\_Developmental\\_Disability\\_Planning\\_Guidelines.pdf](https://www.sfu.ca/content/dam/sfu/carmha/resources/planning-guidelines-for-mental-health-and/MHA_Developmental_Disability_Planning_Guidelines.pdf), p. 5.

- Treatment recommendations implemented by primary service providers and family physicians.
- Collaboration with individuals, families, and support teams to develop and follow up on support plans.
- Collaboration with mainstream mental health services and appropriate healthcare services.<sup>47</sup>

Significant emphasis has been placed on crafting collaborative guidelines, yet their application often proves inadequate and fails to improve people's circumstances. While a review of the 2007 Mental Health Guidelines is necessary, it would be insufficient without training, implementation, and accountability measures. These elements are crucial for future direction.

## Government Plans for Adults

In 2022, the government announced the [Complex Care Housing program](#) which includes people with intellectual and developmental disabilities and co-occurring mental health and substance use challenges.<sup>48</sup> Designing inclusive services is a welcome approach. However, people's needs continue to outweigh the availability of services.

The [2023 mandate letter](#)<sup>49</sup> from the province tasks Community Living BC with advancing the Re-imagining Community Inclusion Work Plan, with a focus on improved access to mental health services and related social determinants of health, including housing and employment.

The Ministry of Health has an obligation and responsibility to ensure health services in B.C. meet the needs of everyone by providing timely services that are accessible, equitable, and high-quality. The [Ministry of Health 2023/24 – 2025/26 Service Plan](#)<sup>50</sup> includes goals and strategies to support people with dual diagnosis, including

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<sup>47</sup> Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities, supra note 46 at 12.

<sup>48</sup> Budget 2022 Provides New Funding to Address Homelessness in BC, online: <https://news.gov.bc.ca/releases/2022AG0012-000369>

<sup>49</sup> British Columbia (2023), CLBC Mandate Letter, online: [https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/crown-corporations/mandate-letters/community\\_living\\_bc\\_2023\\_2024.pdf](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/crown-corporations/mandate-letters/community_living_bc_2023_2024.pdf)

<sup>50</sup> Ministry of Health, supra note 31.

ensuring services within the health system are integrated, accessible, and well-coordinated. It also includes an expansion of mental health care by health professionals and advancements in data-driven planning and reporting. The Ministry of Health says it will strengthen access to quality mental health services and implement the [Pathway to Hope plan, which](#) is aimed at prevention, early identification, improving quality and access to services, and enhancing substance use and child and youth mental health and services.<sup>51</sup> These objectives, slated for achievement between 2023 and 2026, remain unrealized for people (children, youth, or adults) with dual diagnosis.

Despite what has been done and the current plans in place, people with dual diagnosis continue to face significant barriers and challenges to receiving accessible, equitable, timely, comprehensive, and culturally safe mental health care.

## Existing Challenges and Barriers to Mental Health Care

People with intellectual developmental disabilities have specialized needs and are particularly vulnerable to the impacts of mental health. The lack of adequate mental health support in the province, including long wait times, can lead to unnecessary crises. With no concrete information on how waitlists are created, the need for data collection to inform increased service capacity is reinforced. Additionally, disaggregated data regarding First Nations, Métis, Inuit, and urban Indigenous people with intellectual and developmental disabilities is unavailable.<sup>52</sup> **B.C. specific data is needed to inform service planning to effectively meet the mental health needs of all children, youth, and adults with dual diagnosis in the province.**

Physicians and primary care providers are key entry points for accessing specialized services yet often lack the training and expertise to serve people with intellectual and developmental disabilities. An online [Mental Health Toolkit](#)<sup>53</sup> has been created in Ontario to assist clinicians with crisis management, addressing behavioural changes, trauma-informed care approaches, and supporting various facets of mental health

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<sup>51</sup> Ibid.

<sup>52</sup> Representative for Children and Youth, Still Left Out, supra note 2.

<sup>53</sup> Surrey Place, Mental Health, online: <https://ddprimarycare.surreyplace.ca/tools-2/mental-health/>

care for adults with dual diagnosis. We would like to see similar resources developed in B.C.

Many people in the province do not have a physician, and waitlists can be exceptionally long. This means people are missing out on accessing the support they require. There is an even greater scarcity of professionals in rural regions. This issue is compounded by barriers limiting people's ability to access services in urban regions, including a lack of accessible transportation, child care, and travel costs.<sup>54</sup>

The current scope of mental health care across the lifespan for people with intellectual and developmental disabilities in B.C. does not meet the demand. Not all supports for people with dual diagnosis need to be addressed by specialized services; mainstream services should be capable of supporting a wide range of needs.

An intellectual and developmental disability should not be a barrier to accessing mental health support. People with lived experience note the importance of:

- Having various options for support,
- Having supports in place to help bridge accessibility gaps and navigate resources,
- Access to available support during crisis,
- Access to holistic day-to-day mental health supports, including preventative and resilience-building supports, beyond just medication, and
- Being included in the design of mental health supports and services.

Long-standing gaps and barriers persist regarding the integration and coordination of mental health services and supports, including timely access, accessibility to services, inadequate care in remote regions, cost-effectiveness, a scarcity of professionals with expertise in dual diagnosis, and a lack of culturally safe services—all of which should be addressed as part of Canada's human rights obligations.

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<sup>54</sup> Ministry of Social Development and Poverty Reduction, *supra* note 11.

## Calls to Action

It is the job of the provincial government to improve access to mental health care for people with intellectual and developmental disabilities, and it must act immediately to do so. We call on the government to:

- Develop and fully fund an inclusive, equitable, robust, and culturally safe **mental health strategy** to fully respond to the needs of people with intellectual and developmental disabilities across the lifespan. Provide a range of options along a continuum of care that are coordinated across systems and with appropriate accountability measures in place.

Key elements of a successful mental health strategy would include:

- Ensure mainstream mental health services become inclusive of people with intellectual and developmental disabilities and invest in community-based supports across the province. Make sure they have the capacity to provide timely, appropriate, and ongoing mental health support with trained professionals and resources.
- Create a **strategy for training, attracting, and recruiting generalists and specialists** with professional expertise in the mental health of people with intellectual and developmental disabilities. This must increase the capacity of specialized services, adequately support transitional periods, and meet regional needs.
- Review and **update the Mental Health Guidelines** (2007) and create a framework to implement and establish accountability measures, including regulation.
- Increase funding for **early access to wellness supports and assessment** aligned with the Re-imagining Community Inclusion Roadmap.
- **Coordinate and emphasize** the roles and responsibilities of government, ministries, health authorities, school districts, Community Living BC, and social service organizations to respond to people's mental health needs and ensure a continuum of care.

- **Create an independent oversight structure** to protect the rights of people with intellectual and developmental disabilities who need health and mental health support.
- Support **data collection** among relevant ministries and public bodies, as well as provincial **research** on intellectual and developmental disabilities and co-occurring mental health challenges.
- Establish mechanisms to **include people with disabilities** in designing and redesigning mental health care services, including using an intersectional lens to account for the multiple factors that impact a person's life.

People with intellectual and developmental disabilities must have all the support needed to realize their right to mental health. The UN Convention on the Rights of Persons with Disabilities recognizes that people have the right to enjoy the highest attainable standard of health without discrimination on the basis of disability. We need decisive actions to eliminate existing barriers and establish an inclusive and comprehensive mental health service system.