

# YOU'RE INVITED

To help re-imagine how we can support the mental wellness needs of everyone in our community

## We need YOUR help!

Help us explore creative and innovative ways to meet the growing mental wellness needs of our community.

## We need YOUR voice and ideas.

Let's work TOGETHER and spark change!

### WHY?

To address the rapidly growing need for more mental health supports in SS/WR.

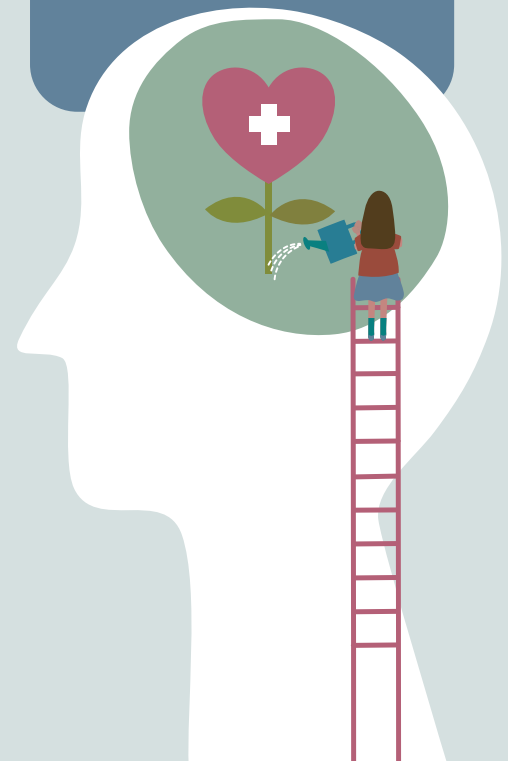
### HOW?

We're engaging the citizens of SS/WR in identifying opportunities for transformation.

### RESULT?

Growing the mental wellness supports and services for all residents.

*Read on to learn about the current state of mental health in our community, along with other details that will help you participate in the community brainstorming session.*





## THE DETAILS — WHEN, WHERE, WHO, WHY:

**When:** February 11, 12:30-4:30PM

**Where:** : Rotary Field House – 2197 148 St, Surrey, BC

**Who:** Community-minded creative thinkers, changemakers, people who live and/or work in South Surrey White Rock.



## WHO WE ARE:

We are the Mental Health Access & Capacity Working Group – South Surrey White Rock, with representatives from: Alex House, Brella, Peace Arch Hospital Foundation, Sources, Together-SSWR, and WRSS Division of Family Practice, alongside psychologists and community advocates. Our role to date has been to ignite the process, not to determine the approach.



## OUR VIEWS FOR SUPPORTING CHANGE:

- If we want different outcomes, we need to approach things in a different way.
- A community-led approach puts people living in our community at the center of the work.
- To achieve lasting change, we need to adopt a systemic approach, where all community members are in the room, working together to find a solution.



## WE AIM TO ANSWER THIS KEY QUESTION:

***What are the opportunities to transform the mental wellness of South Surrey White Rock residents?***



## WHAT WILL HAPPEN DURING THE SESSION:

**12:30PM** – Reception and check-in

**12:45PM** – Welcome and opening remarks

**1:15PM** – Introduction to the session process

**1:30PM** – Sharing your opportunities & ideas

**2:15PM** – Shop the wall (including break); Identifying ideas of interest

**2:40PM** – Small group, semi-structured dialogue sessions

Dialogue Session 1 – Digging Deeper

**3:10PM** – Dialogue Session 2 – Digging Deeper

**3:40PM** – Dialogue Session 3 – Digging Deeper

**4:10PM** – Selecting and voting on the best ideas

**4:20PM** – Summary of vote and next steps: collaboration, investigation, and implementation

**4:30PM** – End session



## WHAT THIS SESSION IS:

- An opportunity to contribute to positive change in our community.
- A place to share ideas/solutions/non-traditional approaches to improving South Surrey White Rock's approaches to mental wellness.
- A chance to inspire, and be inspired.



## WHAT THIS SESSION IS NOT:

- An opportunity to share challenges related to existing systems or personal experiences.
- A place to sit back and wait for others to share ideas.
- A time to say 'but' or 'that won't work'.

## HOW TO PREPARE:

- Review the information in the package.
- Consider the key question.
- Think through ideas you might want to share.
- Challenge yourself to think outside the box.



### My idea is:

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With the support of our facilitators, participants will be asked to share their idea with the group.

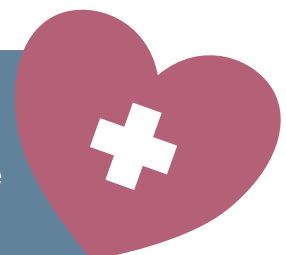
*Note: We understand that sharing publicly may be difficult; if you are interested in sharing an idea, but not comfortable with the process, please share your idea in writing and give it to our volunteer at the registration desk. We will have someone read and post your idea in the session.*



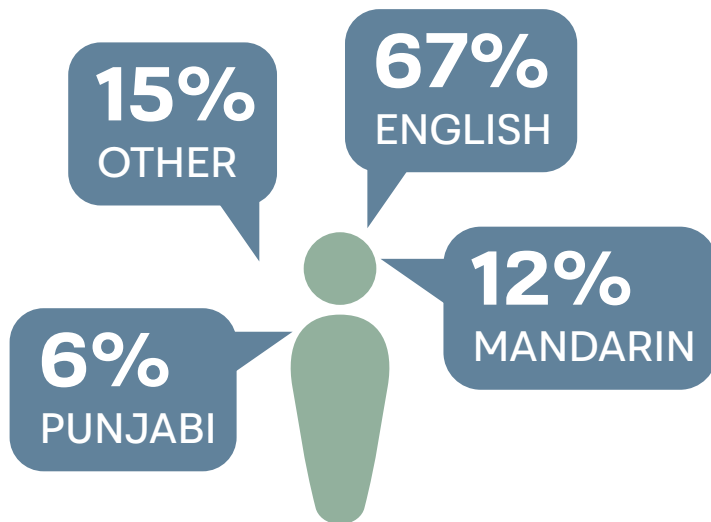
## WHAT'S NEXT:

From these sessions, up to 10 ideas will move forward for further discussion, and potential development. The Working Group will engage people with lived experience, area experts, and other community members to form a group to research and develop the idea and test it in our community.

**Thank you in advance for your participation!** We believe this work is important for our community, and your contributions will be invaluable in helping us to move the needle for mental health in White Rock and South Surrey. Healthy communities don't just happen...they are built by caring people who want to make a difference.



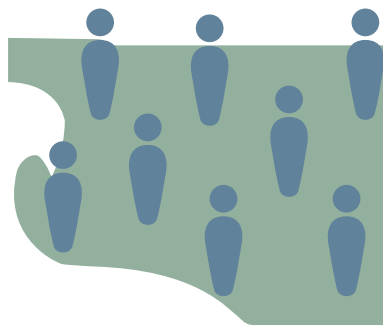
# OUR COMMUNITY IS DIVERSE



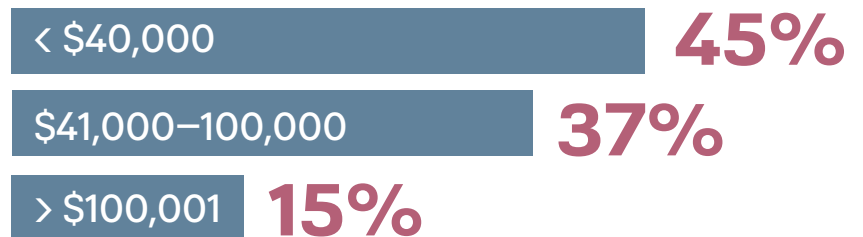
MOTHER TONGUE



20,000  
FAMILIES WITH CHILDREN



120,000  
TOTAL POPULATION



PRE-TAX INDIVIDUAL INCOME



POPULATION BY AGE

\* Information based on the recent 2021 census information of the South Surrey White Rock District.

# MENTAL UNWELLNESS

**25-30%**

Conservative estimates, which include both diagnosable conditions and a variety of significant stressors and related conditions, would likely place the number of affected residents at 25-30%.

**~35,000**

South Surrey White Rock estimate of those struggling with mental wellness is approximately 35,000, or 27% of the population. (2021 Census 120,000 pop).

**15-24 years**

Youth aged 15 to 24 are more likely to experience mental unwellness and/or substance use disorders than any other age group.

**50%**

The percentage of the population that will have experienced a mental health disorder by the time they are 40 years old.

**85%**

The percentage of those residents struggling that have NO one-to-one counselling support locally. Access to services may be even less than 15% (or non-existent) in many areas of specialized need.



# LOCAL SURVEY RESULTS

In the fall of 2022, 460 local SS/WR residents responded to a mental wellness survey. The goal of the survey was to better understand what supports residents use, what barriers they perceive, and how satisfied they are with those supports.

The top five responses for where residents **turned to for supporting overall mental wellness**:



**Women are overall more likely than men to use supports** for wellness and more disproportionately turn to friends, self-help, and private therapy.

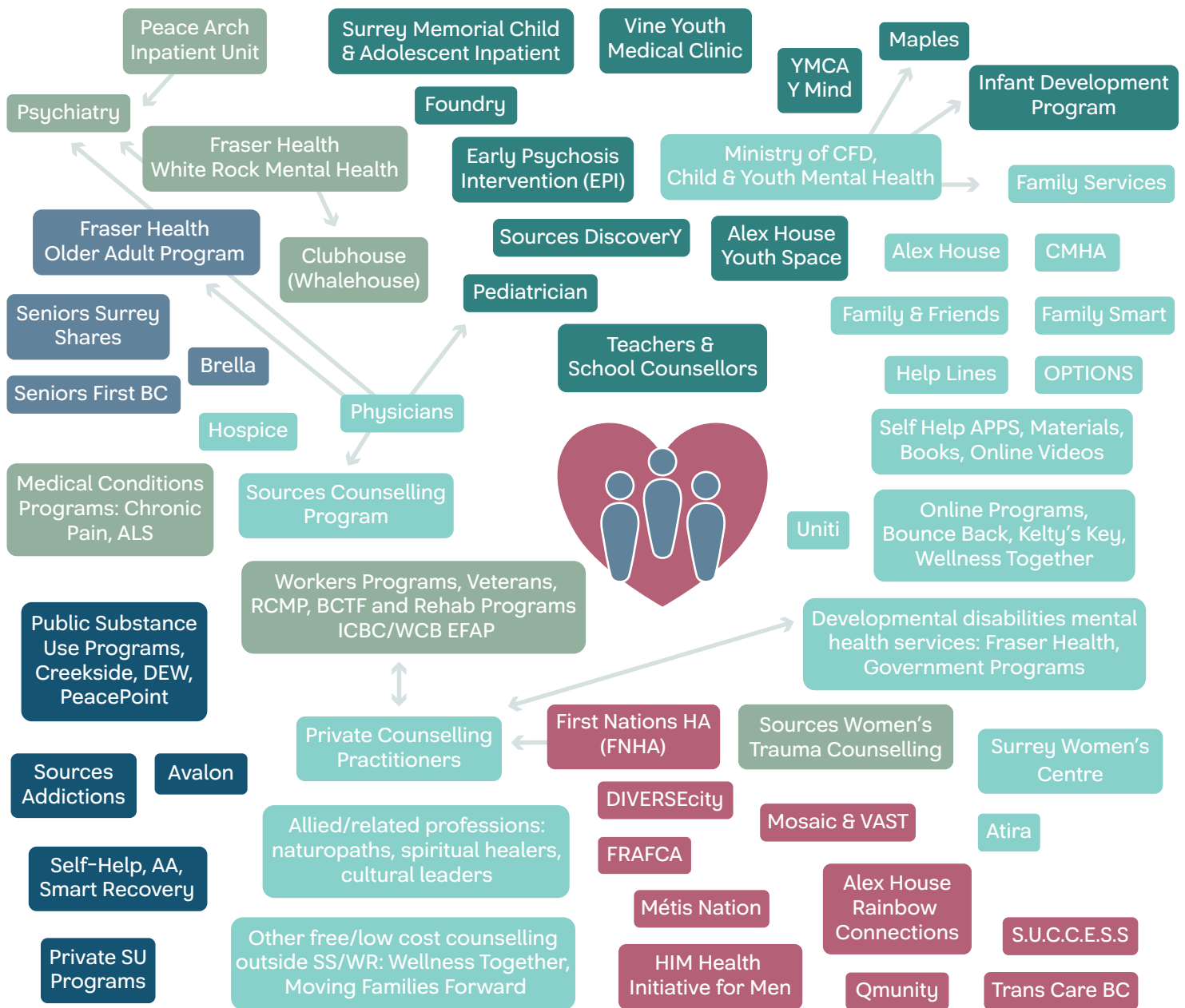
Stress is present in large amounts of our community. Of those experiencing stress in the last 12 months, **40% of men and nearly 50% of women did not get support**, despite feeling they needed it.

The top reasons for not getting support were:



# OUR LOCAL MENTAL HEALTH SYSTEM

Most people, including mental health providers, are not fully aware of the variety of services available at any one time. In addition, the services provided in the system shift constantly with changes in things such as staffing, grant funding, and waitlists. It's a lot of information for anyone to keep up with, let alone for a resident struggling with mental unwellness. With the constant program changes, it's also challenging to identify gaps or overlaps in current services. The diagram below is a representation of the current SS/WR mental health system, where residents can access most services directly. Closed parts of the system, where access to service is through a referral from another provider, are reflected with the arrows.



## LEGEND

Child & Youth

Multi Age

Adults

Seniors

Diversity

Substance Use

# FACTORS IMPACTING ACCESS

## FINANCIAL BURDEN

### **Private Practitioners:**

Two thirds of those with extended work benefits have some private therapy coverage. Those extended work benefits are typically limited to brief services vs. ongoing therapy. Cost of private therapy ranges from \$140-\$250 per hour, which could cost households who are without benefits, or who have run out of coverage, \$500-1000 per month (2-4 sessions). Unemployed, underemployed, or retired individuals do not have employer benefit coverage.

### **Health Authority/Social Service Organizations:**

There are a few community service providers offering one-to-one-therapy on a sliding scale, or fully covered for some individuals. The Fraser Health Authority provides limited free individual services and group therapy through White Rock Mental Health.

### **Families:**

Families with multiple members needing therapy, if they can afford therapy or have benefit coverage, can often only afford one provider at a time (couples therapy or family therapy or child therapy).

Individuals who struggle with basic needs have increased challenges accessing additional support services, particularly services that do not provide outreach or integrated care.

## KNOWLEDGE OF SERVICES

Many private and community providers generally get enough referrals through word-of-mouth and do not need to advertise, which can centralize services in certain social groups, unevenly distributing services. This can make it additionally challenging for newcomers or for providers outside the community to find supports for local clients.

## LACK OF FLEXIBILITY

The majority of services have client screening and no immediate availability. There's also very limited mental health outreach. Most services are also provided during regular work hours, requiring those who work to take time away or for those with young children to find childcare.



## SHORTAGE OF MENTAL HEALTH PROFESSIONALS

Local residents with high financial means can fill private therapy caseloads. Inherent incentives exist for providers to be more willing to accept the higher income, and potentially less complex, clients. When clients need additional system support (housing, social work, etc.), there is often more communication and collaboration required between providers – time that a provider may not be compensated for. Some providers may also feel unsuited or uncomfortable with inter-agency collaboration, which they may deem as outside their scope of work. Additionally, stressed and overloaded post-pandemic providers may become even more limited in their capacity to support complex mental health issues.

## LACK OF SPECIALISTS

There is limited availability of specialists, such as family and couples therapists, psychiatrists, eating disorder specialists, personality disorder specialists, and developmental disorder teams.

## LANGUAGE AND CULTURAL SAFETY

Despite one third of our population not identifying English as their first language, there are few therapists who speak multiple languages. There is also little clarity on which therapists are trained on cultural safety, which is critical when serving Indigenous and other marginalized groups.

## STIGMA AND CULTURAL BIAS

CAMH research indicates that mental health stigma alone stops 40% of Canadians from reaching out. Furthermore, other socio-cultural or religious influences may support alternate approaches to stress that are not based in talk therapy or medical/health consultations. Marginalized groups may also have enhanced distrust of systems that are predominately managed and operated by majority groups.

## STRUGGLES ON ACCESSING HELP

Often forgotten in the systemic picture is how the struggle to access services can lie in the very nature of the mental health disorder. Even mild mental unwellness can create avoidance, low energy, low motivation, and sometimes difficulty with cognitive functioning, such as problem solving and planning.

# SPARKING CHANGE

## Inspirations from Abroad

**Insufficient support of mental wellness is a global phenomenon that has sparked many regions around the world to explore new possibilities.**

Over a decade ago the Australian and UK governments decided to address these problems nationally in two slightly different ways. The UK rolled out **free stepped access to CBT therapy**. They provide Cognitive Behavioral Therapy training for anyone interested in working in their networks and provide stepped access to additional professionals. Australia decided to provide **greater counselling funding of services through their medicare plan**, as well as, centralized community hubs that provide immediate phone and drop-in counseling support.

In Africa, there is one psychiatrist per 1 million people. In an effort to increase accessibility and capacity of services, **a program in Zimbabwe was set up to train seniors to provide evidence-based therapy on “friendship benches.”**

## Technology

**Apps:** A district in California set up their residents with a wrist watch and app that could automatically prompt wearers to track symptoms and reminded them to engage in behavioral change (breathing/exercise). Kaiser Permanente added an app that gives clients access to emotional support coaches via texting. While apps combined with other supports are showing to be effective, currently only 2% of mental health apps have supporting evidence and, without additional support, 74% of consumers are likely to discontinue use before completion.

**Artificial Intelligence (AI):** AI is being applied in all areas of health including assessment, diagnosis and treatment. For instance, Ontario is piloting AI programs in primary care to facilitate diagnosis. Some smartphone AI apps can analyze a client’s voice and speech patterns for warning signs of emotional distress.

**Virtual Reality (VR):** In select BC programs, practitioners are beginning to use VR for treatment – for instance using VR for exposure treatment to phobias such as flying.

**We look forward to hearing your creative ideas to help spark systemic change in our community!**