

# Snapshot of the BC Community Mental Health & Substance Use Sector

*Results from the 2016 BC Community  
Mental Health & Substance Use  
Sector Survey*



## **PUBLISHING DETAILS**

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## **ACKNOWLEDGEMENTS**

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*The Community Action Initiative wishes to acknowledge and thank the individuals and organizations who have contributed to and supported this project, and the Province of British Columbia for making this work possible.*

**“Collaboration between non-profit social service agencies and related government services is key to successful outcomes.”**

**SURVEY PARTICIPANT,  
INTERIOR REGION**

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# ABOUT THE COMMUNITY ACTION INITIATIVE

The Community Action Initiative (CAI) is a province-wide, non-governmental organization that provides grant funding and training opportunities designed to strengthen the role and capacity of the community sector to improve mental health and address substance use for British Columbians.

Launched in 2009 by the BC Alliance on Mental Health/Illness and Addictions, the CAI is led by representatives from leading mental health and substance use not-for-profits, community and labour organizations, Aboriginal, Métis and First Nations organizations, and the Provincial government. The CAI's work is made possible through the support of the Province of British Columbia.

The community sector has an essential role to play in BC's mental health and substance use response continuum, and that coordinated action across sectors is needed. The CAI funds community initiatives that enable diverse, cross-sectoral partners to work together to achieve shared goals for mental health and wellness.

To date, the CAI has invested over \$11M in community-led projects that address local mental health and substance use priorities.

## The CAI's work is guided by a commitment to:

- Engage individuals and families with lived experience, across the lifespan.
- Support partnerships and collaborations across sectors.
- Promote culturally-responsive organizations, service providers and volunteers.
- Pursue strategies that are informed by the best available evidence and traditional knowledge.
- Sound stewardship of resources.
- Accountability for results.

## CAI STRATEGIC DIRECTIONS (2016-2018)

<b>BUILD SYNERGY</b> Invest in community initiatives that enhance BC's public policy agenda to address mental health and substance use.	<b>ADDRESS GAPS</b> Enable the community sector to address service gaps and provide unique/specialized care within the mental health and substance use service continuum.	<b>PROMOTE QUALITY</b> Foster use of best available evidence among community agencies to improve the quality of mental health and substance use services.
<b>FOSTER PARTNERSHIPS AND COLLECTIVE IMPACT</b> Sponsor community engagement and collaboration that strengthens local communities' response to mental health and substance use, by aligning efforts around a common agenda.	<b>DEMONSTRATE VALUE</b> Provide evidence and regular reporting on the mental health and substance use impacts of the CAI's investments.	<b>ADDRESS DISTINCT ISSUES FOR FIRST NATION, MÉTIS AND URBAN ABORIGINAL PEOPLE</b> Strengthen community efforts to address the distinct mental wellness and substance use issues among First Nations, Métis and urban Aboriginal people.

# INTRODUCTION

Community-based services are recognized as an important component of mental health and substance use care as they provide a range of programs and supports that promote health and wellness, and aid in ongoing recovery from mental health or substance use challenges. In BC, non-government organizations (NGOs) including not-for-profit, charitable and Aboriginal organizations, play an active role in delivering a wide range of community-based mental health and substance use programs and services designed to respond to local needs.

## COMMUNITY MENTAL HEALTH & SUBSTANCE USE SECTOR SURVEY

In 2016, the CAI introduced a survey to generate new knowledge about the nature of community NGOs that provide mental health and substance use services in BC, recognizing that there are currently gaps in knowledge about how the NGO sector fits within the overall continuum of care for mental health and substance use.

Specifically, this report aims to:

- Establish a current picture of the nature and characteristics of community NGOs that provide mental health and substance use services in BC; and
- Provide information that can be used to inform provincial and regional mental health and substance use policy, service planning and sector development activities.

## METHODS

### SURVEY DEVELOPMENT

The 2016 BC Community Mental Health & Substance Use Sector Survey was informed by previous research on the not-for-profit mental health sector conducted in other jurisdictions, and was developed in collaboration with CAI staff and Leadership Council members.

Survey questions addressed key areas of relevance for the BC context, including:

- Organization and service details
- Client characteristics and service volume
- Geographic reach of services
- Referral pathways
- Funding sources
- Paid workforce and volunteers
- Priorities for capacity development

## DATA COLLECTION

The survey was delivered online using FluidSurveys™, and data was collected over a four-week period from February 9, 2016 to March 9, 2016. CAI staff compiled a list of eligible community NGOs using data available online, and invited them to participate in the survey by email.

To avoid duplicate responses, one individual, either the Executive Director or a Senior Manager, was asked to complete the survey on behalf of their organization. At the end of the survey participants were offered the chance to enter a prize draw to win one of six \$250 training scholarships.

## PARTICIPANTS

A total of 328 community NGOs responded to the survey. Only organizations based in British Columbia that identified as providing mental health and/or substance use services were eligible to participate in the survey.

After accounting for duplicate or ineligible responses, a total of 280 community organizations were included in the final sample. Survey participants included a range of NGOs, including provincial organizations that provide province-wide support and programming for mental health and/or substance use challenges.

To view a list of participating community NGOs, please see **Appendix A**.

## ANALYSIS

Survey data was analyzed with SPSS Statistics, to calculate frequencies and descriptive statistics (where applicable). Qualitative data was analyzed using thematic analysis.

## LIMITATIONS OF THE DATA

As with all surveys, there are limitations to the findings from the 2016 BC Community Mental Health & Substance Use Sector Survey.

The survey includes information about a portion of community organizations in BC that provide mental health and substance use services and may not be representative of the sector as a whole. It also relied on self-reported data, which may have implications for the validity of the findings.

## KEY TERMS

**Non-Government Organizations (NGOs):** A term used to describe independent community organizations that are not part of government (e.g., not-for-profit organizations, voluntary groups).

# RESULTS

## PROFILE OF COMMUNITY NGOS

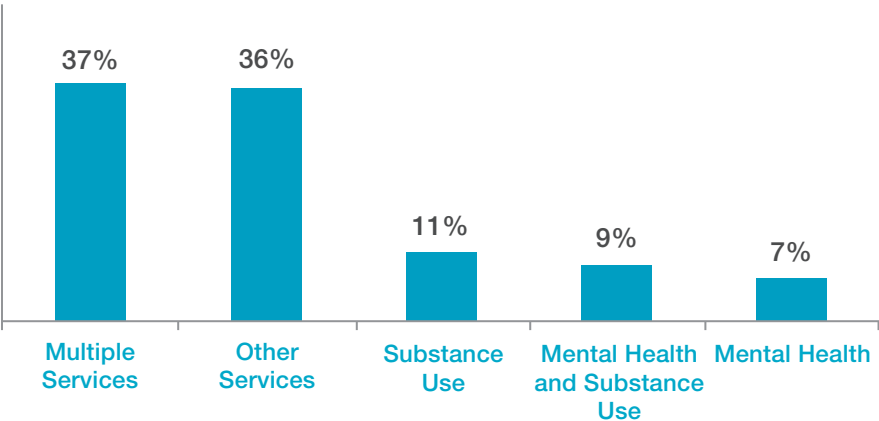
### ORGANIZATION FOCUS

A wide variety of NGOs are providing services and supports to clients with mental health and/or substance use challenges in BC – not just those with a special focus on mental health and substance use services.

Most community NGOs reported a focus on providing multiple services, including mental health and substance use services (37%), or providing other support services for mental health and substance use clients (36%).

Overall, 27% of NGOs reported a specific focus on providing mental health or substance use services. Among those with a specific focus, 11% provided substance use services, 9% provided both mental health and substance use services, and 7% provided mental health services.

FIGURE 1. MAIN FOCUS OF ORGANIZATION



Note: Participants could choose more than one response.

**Key Findings:** A range of community organizations are involved in delivering mental health and substance use services in BC, with varying levels of capacity and expertise in supporting clients with mental health and substance use challenges.

The high representation of multi-service and “other service” organizations shows that many NGOs are delivering mental health and substance use services alongside or within other services and supports (e.g., child and family services, housing and shelter, etc.), as opposed to focusing on a single client group or diagnosis.



## ORGANIZATION TYPE

Community organizations that provide mental health and substance use services are part of BC's diverse not-for-profit and charitable sector, and include organizations led by Aboriginal, First Nations and Métis people.

In total, 90% of NGO respondents operated as not-for-profits or charities. The majority of organizations were not-for-profit societies with registered charity status.

Aboriginal-led agencies, including Aboriginal organizations, First Nations Bands and Métis organizations, accounted for 14% of all participating community organizations.

TABLE 1. ORGANIZATION TYPE	
Not-for-Profit Society and Registered Charity	48%
Not-for-Profit Society (only)	33%
Registered Charity (only)	10%
Aboriginal Organization	7%
First Nation Band	4%
Métis Organization	3%
Other	2%

*Note: Participants could choose more than one response.*

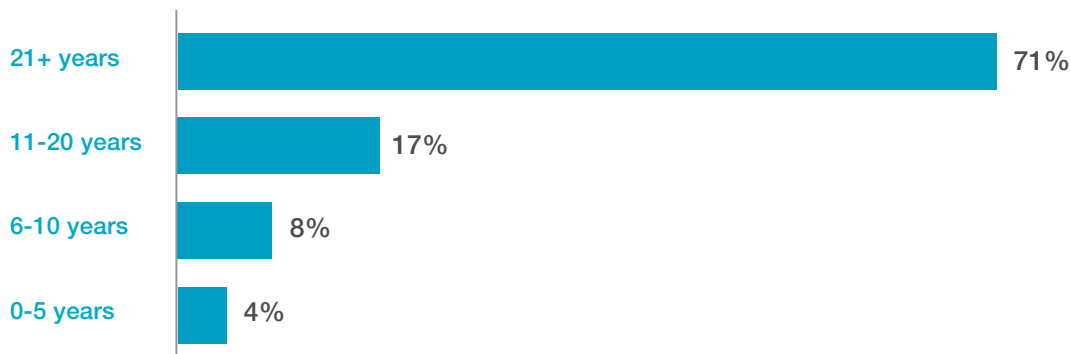
**Key Finding:** Sector development and planning activities must account for the different governance models that determine how NGOs operate and deliver mental health and substance use services in BC.

## YEARS IN OPERATION

Community-based mental health and substance use services in BC are primarily delivered by established organizations with long histories of operation.

The majority of participating organizations were established agencies, with long histories of service in BC. Nearly three-quarters of community NGOs have operated for 21 years or more, followed by agencies in operation for 11-20 years. Only 12% of community NGOs have been in operation for 10 years or less.

**FIGURE 2. NUMBER OF YEARS IN OPERATION**



**Key Finding:** The community mental health and substance use sector is largely comprised of well-established organizations that have demonstrated value to the community and funders over time. These agencies have accumulated valuable knowledge and expertise in responding to local needs and priorities for mental health and substance use.

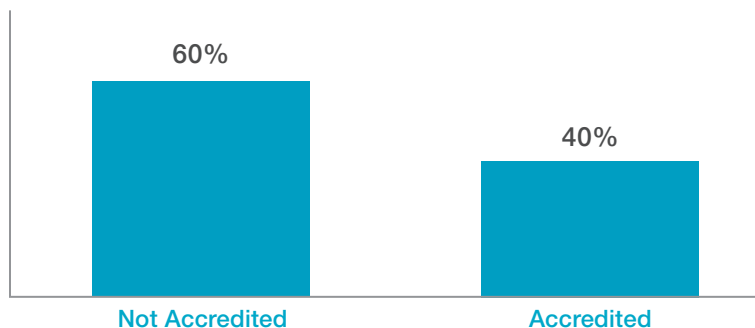
### ACCREDITATION STATUS

Most community NGOs in BC have not pursued accreditation. Those that are currently accredited utilize a range of external accreditation bodies.

Approximately 60% of NGOs surveyed reported that they were not currently accredited.

Of the 40% of organizations that reported current accreditation, 38% reported accreditation with the Commission on Accreditation of Rehabilitation Facilities (CARF) Canada, 25% with a professional association, 14% with Accreditation Canada, 14% with the Council on Accreditation (COA), and 9% with Imagine Canada.

**FIGURE 3. ACCREDITATION STATUS**



**Key Findings:** Accreditation is not a common feature of BC's NGO sector. There is a need to determine how accreditation can support service standards and quality improvements activities among community organizations, as well as the factors that influence whether NGOs choose to pursue accreditation.

## REVENUE

The community mental health and substance use sector in BC is made up of organizations that vary in size and annual resource base.

Over a third of participating community organizations were large in size, and reported annual revenue of \$1M to \$5M. Small organizations accounted for an additional quarter of survey respondents, and reported more modest revenue of \$100K to \$500K, annually.

An equal share of organizations cited revenues on either end of this spectrum, indicating annual revenue exceeding \$5M, or below \$100K.

Less than \$100K	Very Small	11%
\$100K to \$500K	Small	25%
\$500K to \$1M	Medium	18%
\$1M to \$5M	Large	36%
Over \$5M	Very Large	10%

**Key Findings:** The NGO sector is comprised of organizations of all sizes, with varying degrees of access to financial resources. Differences in annual revenue may reflect organizational size and internal capacity, local need, funding sources, and other factors.

## FUNDING SOURCES

The NGO sector relies on multiple sources of funding to support service delivery and operations. Donations and fundraising represent a key source of support.

Donations and fundraising was the most common source of funding identified by participating organizations in the past fiscal year, followed closely by funding from regional Health Authorities. Organizations that reported “other” sources of funding indicated receiving funding from social enterprises, contracts for service, membership fees, and other private or provincial sources (e.g., corporate sponsorship, BC Gaming Grants).

This question did not assess the proportion of funding received from each source, so the relative contributions from each funding source cannot be determined.

TABLE 3. FUNDING SOURCES IN THE PAST FISCAL YEAR	
Donations and Fundraising	48%
Regional Health Authority	47%
Foundation	36%
Ministry of Children & Family Development	33%
BC Housing	31%
Earned Income	30%
Ministry of Justice	17%
Ministry of Social Development & Social Innovation	17%
Other Provincial Funding	17%
Municipal	14%
Other Federal Funding	13%
Health Canada	12%
Other Funding Sources	12%
First Nations Health Authority	8%
Provincial Health Services Authority	8%
Ministry of Health	7%
Corrections	3%

*Note: Participants could choose more than one response.*

**Key Findings:** The community sector draws on multiple sources of funding to support the provision of mental health and substance use services. In addition to receiving funding from formal regional, provincial, and federal sources, NGOs play a role in expanding the provincial resource base for mental health and substance use through donation and fundraising activities that involve individual donors, private/corporate sponsors, and foundations.

## STAFF & VOLUNTEERS

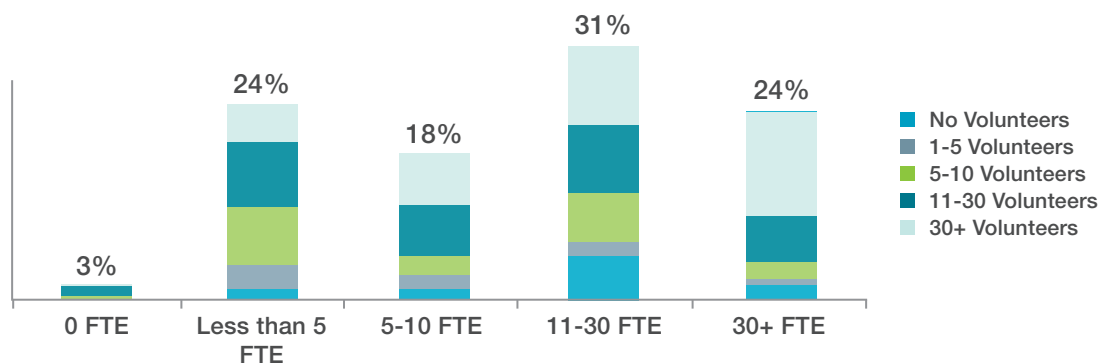
NGOs that provide mental health and substance use services in BC employ a number of full-time, paid staff positions, while also mobilizing a large volunteer force.

In total, community organizations that responded to the survey employed 10,339 paid, full-time equivalent (FTE) staff positions, and engaged 22,746 volunteers across the province.

Over half of NGOs reported a medium-to-large staff complement, ranging in size from 11 to over 30 FTE positions (approximately 55%). A small number of organizations did not report any paid FTE staff, and were supported exclusively by volunteers.

These results also illustrate that participating NGOs of all sizes engage a substantial volunteer base, with over one third reporting more than 30 volunteers.

FIGURE 4. PAID STAFF AND VOLUNTEERS



Note: Participants could choose more than one response.

**Key Findings:** The NGO sector represents an important source of paid, full-time employment for skilled workers in BC, and the majority of organizations employ a large staff complement. Community organizations also attract and engage a significant volunteer base, which represents a major “value add” for the system.

# SERVICES AND SUPPORTS

## SERVICE TIER

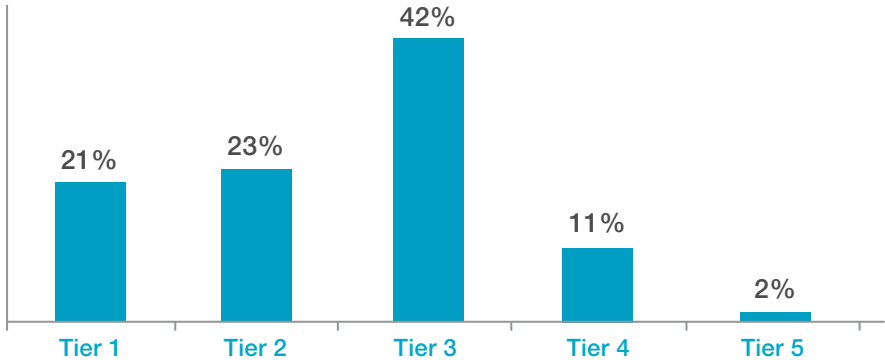
NGOs serve a range of mental health and substance use needs, and focus on community-based activities that promote and support wellness and recovery.

Based on the BC Ministry of Health’s five tier Mental Health and Substance Use Framework (see Figure 6), participating NGOs reported providing services across all five tiers, with a majority reporting provision of Tier 3 services for clients with identified mental health and substance use challenges (42%). Services within this tier focus on providing timely and appropriate community-based care to clients, and reduce the need for more intensive services, including emergency or hospital services.

The results show that NGOs also play an important role in providing Tier 2 services, including targeted prevention and early intervention to vulnerable populations (23%), and Tier 1 services focused on mental health promotion and substance use prevention activities (21%).

Consistent with this framework, few surveyed NGOs reported providing Tier 4 specialized services (11%), or Tier 5 intensive services (2%) for diagnosed mental health or substance use disorders.

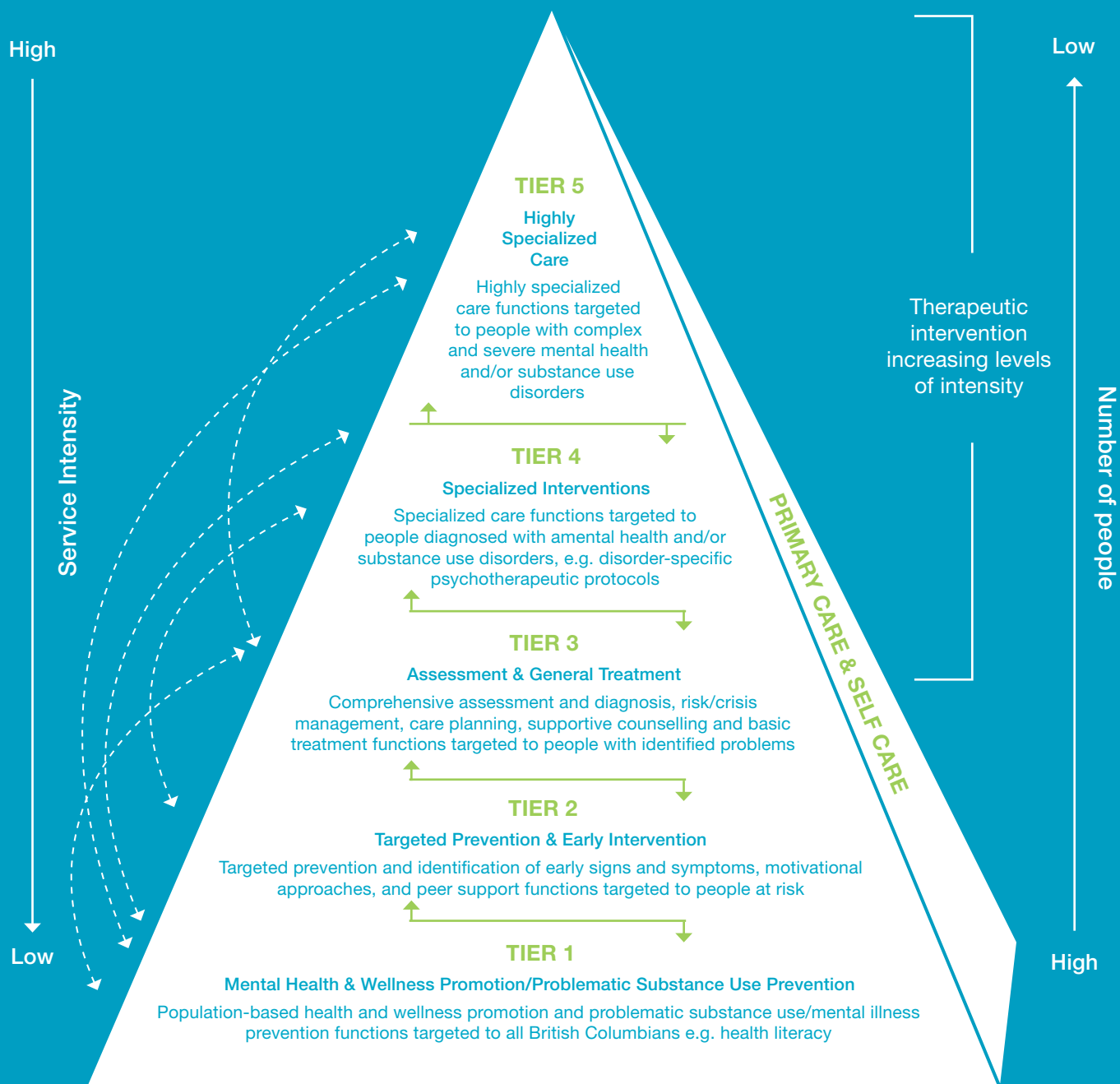
FIGURE 5. SERVICE TIER



Note: Missing data (n=279).

**Key Findings:** These results suggest that the NGO sector in BC is well positioned to deliver low-to-medium intensity mental health and substance use services. In addition to providing community-based prevention and early intervention services, a large share of community NGOs perform assessment and general treatment functions that may be able to complement or supplement services delivered by the formal system.

FIGURE 6. MENTAL HEALTH & SUBSTANCE USE TIERED FRAMEWORK



<sup>2</sup> Reproduced with permission from *Establishing a System of Care for People Experiencing Mental Health and Substance Use Issues*, by BC Ministry of Health, 2016. Unpublished report.

**“We operate as front line workers for our mental health & substance use services in our community. People come to us before they are ready to go to professional services.”**

**SURVEY PARTICIPANT,  
NORTHERN REGION**



## SERVICES

NGOs provide a wide range of general and specialized services designed to address varying levels of need for individuals and families experiencing mental health and substance use challenges.

Based on the results, key activities for the NGO sector include: education and information, referrals for service, events and public awareness, outreach, crisis intervention, counselling, and self-help resources. A limited number of organizations reported offering specialized substance use services, such as day treatment or detox.

TABLE 4. SERVICE TYPE	
Education and information	77%
Referral	74%
Events and/or Public Awareness	62%
Outreach	57%
Crisis Intervention	55%
Counselling	55%
Self-Help	51%
Case Management	50%
Assessment and/or Screening	47%
Peer Support	42%
Family Support	37%
Early Intervention	36%
Housing	35%
Employment	30%
Harm Reduction	26%
Psychosocial Rehab	24%
Psychotherapy	23%
Traditional Healing and/or Cultural Support	22%
Temporary Shelter	20%
Residential Treatment	15%
Withdrawal Management	11%
Day Treatment	9%
Detoxification	7%
Other Services	20%

*Note: Participants could choose more than one response.*

**Key Findings:** NGOs provide an important mix of general and specialized services to address varying levels of need among people experiencing mental health and substance use challenges. The NGO sector serves as an important source of information for individuals and the general public, as well as providing individualized counselling and self-management supports. It would be beneficial to identify the core functions of the NGO sector in BC, and determine how NGO-delivered services can assist in addressing service gaps observed within the formal healthcare system.

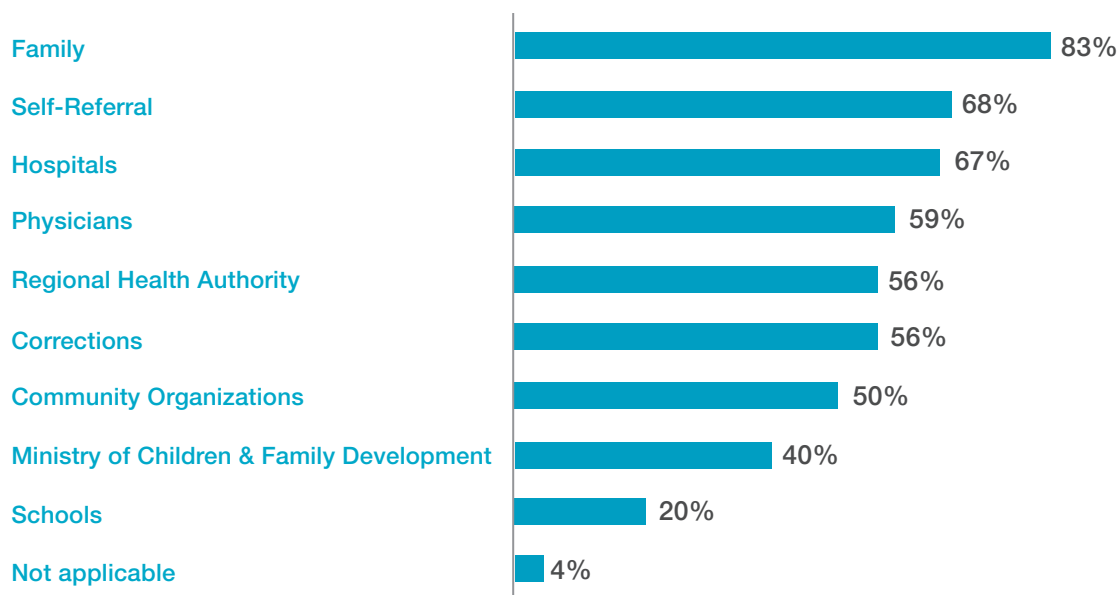
## REFERRAL SOURCES

There are many referral pathways to community-based mental health and substance use services, and family members and clients themselves play an important role in this process.

Participating NGOs identified a variety of formal and informal pathways to their services. In particular, family members appear to represent an important source of referral: over 80% of surveyed community organizations indicated they had received referrals from families within the past year. Other key referral sources for NGOs included self-referrals and hospitals.

Schools were reported as a relatively low source of referrals (20%). A further 4% of organizations indicated that they did not receive referrals from any of the sources listed in the survey.

**FIGURE 7. REFERRAL SOURCES, PAST FISCAL YEAR**



*Note: Participants could choose more than one response.*

**Key Findings:** The high rate of family and self-referrals illustrates the central role of family members in connecting individuals with needed services and also speaks to the relative accessibility of community-based services. Further, the large proportion of referrals from public agencies, such as hospitals, physicians, health authorities, etc., suggest that there is recognition within the formal system of the value that community services offer to individuals experiencing mental health and/or substance use challenges.

Given that multiple pathways to community-based services exist, it is important to determine whether referrals are successful in linking individuals with appropriate services, and whether opportunities exist to further educate formal and informal referral agents about the services offered by the NGO sector.

## CLIENTS

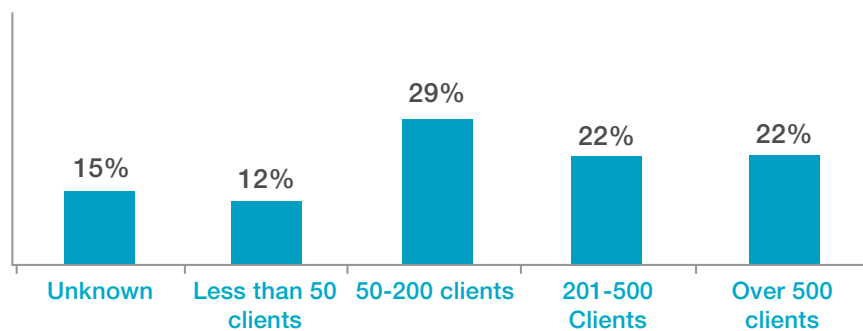
### NUMBER OF CLIENTS

A large number of individuals are utilizing community-based mental health and substance use services in BC each year, and most organizations are serving high client volumes.

Among the 280 participating NGOs, a total of 192,536 mental health and substance use clients were served by these organizations in the past fiscal year. Half of NGOs reported a small-to-medium client load, ranging from 50-500 clients per year. An additional 22% of organizations served over 500 clients per year.

These findings should be interpreted with caution, as 15% of organizations were unable to provide data on annual client service volume.<sup>3</sup>

**FIGURE 8. NUMBER OF CLIENTS, PAST FISCAL YEAR**



Note: Missing data (n=42 participants).

**Key Findings:** The service volume observed among many community organizations illustrates that there is high demand for community-based mental health and substance use services in BC. These findings suggest that the NGO sector is an important point of contact for individuals experiencing mental health and/or substance use challenges, potentially due to greater acceptability, accessibility, and suitability of services, as well as other factors.

<sup>3</sup>Client tracking and data collection practices, as well as difficulties accessing information before the survey deadline were cited as reasons for being unable to provide information on the number of mental health and/or substance use clients served.

**“There are many advantages of community based services but we really notice how much easier it can be to build trust and to be flexible in our response to individual needs. This is especially important in small rural and remote communities.”**

**SURVEY PARTICIPANT,  
ISLAND REGION**

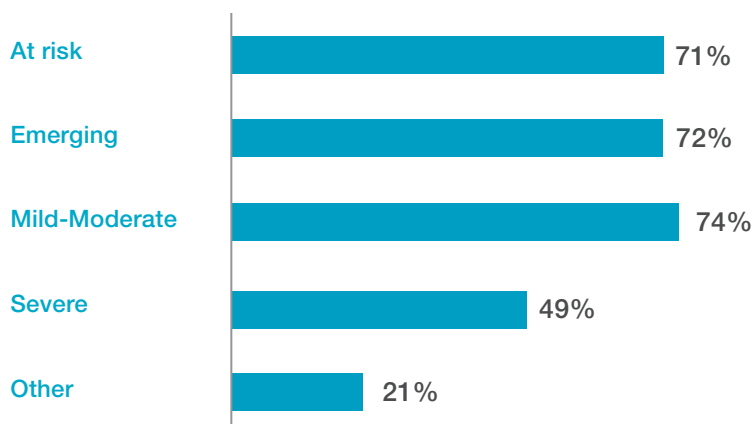
## CLIENT NEEDS

NGOs are serving clients with varied, and sometimes complex, mental health and substance use needs.

Almost three-quarters of participating organizations reported serving clients with mild-to-moderate or emerging mental health and substance use needs, as well as those at risk for developing mental health or substance use challenges. Organizations that indicated “other” provided services to family members or caregivers of individuals with mental health or substance use challenges.

These results also illustrate that while few NGOs reported providing specialized services, almost half are engaging clients with severe mental health and substance use needs.

FIGURE 9. CLIENT NEEDS, MENTAL HEALTH AND/OR SUBSTANCE USE



Note: Participants could choose more than one response.

**Key Findings:** While NGOs reported that nearly half of their client populations experience severe challenges, they predominantly serve, and may be best positioned to respond to service gaps for those with emerging and mild to moderate mental health and substance use conditions, populations historically underserved by the formal service system.

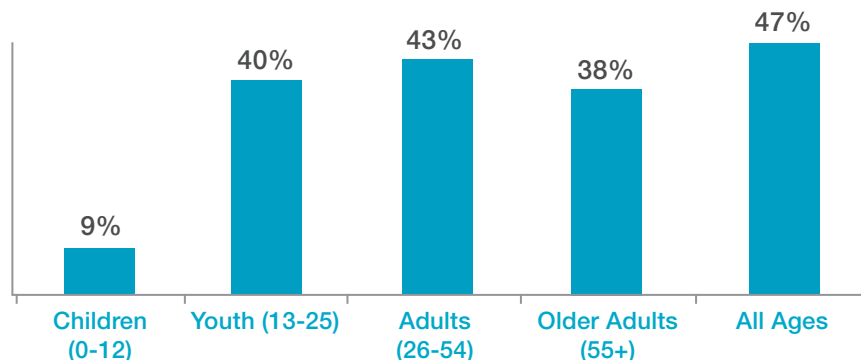
## AGE GROUPS SERVED

Most NGOs serve clients across the lifespan. Those with a specific focus provide services to adults, youth and older adults.

The majority of NGOs that responded to the survey indicated serving all age groups (47%). Organizations targeting specific age groups focused on adults, youth and older adults in similar proportions.

Few organizations specifically targeted children exclusively (9%).

**FIGURE 10. AGES SERVED**



*Note: Participants could choose more than one response.*

**Key Findings:** The NGO sector serves a range of age groups, and many organizations provide services across the lifespan (i.e., all ages). The relatively small proportion of NGOs specifically targeting children may point to a potential gap in services for younger age groups. Further information is needed to determine the factors that may influence the age groups served by the community sector (i.e., organization focus, local demographics, funding agreements).

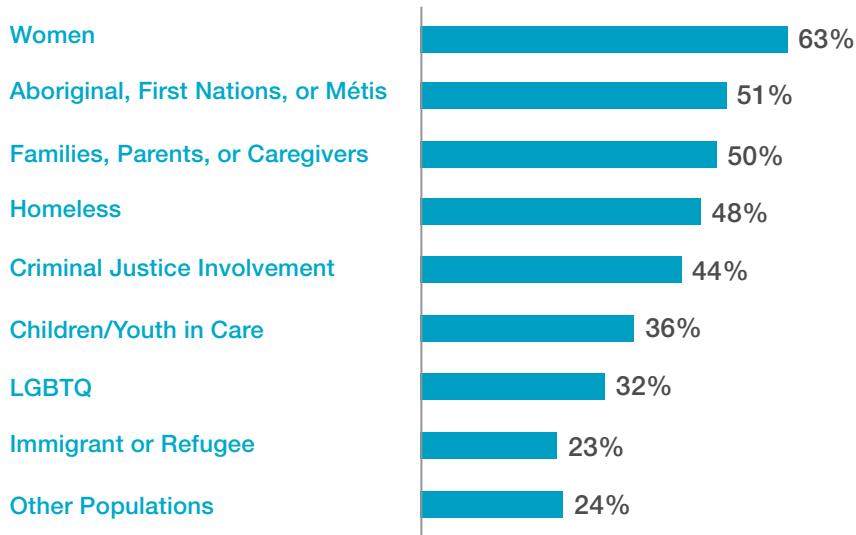
## **SPECIFIC POPULATIONS**

**Diverse populations are accessing community-based mental health and substance use services in BC, including groups that have been historically underserved by mainstream healthcare services.**

These results show the range of populations that access community-based services. Community organizations reported serving diverse client groups, including: Aboriginal, First Nations and Métis people, families and caregivers, homeless people, individuals with criminal justice involvement, children and youth in foster care, and others.

It is important to note that these findings only describe the number of organizations who reported serving these specific populations – i.e., 51% of organizations reported serving clients who were Aboriginal, First Nations or Métis – and do not represent the total proportion of clients served. Further, these findings do not indicate whether community organizations provided tailored services or programs to meet the needs of these specific client groups.

FIGURE 11. SPECIFIC POPULATIONS



Note: Participants could choose more than one response.

**Key Findings:** The NGO sector is serving a diverse client base, including populations that have typically been underserved by mainstream services. This suggests that community organizations may be well positioned to respond to the needs of specific populations (i.e., via tailored services or programs), and also illustrates the high potential for NGOs to successfully engage marginalized client groups.

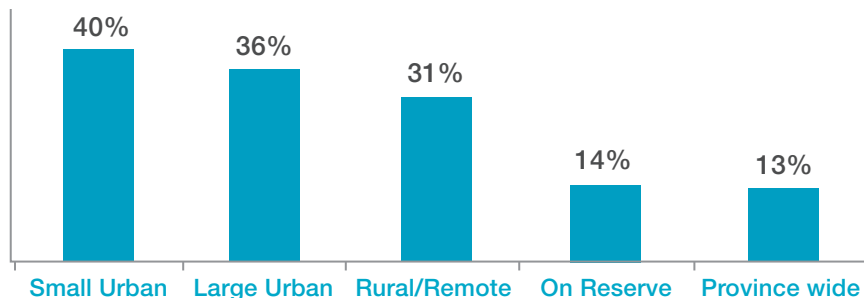
These findings may also reflect the higher need for mental health and substance use services among specific populations in BC.

## GEOGRAPHIC REACH

### AREAS SERVED

NGOs deliver mental health and substance use services in urban, rural and remote settings, and most provide care in more than one community.

FIGURE 12. AREAS SERVED



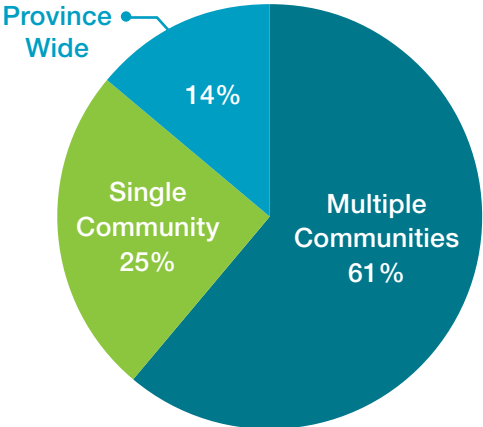
Note: Participants could choose more than one response.

Based on these results, NGOs deliver services in multiple settings across the province, in communities of varying sizes. Of the organizations that responded, 40% operate in small urban areas, while only 13% offer services province-wide.

### COMMUNITIES SERVED

Results also showed that over 60% of NGOs indicated that they provide services in more than one community.

FIGURE 13. COMMUNITIES SERVED



**Key Findings:** NGOs have significant geographic reach, and are experienced in delivering mental health and substance use in a range of settings across BC – including in remote and rural areas where services tend to be less concentrated.

Collectively, these findings indicate the strong potential for community organizations to address, and effectively respond to geographic disparities in access to mental health and substance use services and supports.



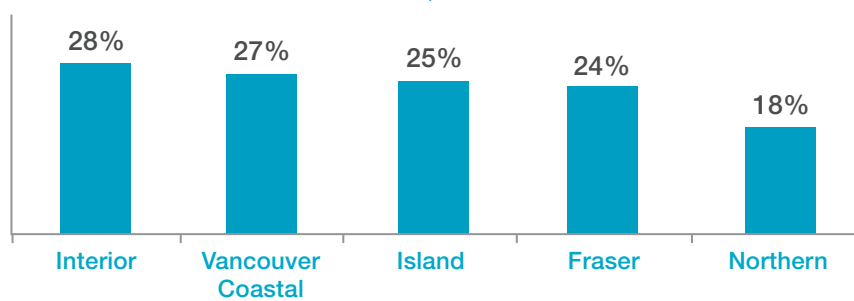
## HEALTH REGION

Community-based services are well-represented in each of BC's five regional health authority service areas.

Consistent with the findings for geographic reach, participating community organizations were represented at similar levels across each of BC's five health regions.

The greatest number of survey respondents was from the Interior region, while the fewest were from the Northern region.

**FIGURE 14. LOCATION OF NGOS, BY HEALTH REGION**



*Note: Participants could choose more than one response.*

**Key Finding:** NGOs are active in each of the five regional health authority service areas, in similar numbers. There is an opportunity to explore how to consolidate or further enhance how community organizations support and complement local and regional mental health and substance use service planning and delivery within each health region.

# CAPACITY DEVELOPMENT PRIORITIES

There is interest within the NGO sector to work collaboratively, expand organizational capacity, and strengthen the workforce.

Participating organizations were asked to identify their priorities for capacity development in the next two years. Overall, survey respondents identified three key areas for capacity development, including:

1. Networking and partnerships
2. Organizational capacity
3. Staff training and professional development.

These results reflect an interest within the NGO sector to pursue partnerships and collaborative activities, while also pointing to the need for strengthened organizational capacity and workforce development among NGOs.

TABLE 5. CAPACITY DEVELOPMENT PRIORITIES	
Networking and partnerships	41%
Organizational capacity	40%
Staff training and professional development	40%
Infrastructure	34%
Cross-sector collaboration	32%
Recruiting and/or retaining paid staff or volunteers	27%
Leadership and management	25%
Outcome measurement and evaluation	23%
Training on best practices	18%
Accreditation and licensing	16%

*Note: Participants could choose more than one response.*

**Key Findings:** These results reflect an interest for community NGOs to contribute to, and be a part of, the broader system of care for mental health and substance use clients in BC.

The findings also highlight several opportunities to further develop and enhance organizational health and service delivery among NGOs, and enable them to more effectively adapt and respond to changes over time – i.e., staff turnover, changes in leadership, integration of best practices.

## SPECIFIC SUPPORTS NEEDED

NGOs were asked to comment on specific supports that would help them better serve individuals experiencing mental health and substance use challenges. The key themes generated by participating NGOs are summarized in Table 6.

TABLE 6. SUPPORTS NEEDED TO STRENGTHEN COMMUNITY-BASED MENTAL HEALTH AND SUBSTANCE USE SERVICE DELIVERY	
	<p><b>Improve access and availability of mental health and substance use services.</b> Expand mental health and substance use services so they are readily available to those who need them, and reduce service gaps and barriers that complicate pathways to care (e.g., waitlists, transportation and cost, absence of services).</p>
	<p><b>Enhance appropriate and sustainable funding for community-based services.</b> Provide appropriate and sustainable funding to enable community service providers to address local needs and demands for service.</p>
	<p><b>Champion cross-sector collaboration.</b> Improve methods of collaboration and communication between the community sector, government, health authorities and funders.</p>
	<p><b>Strengthen organizational capacity.</b> Strengthen the internal capacity and ability of community organizations, through human resource and infrastructure development initiatives.</p>
	<p><b>Support staff training and professional development.</b> Enable community organizations to pursue regular staff training and professional development for paid staff and volunteers on relevant mental health and substance use topics.</p>
	<p><b>Address the social determinants of health.</b> Invest in resources that help individuals with mental health and substance use challenges to stay well (e.g., income assistance, supportive housing, psychosocial rehabilitation programs).</p>
	<p><b>Engage the community sector.</b> Mobilize the unique knowledge and skills of the community sector, and include community service providers in healthcare service planning and policy development.</p>

**Key Findings:** These comments convey a number of concrete actions that can help to strengthen the community sector's ability to meet the needs of individuals experiencing mental health and substance use challenges, and strengthen the overall system of care. Future policy, planning and investment activities in the community sector should take these items into account.

# CONCLUSION & KEY TAKEAWAYS

The results of the 2016 BC Community Mental Health and Substance Use Sector Survey show that:

1. The community mental health and substance use sector is comprised of a wide variety of NGOs that range in size, structure and service focus.
2. NGOs provide a mix of general and specialized services and supports for mental health and substance use, and serve a large number of clients from different age groups and populations, with varied mental health and substance use needs. While NGOs are engaging clients with severe mental health and substance use challenges, these organizations primarily provide Tier 3 mental health and substance use services geared towards general treatment of identified mental health and substance use challenges.
3. Multiple formal and informal referral pathways facilitate connection to community-based services and supports, most commonly through family members or self-referral. This suggests that NGOs are viewed by the public as a resource for addressing mental health and substance use concerns.
4. NGOs serve a substantial client base, and draw on multiple sources of community and private funding to deliver services and programs. The sector also mobilizes a sizable paid and voluntary labour force. Collectively, these characteristics represent a major “value add” to the BC’s mental health and substance use service system.
5. Capacity development priorities for community organizations centre on partnerships and collaborative action, enhancing organizational capacity, and workforce development for paid staff and volunteers.
6. The NGO sector has identified a number of needed supports to improve services for clients with mental health and substance use challenges, including:
  - Greater investment in, and expansion of mental health and substance use services;
  - Improved cross-sectoral collaboration and partnership;
  - Support for sector-wide capacity and workforce development; and
  - Further recognition and involvement of NGOs in mental health and substance use planning activities.

# APPENDIX A: PARTICIPATING NGOs

The following organizations have consented to being named in the list of 2016 BC Community Mental Health & Substance Use Sector Survey participants:

3H Craftworks Society	Boys and Girls Club of Williams Lake	Comox Valley Family Services Association
Aboriginal Front Door Society	Battered Women's Support Services (BWSS)	Comox Valley Recovery Centre Society
Adams Lake Indian Band/ Sexqeltqin Health & Wellness	Canadian Mental Health Association, BC Division	Comox Valley Salvation Army Pidcock House
Adult & Teen Challenge of British Columbia	Canadian Mental Health Association, Cariboo Chilcotin Branch	Comox Valley Transition Society
AIDS Vancouver Island	Canadian Mental Health Association, Cowichan Valley Branch	Comox Valley Youth as Caregivers
Alexandra Neighbourhood House	Canadian Mental Health Association, Kamloops Branch	Covenant House Vancouver
Alouette Addictions Services	Canadian Mental Health Association, Kelowna Branch	Cwenengitel Aboriginal Society
AIDS Network Kootenay Outreach and Support Society (ANKORS)	Canadian Mental Health Association, Kootenays Branch	D.A.R.E. BC Society
Ann Davis Transition Society	Canadian Mental Health Association, North and West Vancouver Branch	Developmental Disabilities Association
ARA Mental Health Action Research and Advocacy Association of Greater Vancouver	Canadian Mental Health Association, Prince George Branch	District 69 Society of Organized Services (SOS)
Ashcroft Band Health Centre	Canadian Mental Health Association, Vancouver-Fraser Branch	Dze L K'ant Friendship Centre, Houston Program Office
ASK Wellness	Cariboo Action Training Society	East Kootenay Addiction Services Society
BC Society for Male Survivors of Sexual Abuse	Cariboo Chilcotin Child Development Centre Association	Environmental Youth Alliance
BC Centre for Elder Advocacy And Support	Cariboo Family Enrichment Centre	Family Dynamix Association
BC Schizophrenia Society, Nanaimo Branch	Castlegar and District Community Services Society	Family Caregivers of British Columbia
BC Schizophrenia Society, Penticton Branch	Chrysalis 22 and Chrysalis 24	Family Resource Centre Society for the North Okanagan
BC Schizophrenia Society, Prince George Branch	Chrysalis Society	Forward House Community Society
BC Schizophrenia Society, Victoria Branch	Communitas Supportive Care Society	Fraserside Community Services Society
Beacon Community Association		Frog Hollow Neighbourhood House
Big Water Society		From Grief to Action
Boundary Family & Individual Service Society		Golden Family Center Society
Boys and Girls Clubs of South Coast BC		

Greater Vancouver Counselling and Education Society for Families	Lakes District Family Enhancement Society	Northern Rockies Aboriginal Women Society
Greater Victoria Citizens' Counselling Centre	Langley Community Services	Northern Society for Domestic Peace
Gya' Wa' Tlaab Healing Centre Society	Libra Transition House	Oasis Society for the Spiritual Health of Victoria
Haven Society	Lii Michif Otipemisiwak Family and Community Services	Odyssey II
Hazelton Community Services	LINC (Long-term Inmates Now in the Community)	Okanagan Nation Alliance
Healthy Opportunities for Meaningful Experience Society (H.O.M.E.S)	Living Positive Resource Centre, Okanagan	Okanagan Mental Health Services Society
Hedley Seniors' Centre Society	Looking Glass Foundation for Eating Disorders	Options Community Services Society
Heiltsuk Kaxla Society	Lookout Emergency Aid Society	Osoyoos Indian Band
Hope & Area Transition Society	Lower Similkameen Community Services Society	Our Place Society
Hope Community Services	Mackenzie Counselling Services	Outreach Services Clinic
Hornby and Denman Community Health Care Society	Maple Ridge/Pitt Meadows Community Services	Pacific AIDS Network
Houston Link to Learning	Merritt Youth and Family Resources Society	Pacific Centre Family Services Association
Hulitan Family and Community Services Society	Métis Nation British Columbia	Pacific Hepatitis C Network
Huli'tun Health Society	Métis Nation Columbia River	Pathways Addictions Resource Centre
Innervisions Recovery Society of BC	MIKI'SIW Métis Association	Pathways Clubhouse
Ishtar Transition Housing Society	Mood Disorders Association of BC	Penticton and Area Access Centre
Island Crisis Care Society	More Than a Roof Housing	Penticton Recovery Resource Society
Island Women against Violence	MPA Society	People for a Healthy Community on Gabriola Island
James Bay New Horizons	Nak'azdli Health	Phoenix Human Services Association
Joshua House	'Namgis Substance Abuser Treatment Centre Society	Phoenix Transition Society
Kackaamin Family Development Centre	NEED2 Suicide Prevention Education and Support	Place of Refuge Society
Kamloops Family Resources Society	Nelson Community Services Centre	Port Alberni Shelter Society
Kelowna Child Care Society	New Vision Supportive Housing Society	Prince George Native Friendship Centre
Kelowna Community Resources Society	North Coast Immigrant & Multicultural Services Society	Prince George New Hope Society
Kelowna Gospel Mission	North Shore Community Resources Society	Quadra Circle Community Connections Society
Kelowna Women's Shelter	North Wind Healing Centre Society	Quesnel & District Child Development Centre
Kermode Friendship Society	Northern HIV and Health Education Society	Quesnel Mental Health and Addictions Advisory Committee
Kikino Métis Children & Family Services Society		Quesnel Shelter and Support Society
Ladysmith Resources Centre Association		

Raven's Moon Resource Society	Terrace Women's Resource Centre Society	Victoria Cool Aid Society
REACH Community Health Centre	The Asante Centre	Victoria Youth Empowerment Society
Resurrection Recovery Resource Society	The Berry Patch Childcare Resources and Referral	VisionQuest Recovery Society
Revelstoke Women's Shelter Society	The Bloom Group	Watari Counselling & Support Services
Richmond Family Place Society	The Bridge Youth & Family Services	West End Seniors' Network
Richmond Mental Health Consumer and Friends Society	The Cridge Centre for the Family	Westcoast Community Resources Society
Round Lake Alcohol and Drug Treatment Society	The John Howard Society of the Central and South Okanagan	Westminster House
Ruth & Naomi's Mission	The John Howard Society of the Lower Mainland	White Buffalo Aboriginal and Metis Health Society
SAFE Society	The John Howard Society of North Island	Wings as Eagles Recovery Centers
Salt Spring and Southern Gulf Islands Community Services Society	The John Howard Society of the North Okanagan/Kootenay Region	Women's Resource Society of the Fraser Valley
Sanctuary Mental Health Ministries	The John Howard Society of Victoria	Yellowhead Community Services Society
SHARE Family and Community Services	The Kettle Friendship Society	YMCA of Greater Vancouver
Sheway	The Key Resource Centre, College of New Caledonia	Youth as Caregivers
Simpcw First Nation	The Realistic Success Recovery Society	
Smithers Community Services Association	The Salvation Army Kate Booth House	
SOS Children's Village BC	The Victoria Human Exchange Society	
Sources Community Resources Society	The Victoria Youth Clinic Society	
South Okanagan Women in Need Society	Tl'azt'en Nation Health	
Squamish Helping Hands Society	Tri-City Transitions Society	
Squamish Volunteer Centre Society	Turning Point Recovery Society	
St Patrick's House Society	Umbrella Society	
Stepping Stone Community Services Society	Valley Community Services Society	
St. Leonard's Youth & Family Services	Vancouver Island Crisis Society	
Sts'ailes Health & Family Services	Vancouver Island Mental Health Society	
Sundance Solace Society	Vancouver Island Persons Living with HIV/AIDS Society	
Swan Bay Rediscovery	Vancouver Area Network of Drug Users (VANDU)	
Tamitik Status of Women Association	Vernon and District Métis Association	
Telmexw Awtexw Healing Center		

# Community Action Initiative

*Results from the 2016 BC Community Mental  
Health & Substance Use Sector Survey*

**“Innovative services start in  
this sector because we see a  
problem and want to solve it.”**

**SURVEY PARTICIPANT,  
VANCOUVER COASTAL REGION**

