



Council Member Motion
For the Committee of the Whole Meeting of June 17, 2021

To: Committee of the Whole **Date:** June 14, 2021
From: Councillor Sharmarke Dubow
Subject: UBCM Resolution: Inclusion of Allied Health Workers, including mental health counselling specialties, and physical/ occupational therapists to help communities combat the opioid crisis

BACKGROUND

Currently all our community members are dealing with the opioid/poison drug supply crisis, and as elected officials we need to be advocating for upstream solutions to attenuate opioid use and ensure such use is safe. For that we need the province to make sure that the services they are responsible for are as robust and accessible as they can be for all of our community members. The COVID-19 Pandemic has amplified our understanding that the opioid crisis impacts all of our communities. With 1 in 5 Canadians experiencing mental illness at any given time, health professionals in BC also spend a significant amount of time dealing with mental health issues.

At the same time, communities are seeing ever increasing policing costs associated with mental health and opioid-related calls, which costs our community money, can be traumatic for our first responders, and ill-uses policing resources as these are medical, not criminal, issues. From an economic point of view, the Canadian Mental Health Commission estimates that mental illness costs Canada about \$51 billion annually, approximately \$6.1 billion on a population basis for BC, not accounting for the findings that BC has a greater rate of mental illness-related hospitalizations compared to the rest of Canada.

There is no single, simple response to the opioid/poison drug supply crisis. While we must re-imagine and reshape our healthcare system to deal with mental illness and addictions and take preventative action, as the BC government is doing, it is important to remember that some mental illness comes from systemic deprivation and trauma, often the result of poverty and adverse childhood experiences (e.g. child abuse and intimate partner violence). [Research has shown that socioeconomic status](#) and access to services is the most influential determinant of health, including mental health. In order for a mental health and addictions strategy to be effective, the government must address these root social determinants of health, by [re-allocating some government spending](#) from secondary and tertiary services to those which focus on prevention.

In 2018, the Public Health Association of BC put forward recommendations for the BC Mental Health and Addictions Strategy. One of the first recommendations was "A focus on and increased funding for equitable access to preventative health services and core public health services." [Research by the US Centre for Disease Control](#) has shown that increased access to preventive services was linked with incomes over the poverty line. [The Canadian Medical Association \(CMA\)](#) states that "ensuring equitable access to effective and appropriate health care services is one

strategy which can help to mitigate health inequities resulting from differences in the social and economic conditions of Canadians.” Further, [mental health is intricately tied to poverty](#) and the ability to break the cycle of poverty and it must be rectified that mental health services are mainly not covered by provincial health care plans.

Governments must increased funding for preventative care. Several essential services are missing from care plans or much too expensive for the majority of those who need them but must access through expensive private delivery models even when partly covered by plans; there include occupational therapy, massage therapy, physical therapy and services of counsellors or psychologists. As stated by the [Canadian Physiotherapy Association](#), “The answer to this [opioid] crisis can be found upstream. Simply put, the first prescription for opioids to treat acute musculoskeletal pain needs to be prevented. Prior to any opioid being prescribed, conservative pain management, including physiotherapy, needs to be optimized.” Our primary care system should be funded to incent team-based care with a required basket of services that include mental health supports, physiotherapy, and [other services].” Further, the system is notoriously difficult and intimidating to navigate; therefore the expansion of use of peer navigators is highly recommended by the Public Health Association of BC as part of the BC Mental Health and Addictions Strategy.

Many persons who become opioid users do so due to chronic physical and/ or mental pain. An example is a manual worker who gets hurt at work and does not have coverage for physical therapy but can get a prescription for opioids.

For example, from [Business in Vancouver](#) (July 2020):

“For the past four years, British Columbia has been grappling with an opioid overdose epidemic, officially recognized as a health crisis in 2016. As businesses have grappled with the pandemic, the construction industry has had to simultaneously struggle with the opioid crisis.

There is a greater than one-in-two chance that an employed person who suffers an overdose works in the trades. According to a 2018 report, the construction trades accounted for 55% of the overdose deaths among employed people, more than double the second-most-affected industry, sales and services, at 21%....

[Industry representative] attributed the higher usage and overdose rate in the construction industry to the demographic of the workforce, the pain associated with manual labour and the culture within the industry to get back to work quickly after an injury, largely encouraged by the trades shortages. There is also a higher number of workplace injuries within the trades that could also lead to opioid abuse problems....

“When you have an injury, it’s actually a long, slow process to healing,” said [Industry representative]. “Unless you ... take an opioid.” Mental health issues are also heavily related to substance abuse, and Waldron said construction industry workers are more likely to struggle with suicide, post-traumatic stress disorder and childhood trauma than their counterparts in other sectors.

As mentioned above, it is easy to get a prescription for opioids for short term use, which can lead to dependence. At the same time there are other options should we choose to pursue them. A 2018 study, published in the [Journal of American Medical Association](#), of close to 89 000 patients with shoulder, neck, knee, or low back pain, has shown that early physical therapy was associated with an approximately 10% statistically significant reduction in subsequent opioid use.

This indicates that by serving as an alternative or adjunct to short-term opioid use for patients with musculoskeletal pain, early physical therapy may play a role in reducing the risk of long-term opioid use. Currently this is only an option for people with robust health plans and can be out of reach for many, especially those on low incomes. An excerpt reads:

“These results are largely in line with previous work for patients with LBP. In an analysis of the Military Health System Data Repository, early physical therapy was associated with reductions in opioid use, and the same pattern was noted in an analysis of claims data from New York State for individuals receiving immediate physical therapy. Our findings converged with those of previous studies, but the magnitude of the association ... was smaller in this cohort. In a previous study of patients with neck pain in a single health system, early physical therapy management was associated with larger improvements in functional outcomes and pain intensity ratings. In addition, another previous study at a single institution found a decrease in the odds of opioid use 12 months later among patients with neck pain whose first clinician was a nonpharmacologic health care practitioner (ie, physical therapy or chiropractic). Similar protective effects for narcotic uses were reported in Medicare beneficiaries receiving early rehabilitation for atraumatic knee pain in ambulatory settings.”

Mental health services are also not covered by many plans, extremely expensive privately, have very long lists when they are available and are therefore difficult to access, especially by those who need them. We all have stories of community members we have lost because they could not find mental relief.

Studies however show that mental health services along other opioid treatments, should opioid agonist therapy be appropriate for them, has a far greater impact than substance based treatment alone. [A 2010 review](#) of Cognitive behavioral therapy (CBT) for substance use disorders has demonstrated efficacy as both a monotherapy and as part of combination treatment strategies.

In BC, the [BC Psychological Association](#) stated “people have been struggling over the past year and the pandemic has placed everyone under enormous stress, leading to more cases of anxiety and depression and while the province has taken steps towards addressing these issues, more needs to be done, including adding more coverage.

“We’d really like to see greater coverage for psychologists for those patients who do need a higher level of care, for whom seeing a psychologist a couple of times in a primary care setting just isn’t enough [and we need to take pressure off of doctors]... One of our proposals is to have psychologists working side-by-side with family physicians, [which improves mental and physical health outcomes, as well as reducing stigma].”

A 2020 study have shown the benefits of having mental health counselling in a physician’s office greatly improve opioid treatment outcomes; however, many people cannot have ongoing treatment with their GPs, if they had one, and there is a finite amount of time a physician can give to a struggling patient. The [College of Family Physicians](#) also has previously stated that having psychologists involved in patient support is very helpful.

Further, Peer navigators help people through the complexities of the mental health system, as well as the social system. Trained people with lived experience assist patients with a mental health concern to access services around housing, income assistance, legal aid, health, and community connections. These interventions are needed province-wide, as incidence of mental illness are as prevalent in northern and rural communities, if not greater. [Studies of such interventions](#) have found that patients with serious mental illness experience fewer pain and other health symptoms, as well as accessing less emergency room services in favour of accessing

primary care. Peer support should also be expanded in the area of [youth mental health](#) and training for youth peer support is needed.

In sum, people in our communities continue suffer from the ongoing mental health and substance use crisis and services they need which are proven to help are out of reach. At the same time, communities are picking up the price tag for increasingly using police and other community services when we are not in control of upstream interventions. We need to ask the province to use every tool in the tool box to solve the complexities of the mental health we need every tool in the toolbox box – or the doctor's bag. It is essential that the province include and expand mental health supports and physical/ occupational therapy in not-for-profit care delivery that is accessible for all.

RECOMMENDATIONS

That Council:

1. Endorse the following resolution and direct staff to forward copies to the Union of British Columbia Municipalities and member local governments, requesting favourable consideration:

Resolution: Inclusion of Allied Health Workers, including mental health counselling professionals
Inclusion of Allied Health Workers, including mental health counselling specialties, and physical/ occupational therapists to help communities combat the opioid crisis:

WHEREAS the opioid crisis and mental health challenges affect at least 1 in 5 BC residents and has been compounded by the COVID-19; at the same time, evidence shows that access to upstream services such as counselling related specialties and physical/ occupational therapy decreases opioid use and/or provides better health intervention outcomes, but these are not accessible to many residents as they are not covered and are much too expensive through fee for services;

WHEREAS communities are currently struggling to meet the needs of our residents, between funding of community programs and increased mental health calls for first responders, which already comprise between 20-30% of local government expenditures and are not often the most appropriate service to support people in crisis;

THEREFORE BE IT RESOLVED THAT UBCM request that the Province expand access to and funding for allied health professionals, particularly mental health counselling specialties, and physical/ occupational therapy related specialties, through expansion of team-based care through not-for-profit delivery including community health centres, available to all BC residents regardless of their immigration status and income, throughout the province.

AND that the Province of BC increased support and funding for Peer Navigators as part of the BC Mental Health and Addictions Strategy.

2. That this motion be forwarded to the daytime Council Meeting of June 17th for consideration.

Respectfully submitted,



Councillor Dubow