

The BC Greens believe that effective mental health care is rooted in human rights, trauma-informed practice, and safety for all.

The foundation of mental health rests on access to connection, belonging, and basic necessities like income, food, housing, and healthcare.¹ In British Columbia, these foundations have been crumbling as the cost of living continues to skyrocket, social programs get slashed, toxic drugs claim lives, and colonial policies perpetuate cycles of poverty and destruction. These issues impact all of us and, as people seek support, the mental health system bears much of the weight.

While nearly 47% of British Columbians who require mental health support are still waiting for help,² the mental health crisis across the country is estimated to hold an economic cost of \$180 billion.³ BC's *Mental Health Act* has been critiqued as the most outdated mental health legislation in the country and contains an involuntary treatment approach that the BC Supreme Court has recently ruled as unconstitutional.⁴ The Court gave the government six months to invest in protecting the rights of those held under the Mental Health Act and bring the legislation into alignment with the Canadian Charter of Rights and Freedoms.⁵

BC has work to do.

And yet, instead of updating a law that has been ruled unconstitutional, the NDP have chosen to rely on that law to target those in poverty who are facing mental health and substance use challenges. By funneling resources into an expensive and unproven involuntary treatment regime,⁶ the NDP have chosen to sweep the results of a broken foundation out of sight, instead of investing in the structures that we *all* need to support ourselves.

In spite of the fact that the efficacy of involuntary treatment for substance use disorders is as yet unproven and that it has actually been associated with an *increased* risk of relapse, overdose, and death,⁷ the government has chosen it as the treatment of choice and called it compassion. This will disproportionately impact the people who are already at risk of harm on the street and

¹ Law Foundation of BC. [Building An Equitable Foundation: Removing barriers to access for people with mental health and substance use-related disabilities](#)

² Government of Canada. [2024-25 CAN-BC Working Together Annual Report on Results](#)

³ CSA Group. [The Economic Cost of Mental Health in Canada](#)

⁴ Health Justice BC. [Court finds BC's involuntary treatment approach violates the Charter, but what does that mean?](#)

⁵ Supreme Court of British Columbia. [2026 BCSC 1416 Council of Canadians with Disabilities v. British Columbia \(Attorney General\)](#)

⁶ Canadian Journal of Addiction. [Effectiveness of Involuntary Treatment for...: Canadian Journal of Addiction](#)

⁷ The Canadian Journal of Psychiatry. [Involuntary Treatment for Severe Substance Use Disorders – Issues, Evidence and Considerations for its Use](#)

within medical institutions, including Indigenous, Black, and racialized people, women and queer people, and those with disabilities.

Sometimes, when people critique involuntary care, others are left wondering what we can do instead. Many people are frustrated, scared, and burnt out. It feels like we've been dealing with a lot of these issues for ages, and over time it can become appealing to some to feel like the issue is "being dealt with," regardless of how. We understand. One thing we want to be clear on is that we are not saying that the state of things should stay the same. We are saying that the resources we do have need to be directed toward equity-centered mental health approaches that prioritize the rights, dignity, safety, and the long-term sustainability of our communities. We are saying that we believe in better.

To this end the BC Greens will:

- Act immediately to bring BC's Mental Health legislation into compliance with the Constitution, including strengthening protections around consent, capacity, involuntary treatment, and independent oversight.
- Ensure that specific resources and attention are given to the development of mental health legislation that upholds and protects the rights and dignity of children and youth.
- Examine and address disparities and any inequitable impacts of mental health legislation on people based on identity, including but not limited to Indigenous People, Black and racialized communities, people with disabilities, and members of the 2SLGBTQIA+ community.
- Ensure provincial legislation strengthens Indigenous determinants of health, including connections to land, culture, identity, spirituality, language, and traditional health practices.
- Treat drug use as a health and social issue, not a criminal one, and implement the measures on housing, mental health, and voluntary care that the Eby's Government failed to, ensuring people who use drugs have the full range of support needed.
- Establish an Independent Office of the Mental Health Advocate to provide individual and system advocacy and oversight to the provincial mental health system, including involuntary treatment programs and any holds authorized under the Mental Health Act.
- Integrate mental health as the fourth option in 911 emergency services to accommodate mental health crises that do not align with the traditional ambulance, fire or police options.
- Extend the Mobile Response Team's psychosocial support, education, and training to peers working on the frontlines of the toxic drug crisis, ensuring that everyone impacted by critical incidents, such as overdoses, receives necessary support.

- Include six visits annually to a mental health professional, such as a psychologist, under the Medical Services Plan (MSP), ensuring early access to mental health support for all British Columbians.
- Increase funding to provincial programs that provide counselling and psychotherapy to women, queer and trans people, and/or children experiencing, leaving, or recovering from intimate partner and/or domestic violence.
- Expand the existing rural/remote loan-forgiveness program model and create a dedicated BC Mental Health Workforce Scholarship and Loan-Repayment Program, structuring disbursement around demonstrated workforce shortages to encourage an increase in psychologists, psychiatrists, psychiatric nurses, clinical social workers, and addictions specialists.

[See full policy here.](#)