

BC PROVINCIAL CUTS TO

INFORMATION ACCURATE AS OF APRIL 10, 2002

HEALTH AND MENTAL HEALTH SERVICES

ANTICIPATED IMPACT ON WOMEN WHO EXPERIENCE VIOLENCE

VIOLENCE AGAINST WOMEN affects women's physical and mental health. It is one of the primary causes of injury to women, often requiring emergency and long-term health care. Women who experience violence are at higher risk for mental health problems. Often, the health effects of violence are further exacerbated when women struggle to seek help from the health care system. **The full impact of the cuts on women experiencing violence will not fully be known until the Health Authorities in the province share their health plans.** However, in the following fact sheet we document what is currently known. The current cuts compromise the health care system's ability to respond appropriately to women who experience violence, which in turn may increase morbidity and mortality rates across the province.

The BC Liberal government has publicly stated that it is committed to implementing the BC Mental Health Plan and to maintaining current levels of funding for mental health. However, this does not take into account inflation and the rise in need from the community while the government simultaneously

cuts spending to acute and community health care. This disruption in the continuum of care has the potential to impact on women who have experienced violence. Such women who already have difficulties in receiving adequate mental health support and treatment and has the potential to place further pressure on emergency rooms (Varcoe, 2001). Further, the Liberal government has eliminated the provincial mental health advocate and given the regional health authorities more say in how they spend their budgets. This means that health authorities may be in a position of moving monies normally allocated to mental health into the general health budget. Finally, changes to disability benefits and particularly to eligibility criteria will have an impact on women with disabilities, chronic illnesses and/or mental health problems.

INFORMATION

BC Institute Against Family Violence
(604) 669-7055
1-877-755-7055 (toll free)

BC Association of Specialized Victim Assistance and Counselling Programs
(604) 633-2506

BC/Yukon Society of Transition Houses
(604) 669-6943

RESOURCES

Government of British Columbia, Minister of Finance
www.bcbudget.gov.bc.ca

PovNet
www.povnet.org

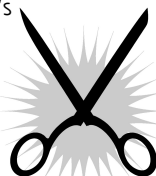
BC Coalition of Women's Centres
www3.telus.net/bcwomen/bcwomen

Access Justice
www.accessjustice.ca

Canadian Centre for Policy Alternatives
www.policyalternatives.ca/bc

BC Coalition of People with Disabilities
www.bccpd.bc.ca

HEALTH	
CUTS, POLICY AND LEGISLATIVE CHANGES	IMPACT: KNOWN AND POTENTIAL
Three year freeze on increases to health spending.	This has the potential to impact on a variety of health service areas and may prevent the development of new programs and services for women
As of March 31, 2002, Women's Health Bureau and Office for Seniors has been eliminated.	Loss of these offices means a marginalization of women's health issues and less capacity for supporting community programs, and prevention education initiatives related to violence issues.
As of March 31, 2002, the Minister's Advisory Council on Women's Health (MAC) was eliminated.	The loss of a specific advisory council on women's health means that the government no longer has this body of expertise that included projects on violence against women to rely on in developing policy and guidelines for women's health.



CONTINUED

CUTS, POLICY AND LEGISLATIVE CHANGES

IMPACT: KNOWN AND POTENTIAL

Reduction in the number of Health Authorities and more flexibility & autonomy in how Health Authorities allocate funds to health.

Current funding structure for the Regional Aboriginal Health Council (RAHC) and the Aboriginal Health Association is no longer in existence

MSP coverage for chiropractors, physiotherapists, massage therapists, naturopaths, podiatrists, optometrists and ophthalmologists has been eliminated.

Cuts to prescription drug coverage.

The Ministry of Human Resources will introduce the new BC Employment and Assistance program on April 1, 2002. With this will come a variety of changes, including the amalgamation of disability benefits within the general welfare system.

Reductions in health promotion and prevention base programs/ initiatives.

Reduction in the scope of services in primary care centres.

The reduction in Regional Health Authorities will impact on rural communities by centralizing control of health services in urban centres.

This places the future of prevention and health promotion services in the areas of addiction, mental health and family violence in Aboriginal communities in jeopardy.

Complementary therapies that are holistic are key strategies for assisting women to recover from/cope with the stress of violence. Women often are denied access to family financial resources or support entitlements by abusive partners.

Increased financial barriers to accessing needed medications.

The amalgamation of disability benefits within the general welfare system will not allow people with disabilities to maintain a permanent disability status. Maintaining a permanent status is particularly critical because many disabilities (particularly psychiatric disabilities and chronic illnesses) are cyclical in nature. Fear of losing disability status (and loss of financial incentive to seek work) may discourage people with disabilities from seeking employment and education opportunities. The potential impact on women who are survivors of violence is that their opportunities to leave abusive relationships and become independent may be reduced.

Potential impact on prevention initiatives designed to address violence against women.

Responsiveness to women who experience violence by those health professionals who have first contact with them may be compromised.

MENTAL HEALTH

CUTS, POLICY AND LEGISLATIVE CHANGES

IMPACT: KNOWN AND POTENTIAL

The Ministry of Health Services, Adult Mental Health division staff has been reduced by 70%

As of March 31, 2002, the Minister's Advisory Council on Women's Health (MAC) was eliminated. The MAC had selected women's mental health as an on-going area of concern and had a designated mental health position. MAC had also created a gendered perspective of the Mental Health Plan and had planned to monitor its implementation.

The Provincial Mental Health Advocate has been eliminated and this role has not been adopted by the Minister of State for Mental Health.

Staff that have been involved in women's mental health issues and who have established links with mental health practitioners and women's organizations have been cut. This may mean the loss of expertise in women's mental health issues and an attention to the links between violence and mental health problems.

The loss of MAC means there is no advisory body to take forward to the Minister the specific and unique needs of women with mental health problems.

The job of the advocate was to provide an "independent" complaints process for consumers of mental health services and specifically to document systemic problems in the mental health system. The loss of the advocate means there are no independent accountability mechanisms through which women can register complaints about mental health treatment.

CONTINUED

CUTS, POLICY AND LEGISLATIVE CHANGES

IMPACT: KNOWN AND POTENTIAL

Reduction in the number of Health Authorities and more flexibility & autonomy in how Health Authorities allocate funds to mental health.

The reduction in Regional Health Authorities will impact on rural communities by centralizing control of mental health services in urban centres. Regional health authorities will have increased say over how much of their health budgets are allocated to mental health. This may mean the loss of some programs which impact on women who are survivors of violence.