



**ALBERTA ALLIANCE ON MENTAL ILLNESS AND MENTAL HEALTH
PRESENTATION TO STANDING COMMITTEE ON HEALTH**

MONDAY, NOVEMBER 24, 2008

ALLIANCE MEMBER ORGANIZATIONS

Alberta Association of Services for Children and Families

Alberta College of Social Workers

Alberta Network for Mental Health (Fellowship)

Alberta Psychiatric Association

Canadian Mental Health Association

College of Registered Psychiatric Nurses of Alberta

Psychologists' Association of Alberta

Schizophrenia Society of Alberta

Society of Alberta Occupational Therapists

The Organization for Bipolar Affective Disorders Society (OBAD)

AAMIMH acknowledges the ongoing commitment of our host agency, Canadian Mental Health Association, Alberta Division

On May 19, 2004, the Provincial Mental Health Plan for Alberta was released. It was a significant achievement and the only provincial mental health plan in Canada. This plan, which included a review scheduled in 2009, was to integrate and improve access to quality mental health services; and the Alberta Alliance on Mental Illness and Mental Health was pleased to have been part of that process.

We were supportive and appreciated the important opportunity to participate. It was our general feeling that this Plan was an appropriate response to the state of mental health in Alberta and provided a road map for the future.

We are here this evening to speak about where mental health fits within the new plans for governance, restructuring and funding. We are deeply concerned mental health does not, once again, fall between the cracks that often come with major structural changes. The needs are so great and there remains so far to go that the mental health movement clearly cannot afford to be anything less than a priority going forward in whatever system our province chooses for its health care.

On May 15, 2008, almost exactly four years since the introduction of the Alberta Mental Health Plan, the government announced the dissolving of the Regional Health Authorities, the Alberta Mental Health Board, AADAC and the Alberta Cancer Board with a plan to restructure the governance of the Ministry of Health and Wellness. The changes that have taken place with the movement from the Regional Health Authorities to the Alberta Health Services Board with responsibility for service delivery throughout the province are large. Previous patterns of communication between the Regional Health Authorities, Alberta Mental Health Board and Alberta Health and Wellness; the organizations and professionals that provide services; and, most importantly, the consumers of mental health services and their families; have been severely disrupted. We need strong and effective communication links re-established so that needs of the community can clearly be communicated to those concerned with shaping services to meet the needs of the mentally ill in Alberta.

There will clearly be a need for a body of people, whether it be a board or a council, to oversee the direction of mental health in Alberta and to ensure that the goals set out in the Alberta Mental Health Plan are met. This group must be resourced and empowered adequately to enable it to be effective in its mission. Given the record in Alberta, and elsewhere, of mental health being treated as having far less significance than physical health issues, it is absolutely imperative that this body have teeth or there is little chance that mental health services will be adequately funded and delivered equitably across the province.

Effective implementation will be the key. This means ensuring that funds for mental health are specifically earmarked within the provincial budgets and business plans. As well, a long-term sustainable funding mechanism must be established equal to the magnitude and burden of mental disorders present in the Alberta population.

We ask that you be mindful that for many mental health services, the relationship between the patient and provider is an essential ingredient of treatment. Also "best treatment" must be patient-focused, dealing with each patient's unique needs. A "one size fits all" approach does not work for patients suffering from mental illness where treatment options are much more personal and variable.

Continued involvement of professionals, front-line health care providers, mental health consumers and advocacy organizations is essential. In a 1996 Canadian report on “best practices,” funded and distributed by Alberta Health and Wellness, the concept of consumer and stakeholder participation at the most senior planning level is strongly endorsed and recommended. Recent reports by the World Health Organization also endorse this approach, also reflected in the March 2003 *Blueprint for Reform* published by AAMIMH.

Positive Developments

Our organization recognizes that there have been many positive developments since May 2008, and applauds the Ministry of Health and Wellness for these:

- WE SUPPORT the recent Children’s Mental Health Plan for Alberta, particularly the development of a Transitional Youth Service in Edmonton and Calgary for youth aged 16 to 24. We now look forward to directives as to how the funds, 50 million dollars over the next three years, will be distributed.
- WE SUPPORT the Amendments to the Alberta Mental Health Act (Bill 31) – adding to the criteria for admission by including the deterioration of one’s mental health as well as the allowing of Community Treatment Orders. We were given an opportunity to review the proposed Regulations and submit our concerns. AAMIMH sat on the Steering Committee for Bill 31 and was pleased when the government directed (Spring 2008) that enhanced community services were needed for all mentally ill Albertans before this Act would be implemented. It is our understanding that Proclamation of Bill 31 has been delayed until resources are in place. We hope for continued input. This was received well by the Alliance and our member organizations, as our support of the Bill was strongly contingent on there being access to quality mental health services being made available equitably across Alberta.
- WE SUPPORT the integration of addictions and mental health as we have long advocated for improved coordination of care for the many individuals living with concurrent disorders in these areas.
- WE SUPPORT the establishment of an integrated Advisory Council for Addictions and Mental Health.
- WE SUPPORT Primary Care Initiatives which include mental health as part of the comprehensive service package that must be delivered.
- WE SUPPORT the findings and recommendations of both the Spring and Fall 2008 Provincial Auditor’s reports.
- WE SUPPORT the changes made to AISH over the past year, especially the recent one that eliminates the need for Annual Reports to be filed.

Concerns and Recommendations

However, much is left to be done and we request that this committee consider the following concerns that we have in the following three areas:

1. COMMUNITY SERVICES FOR THOSE LIVING WITH MENTAL ILLNESS AND PROMOTION OF MENTAL WELL BEING
2. EFFECTIVE AND ACCESSIBLE TREATMENT FOR MENTAL ILLNESS
3. PROVIDE HOUSING AND OTHER SOCIAL DETERMINANTS OF HEALTH THAT HAVE SUCH A HUGE IMPACT ON THOSE LIVING WITH MENTAL ILLNESS.

The following are recommendations within those three priorities:

Community Services

- Need to re-establish lost connections in order to share knowledge of existing successful programs.
- Ensure adequate resources to the service providers – for private and not-for-profit organizations.
- Establish a strong anti-stigma campaign for Albertans in the areas of mental health, mental illness and addictions. Expand the mental health programs being delivered, including emphasis on school programs.
- Ensure appropriate resources are in place at each level to facilitate discharge of mental health clients into safe home environments.
- Provide assertive community treatment with a vision that “clients and their families will come first,” and tailor services to meet the needs of clients and families.
- Ensure Primary Care Networks fully embrace this unique opportunity by including all the professions best trained for the job. Mental health is not just an absence of serious mental illness but is also the maintaining of the mental well-being that allows people to flourish and to contribute to a healthier society.

Effective and Accessible Treatment

- Reduce the waiting time for Albertans seeking psychiatric treatment. Alberta has a wait time of 17.8 weeks. The Canadian median is 10.7 weeks (Fraser Institute, 2008). Increased wait times result in sicker patients who need more care. It is this early care that is essential to improving the world of a patient who is often suffering from social isolation, poor quality of life and an increased risk of mortality.

- Ensure that Albertans have access to best possible medications, keeping in mind the decrease in side effects and therefore increased compliance and improved quality of life which come with many newly developed medications.
- Increase the number of mental health professionals, particularly in currently under-serviced areas of the province (largely rural and northern).
- Increase research in mental health and mental health treatment, as proportionately this lags desperately behind research into physical health.
- Introduce “navigators” for our carers and users so that they can access the best the system has to offer. Currently “navigators” are in place in the treatment of cancer and knee and hip replacements.
- Ensure a more holistic approach to mental health.

Housing and Other Social Determinants

- Improve access to an appropriate range of supportive housing/living options for clients with severe and persistent mental health problems.
- Provide more incentives to encourage private, public and voluntary providers to expand the supply of safe and affordable housing across the province.
- Expand criminal justice diversion programs.
- Provide housing and other social determinants of mental health.
- Ensure that social policies take into consideration those living with mental illness.
- Continue to strengthen the AISH program.

Thank you so much for the opportunity to share our views with you today.

The Alberta Alliance on Mental Illness and Mental Health has an obligation to advocate strongly for the mental health of all Albertans and we look forward to continued collaboration with government towards that end.

Respectfully submitted,



Sharon Sutherland
Chair
Alberta Alliance on Mental Illness and Mental Health

Appendices

WHAT IS MENTAL HEALTH? A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

World Health Organization, 2001

WHAT IS MENTAL ILLNESS? A number of health conditions characterized by alterations in thinking, mood or behaviour (or some combination thereof) and associated with distress and/or impaired function.

U.S. Surgeon General, 1999

WHAT IS A MENTAL HEALTH SYSTEM? A modern mental health *system* places the consumers/clients/patients of services central to all efforts, and includes a wide range of factors which influence lives. While recognizing the importance of treatment services, the approach also includes a role for family and friends, community services and supports, and consumers working together. It also acknowledges some fundamental elements to which every citizen should have access: housing, education, leisure activity, income and work.

Alberta Alliance on Mental Illness and Mental Health, 2000 (adapted from CMHA)

Appendix A

Facts presented in the Provincial Mental Health Plan are as follows:

<p>In Canada:</p> <ul style="list-style-type: none">• Six million or 20% of all citizens will experience a mental illness in their lifetime. Three percent will suffer a severe and persistent disability.• Mental illnesses affect people of all ages, education levels and cultures.• In 1999 – 2000 over nine million hospital days were utilized by people with mental illness and in 1998 – 99, mental disorders accounted for 14% of the total days of care in general hospitals.• The economic burden of mental illness is estimated at 14.4 billion a year. Mental illness ranked fifth highest in spending on drugs and second highest in facility costs.• Mental health diagnoses rank among the most frequent diagnosis in primary care. Approximately half of all office visits resulting in a mental health diagnosis involve physicians who are not psychiatrists.	<p>In Alberta:</p> <ul style="list-style-type: none">• Over 600,000 people or 30% of the population will experience a mental illness during their lifetime.• In 2002 – 03, just over 500,000 Albertans (17% of the provincial population) were treated by a physician for a mental health related problem; there were more than 2.25 million visits to a physician for the primary purpose of receiving treatment for a mental health problem.• 39% of all general practice physician billings were mental health related.• Mental health problems constitute the top reason why people consult their family physician.• Over 34,000 Albertans went to a hospital emergency department in 2001 – 02 because of a mental health problem.• In 2002 \$472 million public funding was spent on mental health service.
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A document by The Concurrent Disorder Task Force of the Public Policy Committee, Canadian Mental Health Association, found that:

- In Edmonton 1/3 of the mentally ill also have a substance abuse problem.
- In Ontario, 97% of individuals in mental health or addictions programs have a concurrent disorder.
- Also in Ontario, 85% of programs that responded to the survey do not treat individuals with concurrent disorders.¹

In a study conducted in British Columbia it was found that:

- 55% of those individuals using mental health services had a substance abuse problem after their first episode of mental illness.
- 50% of those individuals with a mental illness abuse drugs and/or alcohol, compared to 15% of the general population.
- 47% of individuals with schizophrenia have a substance abuse problem.
- 56% of individuals with bipolar disorder have a substance abuse problem.
- More than 1/3 of individuals with anxiety disorder have a substance abuse problem.²

¹ Canadian Mental Health Association, Ontario Division, 1997.

² BC Partners for Mental Health and Addictions Information, January 29, 2007.

Appendix B

Reports about Improving the Mental Health System in Alberta

- **1967:** The Alberta government commissioned the Blair Report, which provided 189 recommendations to improve the mental health system in Alberta. Amongst the recommendations contained in the Blair Report was that the number of patients in the large psychiatric hospitals in the province should be reduced with the development of community facilities and resources, and that the role of acute care hospitals should be expanded to include acute care mental health treatment rather than reliance on the large provincial hospitals.
- **1980:** The McKinsey Report, *The Challenge for Psychiatric Care in Edmonton and Northern Alberta*, recommended developing more community-based services, better coordination of programs regionally and emphasized service away from large mental hospitals.
- **1986:** Two reports regarding the mental health needs of children:
 - *Expanding the Circle, A Community Approach to Children's Mental Health*
 - *Exploring the Circle, A Journey into Native Children's Mental Health.*
- **1992:** *Future Directions*. A policy paper released by the Alberta government calling for increased coordination of mental health services across a full continuum of care within all levels of the service delivery system.
- **1993:** An action plan to implement the *Future Directions* policy paper. This action plan called for funding and structural changes in order to initiate movement of the mental health system in Alberta towards becoming balanced, integrated and client-focused.
- **1997:** A joint Federal/Provincial report, *Best Practices in Mental Health Reform*, was released, advocating for core services in a comprehensive system, as well as strategies aimed at correcting the imbalance between institutional and community programs.
- **2000:** The Alberta Alliance on Mental Illness and Mental Health released a discussion paper entitled *Good People . . . Good Practices . . . No System*. This paper called for a reasonable balance between facility-based and community-based mental health services. It warned that Alberta was at risk to inadvertently committing to an over-reliance on an institutional model if it rebuilt Alberta Hospitals Edmonton and Ponoka without a corresponding plan to build a contemporary community-based mental health system. The paper called for a commitment to significant financial and human resources to build a true system of community mental health care in accordance with Canadian and international trends and best practices.

Appendix B (cont'd)

- **January 2002:** The Premier's Advisory Council on Health released *A Framework for Reform* (Mazankowski Report).
- **April 2004:** *Advancing the Mental Health Agenda: A Provincial Mental Health Plan for Alberta*, setting the direction for improving mental health and mental health services across the province.