

# **ADDENDUM TO CANADIAN MENTAL HEALTH ASSOCIATION, ALBERTA DIVISION, REPORT TO MINISTER'S ADVISORY COMMITTEE ON HEALTH**

## **RECOMMENDATIONS**

As per the request of the Committee, I am pleased to submit the following specific recommendations on how the system can better meet the needs of Albertans, from a mental health perspective:

### **1. Increase Accessibility**

- Put in place system navigators (case managers) to help people with mental illness and their families get better access to available resources. The needs in this regard extend beyond the formal mental health system to community services, other ministries and to social determinants of health, which are so critical to recovery. These include housing, employment, counselling, social services, education, justice, and seniors and community supports.
- Develop an online mental health resource centre that provides a reliable, extensive source of information. At present, this is fragmented and not reliable. Often those with mental illness or their families wish to access information on their own, without fear of stigma. This can also include online self-help programs that have proven to be cost-effective in reaching large numbers of people, not only assisting them initially, but also leading them to seek treatment when needed and to improve results of such treatment. This may be done in conjunction with phone-help programs. Such a centre could also be linked with the Centre for Suicide Prevention, in Calgary.
- Put in place more mental health nurses, psychologists or social workers in hospital ERs to facilitate screening and triage. This will assist patients in receiving treatment, law enforcement officers and others will have less time wasted, and it will ease the burden on ER staff. In larger urban hospitals, a designated mental health ER treatment area would assist in this regard. These same individuals or the navigators described above need to support people leaving the hospital in connecting to appropriate resources, including their own support systems, such as their families. Otherwise, the cycle of ER visits just continues.
- Consider funding plan for psychologists for counselling of those with mental illness. Initial, timely counselling has been proven to reduce long-term illness and enhance success of recovery. At present, treatment is only accessed by those with medical plan coverage or higher incomes.

### **2. Enhance community supports**

- Provide funding for and facilitate supportive housing initiatives from the NGO, private and government sectors.
- Expand Assertive Community Treatments (ACT or similar) for mental health patients to allow supports and treatment required to enable institutional decentralization.

- Continue to build supports through such programs as mental health diversion, AISH, Alberta Pharma Strategy and others to support recovery and quality of life for those living with mental illness.

### **3. Increase capacity**

- Overall capacity for mental health treatment, including beds, must increase, using both institutional and community resources.
- Help improve sustainability of NGO sector to allow it to expand to absorb a greater part of the burden of care. At present, contracts are largely not competitive with government or private sectors. This needs to be more equitable.
- Work with community and NGOs to assess their capacity and potential then engage them in joint planning for service delivery. Shift more non-clinical supports to NGO sector, in partnership with government and private sectors, e.g. mental health promotion and prevention, and stigma reduction. Programs can be better delivered at less cost.

### **4. Increase research**

- Collaborate with universities, private sector and NGOs to increase focus on mental health research in Alberta – both clinical and community/systemic research. There is a great dearth of information and knowledge, even of basic statistics relating to the numbers of people receiving treatment in Alberta. The research is not only much needed, but will attract quality people in those fields to Alberta, thereby helping us to move to the cutting edge of treatment and systems, as well as research.

### **5. Advocacy**

- Currently, only the estimated 9,000 patients certified under the Mental Health Act have their advocacy needs being handled, through the Patient Advocate office. This leaves about 300,000 Albertans, having a diagnosable mental illness in a given year, without somebody to hear and act on their concerns.

Groups such as CMHA, the Alberta Mental Health Self Help Network (Fellowship) and the Alberta Alliance on Mental Illness and Mental Health do represent some of their systemic advocacy needs, but do not have the resources to help with their individual needs.

We would recommend two possible solutions.

- To expand the mandate and funding of the Mental Health Patient Advocate office to include all Albertans living with mental illness.
- To establish a provincial Mental Health Council that has the ability to influence all areas and ministries of government with regard to mental health and to advocate on behalf of those with mental illness. Speaking to one's MLA or staff at Health and Wellness or Alberta Health Services does not have the same impact as would such a council. This is particularly important for mental health, given that support

and recovery of those living with mental illness extend far beyond clinical health concerns, and governments are not set up to effectively deal with such encompassing issues.

Thank you for your consideration of these recommendations. We would welcome an opportunity to discuss them further.

Respectfully submitted,

Tom Shand  
Executive Director  
Alberta Division  
Canadian Mental Health Association

*(October 29, 2009)*

Q:\JDOCS\document\Addendum to CMHA report to Minister's Advisory Committee on Health.doc