



— MAY 3, 2001

eFACTS, a summary of current newsworthy *facts* and *effects*, is made available to people who have a continuing interest in mental health reform in Alberta. We thought you should know:

1. The Alberta Legislature opened April 9 with the Throne Speech of the 10th recommitting to the pre-election Speech and Agenda of February 12, 2001. Premier Klein said the public had obviously endorsed his agenda and the government would proceed as planned. That agenda included committing "to meet the unique needs of persons with mental health issues, the government will establish effective community-based services for children and adults."
2. The Alberta Budget of April 24 was positive for mental health services, but perhaps less than some may have expected given the Throne Speech. For example:
 - 2.1 The Health and Wellness budget was increased by 13.5%, with Regional Health Authorities receiving an average 11.4%. In contrast, the Mental Health Board received 7.8%, although even this percentage will mean an additional \$16 million over last year. How the funds are to be spent is yet to be determined, and the AMHB still has not responded to a December 21, 2000 request to detail their expenditures relating to their budget increases of \$16.9 million in 1999/2000 and \$27.8 million in 2000/2001. With the exception of children's services, these large increases have not appeared to have had any significant effect on community mental health resources. (The capital rebuilding costs at Ponoka of over \$100 million are not part of these dollar commitments.)
 - 2.2 Over \$106 million over three years will go to special initiatives for children at risk.

- 2.3 The Assured Income for the Severely Handicapped (AISH) will be increased by about \$52 million over three years to address increasing demand. No rate increases were proposed.
- 2.4 About \$6.3 million was allocated to help operate special purpose housing.
- 2.5 A stated commitment to \$13 million for "homelessness" was in fact only one million in new dollars added to the existing budget for shelters.

These and other dollars assigned to fund new drugs, employment supports and new health facilities will all benefit consumers and their families. More detail has been provided to all Regional offices of CMHA in Alberta.

- 3. The government's commitment of \$106 million for children at risk follows a scathing report entitled *Working for Youth in Care* by Alberta's Children's Advocate, Bob Rechner. The report details horrible shortcomings and concludes that "people in the child welfare system are frequently not well served." In so doing he recognized the efforts of Minister Iris Evans and he urged the support of her government colleagues. He appears to have got it. The mental health system too has a formal advocate (Mental Health Patient Advocate), although his mandate is narrow and Dr. Hislop rarely makes systemic criticisms.
- 4. The Health and Wellness Minister's commitment to supporting mental health reform in Alberta continues to be encouraging, but action is still not evident and certainly later than originally expected. A March 14 proposal from the Alberta Alliance on Mental Illness and Mental Health (AAMIMH) for a contemporary governance model consistent with Alberta Health policy has yet to be addressed. Yet another meeting between the AAMIMH Chair Dennis Anderson and the Minister was held on May 1 with a "very positive discussion" and good "potential for action" near the end of this month.
- 5. The controversial Health Information Act was proclaimed on April 25, with a carefully-crafted news release emphasizing positives in the Act, such as patient access to their personal records and patient consent to release information (although this is only so under a limited range of conditions).

The Minister and Premier did, however, acknowledge "stakeholders" did have concerns (noting the AMA, UNA and CMHA), and committed to "make changes based on experience with the Act." The Health Information Partnership delayed their planned critical news release to reconsider the best way of working with Mr. Mar to bring about the necessary changes. The next meeting of the Partnership is planned for May 9.

6. The government's Alberta Mental Health Board met again on April 20 with an agenda of presentations, informational reports and administrative matters. The most salient issues from the perspective of mental health reform were:
 - 6.1 A Board orientation to the multi-department diversion project advocated by CMHA and the Schizophrenia Society and now well under way.
 - 6.2 An overview of the Provincial Suicide Prevention Program, with no planned evaluation at this time. The evaluation was originally proposed by CEO Ken Sheehan and welcomed by CMHA.
 - 6.3 Construction at the Alberta Hospital Ponoka is on target in terms of timing.
 - 6.4 The Contract Management Review process for all Funded Agencies is still incomplete and will be piloted following an orientation of the funded agencies.
 - 6.5 Discussion regarding rumours that the AUPE is organizing funded agencies for unionization (there is no knowledge of any approach to CMHA).
 - 6.6 Report on progress in the integration of site management in the facilities in order to "share innovation, improve equipment, planning and standards, provide manager relief, improve human resource planning and standardize processes." (A good initiative, but a better one would have been to integrate services at the regional level with Health Authorities.)
 - 6.7 Report on the public education "Take Time" initiative sponsored with AADAC and which encourages quality contact between adults and children.

- 6.8 Approved a policy to allow the Board's CEO to have "contract and compensation issues" finalized by the Resources Committee without consideration by the full Board.

The next meeting is planned for May 18, 2001. (Three members, including Chair Betty Schoenhofer, have terms which expire in May with no information regarding reappointments by the Minister. Neither the AMHB nor the Cancer Board will be subject to elections this fall, as will all other Health Authorities.)

7. Details regarding the election of Health Authority members have now been released. Two-thirds of the members (126) will be elected in each region with between one and 10 electoral districts in each region dependent upon size. Nomination packages are available in MLA offices, through Regional Health Authorities or on the Alberta Health website www.health.gov.ab.ca . Deadline for nominations is September 17. Citizens may also be appointed, and historically, a recommendation from an MLA goes a long way. A committee will be appointed to review nominations and the deadline for these nominations is June 4. Mental health advocates, where are you?
8. On April 6 the AMHB announced the appointment of an "internationally renowned" child psychiatrist, Dr. Bruce Perry, from Texas. What was intended as a good news story turned sour when Alberta child psychiatrists expressed frustration about "being left out of the job hunt" and "facing contempt" of the AMHB's CEO. In media letters and interviews, Edmonton psychiatrists noted that "what should have been an announcement trumpeted by all has been divisive and reflects concerns many Alberta psychiatrists have with respect to the management style of the AMHB." Referring specifically to the AMHB's CEO Ken Sheehan, one psychiatrist wrote, "His aloof and autocratic style has alienated physicians throughout the province . . .".
9. At the Legislature, Calgary Tory Karen Kryczka has proposed a Private Members' Bill to require standards for all residential care homes. CMHA has proposed residential standards for more than a decade and a March 1996 government report (Final Report of the Housing Ad Hoc Task Group) which support the need to develop standards, has yet to be acted upon. Private Members' Bills are rarely passed into law. However, the Bill uncharacteristically received the unanimous support of the Legislature on April 25, 2001.

10. CMHA was invited to a three-day Health and Wellness-sponsored "invitational" conference on planning for Alzheimer's services held in late April. The sessions included international experts and "best practice" examples, and culminated in the development of dozens of recommendations which will emerge in the form of a report to the Minister, who was in attendance. The delegates proposed directions entirely consistent with mental health reform objectives and CMHA's *Framework for Support* model and related policies. In summary, the group called for community and home-based care, public education, caregiver training, support and respite, early access, standards and evaluation protocols, implementing "best practices."
11. CMHA National has just published an excellent *Guide to Early Psychosis Initiatives*, including one which has been very successfully run since 1997 at the Foothills Medical Centre in Calgary. The importance of early treatment of psychosis is critical to the course of the illness, and these models should be reviewed carefully by all psychiatric services. The information is available from National at (416) 484-7750.
12. The Suicide Information and Education Centre has a new web site, Check it out, at www.suicideinfo.ca . The Suicide Prevention Training Program has a new promotional brochure detailing eight separate workshop offerings, from suicide prevention and skills training to counselling the bereaved and surviving loss, to community development. Copies are available from sptp@suicideinfo.ca .
13. The recently completed and actively protested Free Trade Summit in Quebec may have seemed a long way from mental health concerns, but was it? Business and government argue that free trade will create more wealth, which in turn enriches the lives of the masses. That seems to be the case if you define which "masses." Statistics Canada reports that under free trade, the rich are getting richer but the gap between rich and poor is widening. Single-parent families and the disabled are losing ground and the disparity is greatest in Alberta.
14. The Netherlands has recently become the first nation in the world where terminally ill and chronically suffering people can legally ask doctors to end their lives. The proposal was fought by disability organizations; however, polls showed 85% of the Dutch people supported legalized euthanasia. The Dutch have been practicing tacitly approved doctor-assisted suicide for years, but the new law makes it legal under "controlled" conditions, which include "unbearable mental

or physical pain," repeatedly presenting a will to die, two medical opinions and authorization by a medical board.

15. The April edition of the *Canadian Journal of Psychiatry* says that in 1,011 reports of adverse drug reactions to popular anti-depressants like Prozac, 65 died from intentional overdose. These anti-depressants have a reputation with physicians of being unlikely to kill if taken in overdose, and these University of Toronto findings may cause more caution in prescribing "SSRI" antidepressants to suicidal patients, even though the percentage of deaths is small. Seven million such prescriptions for these medications are written in Canada every year.
16. Also in April, the *Journal of the American Medical Association* reported that St. John's Wort, a popular herbal remedy used to treat depression, was "useless." The research conducted in 11 teaching hospitals in the U.S. included 200 patients who suffered *severe* depression. A number of previous studies showed the herb did work; however, they were criticized for being too small or too brief in duration. The American Botanical Council says this study too was flawed, because it only compared the herb and a placebo and didn't include a control group that took pharmaceuticals.
17. Remember, Mental Health Week is celebrated May 7 to the 13th across Canada. This is the 50th Anniversary of the CMHA-sponsored week, and a theme of *Emerging Into Light* is being promoted throughout Canada. ***A major National survey on public attitudes will be released to the media on Monday, May 7.*** It has some very interesting information relating to anxiety, stress, comfort levels in pursuing treatment, and which treatment sources are most credible. Watch for it. At the local level, there will be activity ranging from free workshops to poster displays, booths and media promotions. Volunteers and consumers, sometimes working in partnerships with other agencies, all will make the year 2001 special. For detailed information contact your local office or the Alberta Division of CMHA.

For more information, phone 482-6576.

Alberta Division
Canadian Mental Health Association
328 Capital Place, 9707 - 110 Street NW
Edmonton, AB T5K 2L9

Phone: (780) 482-6576; Fax: (780) 482-6348
E-mail: division@cmha.ab.ca
Web site: <http://www.cmha.ab.ca>