



— AUGUST 7, 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. Summer is in full bloom and while the Legislature continues its summer recess, it is the time of year all thoughts naturally turn to program reviews and public consultations. This year a number are under way. Calgary MLA Harvey Cenaiko is reviewing Child Welfare legislation, while MLA Bonnie Laing is chairing a committee whose mandate is to improve the health care system. Armed with a \$7 million budget and a three-year mandate, she and fellow commissioners (Dr. Devidas Menon, head of the Institute of Health Economics; Dr. Peter Norton, head of family medicine at the University of Calgary; and Ponoka-based community activist Linda Steinmann) will “initiate, monitor and encourage continuous improvement in Alberta’s Health care system.”
2. Of particular interest is the review of low-income programs, chaired by Edmonton MLA Thomas Lukaszuk. CMHA is currently working with the Premier’s Council on the Status of Persons with Disabilities, the Alberta Disabilities Forum and others to develop solid recommendations addressing issues with AISH, including the amount of the benefit, problems in the application, review and appeal processes, extremely low income exemptions and the continued stigma and marginalization confronted by many disabled Albertans.
3. The Healthy Incomes, Healthy Outcomes Coalition released a position paper citing the relationship between welfare program cuts and higher health care costs. The Coalition has called on the government to increase SFI rates by 11% in the current year and provide future annual increases that are related to market conditions.

4. For those not on low incomes who are interested in potential used car deals, Alberta Scan (22 June 2001) provided a list of government provided cars driven by Ministers and Deputy Ministers. These can be replaced after three years or 75,000 kilometers. The watchdog of the public purse, Alberta's Auditor General, has selected a sporty German import. He drives a government-provided 2001 Audi A4 Quattro. On the other hand, our Health and Wellness Minister uses a large four-year-old Ford sports utility, and Community Development Minister Gene Zwozdesky drives an almost-six-year-old Oldsmobile. More information is available from Alberta Infrastructure at (780) 422-0506, whose deputy minister Ed McLellan drives a 2001 Cadillac Eldorado ETC.
5. While Alberta's recently proclaimed and still controversial Health Information Act is being implemented (with a six-month 'grace period'), similar legislation proposed in Ontario died on the Order Paper when the spring legislative session ended. In Ontario, Bill 159 or the Personal Health Information Privacy Act had been criticized not only by groups such as the local Medical Association and the Public Interest Advocacy Centre, but also in an uncommon foray into provincial legislative initiative by federal Privacy Commissioner George Radwanski, who called for scrapping the bill, since "the law permits far too many people to access, collect, use and disclose personal information." We wonder if Mr. Radwanski would be interested in expressing his opinion regarding similar features in the Alberta legislation.
6. Nominations have closed for the RHA-appointed Board members. One-third of the Board members will be appointed by the Minister, while the remaining two-thirds will be elected on October 15, 2001 in conjunction with the Municipal elections. There were 264 applications received for 63 available positions. The Health and Wellness Minister appointed a three-member Nomination Review Panel consisting of Calgarian Jock Osler of Jock Osler Communications, Edmonton lawyer Jim Casey and Roy Wilson, an instructor at Medicine Hat College.
7. We now have more information about the rules in the RHA election process. In addition to stringent conflict of interest guidelines regarding who is eligible to serve, there are now detailed rules concerning campaign financing. Contributors are limited to \$1,500 for any one candidate and \$7,500 in total. Candidates will have to provide a statutory declaration concerning campaign contributions,

listing those who contributed more than \$375. Nominations close on September 17, 2001. We hope that many individuals with an interest in mental health choose to put their names forward.

8. The Alberta Mental Health Board met by teleconference on June 15, 2001. We understand that the Board met with Health and Wellness Minister Gary Mar on June 24, 2001. No information regarding this meeting is available. The next AMHB Board meeting is scheduled for September 28 and 29, 2001. A joint meeting with the AADAC Board is scheduled for the first day, while on the second day the Board plans to meet with RMHAC Chairs.
9. On July 5, 2001 the Alberta Government made a \$200 million adjustment to Health Authority budgets to account for population and service growth as well as inflation. Overall the lion's share, \$142 million, went to the Calgary and Capital Health Authorities. The Alberta Mental Health Board received 1.8% of the total or \$3,696,000. The previously announced operating grant for the AMHB (excluding capital projects) was \$216,813,000.
10. The AMHB recently developed a "Fact Sheet — The Alberta Mental Health System," which was also provided as a briefing to MLAs. According to AMHB data, more than 28,000 Albertans suffering from a persistent and severe mental illness received services from the AMHB. More than 2,900 individuals were admitted to one of the AMHB's psychiatric facilities. Approximately 40 - 60% of all visits to family physicians are for mental health reasons and 335,000 patient visits to physicians were for counselling or treatment of a mental disorder. Mental illness is more prevalent than breast cancer, diabetes or Alzheimer's.
11. In the same fact sheets the AMHB also announced that funding for community mental health services has increased by 142% from \$39,090,000 in 1994 - 1995 to \$94,595,000 in the 2000 - 2001 fiscal year. The Board also indicates that they have refocused clinical practice to providing services in the community rather than in a clinic office. Hopefully consumers and families will have noticed a proportionate increase in the availability and accessibility of community services. With the announced level of spending on community mental health, the percentage of the Board's overall budget (excluding the capital redevelopment) devoted to community mental health programs stands at around 43%.

12. The Where's Home? 2000 update on average rents and vacancy rates across Ontario is available on the Internet at <http://housingagain.web.net>. The data provides a picture of a worsening situation for tenants. Similar experiences in other regions of the country highlight a national problem. The federal, provincial and territorial Housing Ministers are meeting in London in mid-August. CMHA has long been concerned with addressing this urgent issue in a comprehensive way.
13. There has been some recent public concern about conditions at the Edmonton Remand Centre, including published accounts of testimony by forensic psychiatrist Dr. Friend and by a former prisoner. In particular the issue of how well the Remand Centre is equipped to address the mental health needs of prisoners awaiting trial was highlighted in these accounts. We will be taking a close look at these concerns. The Canadian Mental Health Association is also working with other stakeholders in the health and justice sectors to work toward the development of a court diversion mechanism for individuals with mental illness who are charged with criminal offences. Supported by appropriate training and resources such a process could better address the special needs of individuals with mental illness in the justice system.

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