



— NOVEMBER 13, 2001

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

1. The Alberta Alliance on Mental Illness and Mental Health (AAMIMH) has released a policy paper on Mental Health Governance which calls for mental health services to be integrated with Regional Health Authorities, along with a restructured mental health board, to provide direction, develop standards, assess progress and advocate. The policy was part of an October 30 news release which received province-wide coverage. The recommendations are now being sent to all MLAs in the province. Copies of the policy are available from any of the member organizations. Other policies on community care, children's services, funding and capital priorities are to follow.
2. The Board of the Alberta Medical Association has endorsed the integration of mental health services following a near-unanimous resolution of Alberta doctors at their fall conference.
3. The "Mazankowski report" on the future of Health care had its draft interim summary report "leaked." It contained no recommendations on mental health; however, the public report will. Watch for an early December release (previously announced for November 26) and for recommendations calling for the integration of mental health services with general health AND an expansion of community care.
4. The thirteen AAMIMH member representatives met with the full Board of the Alberta Mental Health Board (AMHB) for the first time on October 19. The AAMIMH had requested such a meeting more than a year earlier. The agenda included a review of progress by the AMHB on developing community services and the AAMIMH's governance proposal. The meeting included some frank discussion and will hopefully lead to improved working relations between the two parties.

5. The AMHB regular meeting of October 19 considered numerous reports and policies relating to administrative matters. Funding was also approved from the previous year's surplus for the Calgary Homefront Project (formerly the domestic violence court) in the amount of \$150,000.
6. Regional Health Authorities elected new Boards on October 16. If the government endorses the AAMIMH proposal for integration, these individuals will be important advocates for improved regional services. A complete list of members is available at www.health.gov.ab.ca or from the Alberta Division, CMHA.
7. The Alberta Government's "claw-back" of departmental budgets of 1% over the full year will mean \$40 million from health services. The AMHB will need to cut \$2.3 million and the Health Authorities will face cuts from \$127,000 to \$12.2 million, depending on size.
8. The AMHB media campaign on stigma has a few detractors. While the initial response to the message "One in five Albertans will develop a mental illness. Four in five can make a difference." seemed inclusive, in that it suggested we all have a part to play, some CMHA members see it differently. Calls to the Division suggest the campaign is "paternalistic and stigmatizing." The message, they would argue, is that only the four in five can make a difference, which negates self-help and the whole philosophy behind the consumer movement. Let us know what you think!
9. The interdepartmental initiative on court "diversion" is moving ahead; however, the government budget difficulties are a concern that anything costing money will not proceed. CMHA has endorsed the draft plan and is now helping to set up consultations across the province. For a copy of the report or for more information contact the Division.
10. A national consultation on lobbying and Federal Government restrictions was attended by several CMHA members. While the legislation and corresponding policies seem to be highly restrictive, the key dimensions to protect against loss of charitable status appear to be: (a) all activity must be non-partisan; (b) the activity must benefit society generally rather than just the membership; (c) costs must not exceed 10% of budget, and (d) the organization "speaks for those that cannot." All CMHA senior staff have been provided with extensive detail and the framework for advocacy activity. For more detail contact the Alberta Division.

11. Using the phrase “choice and responsibility,” Gaming Minister Ron Stevens introduced *Achieving Balance, Gaming Licensing Policy Review* on October 22. The review document, well over 600 pages in length, presents a comprehensive summary of gaming in Canada and a blueprint for the future of the industry in Alberta. It can be found in PDF format at www.gaming.gov.ab.ca . While the cap on VLTs will be maintained at 6,000, the moratorium on the expansion of other gaming activities will be lifted. In the future we will see more slot machines in casinos and a variety of new electronic bingo games. The review also opened the door for more casino venues. The first will be built on First Nations lands. The move will ensure that government gaming revenues will continue to grow (\$1 billion in 2001 - 2002, up from \$400 million in 1994 - 1995). Unfortunately, there has not been a corresponding increase in AADAC funding. It is the agency responsible for education, training and treatment of problem gambling. The problem gambling component of the AADAC budget is funded through the Alberta Gaming and Liquor Commission (\$4.1 million in 2001 - 2002).
12. The death of Bettie Hewes, a former Edmonton alderman and MLA, has caused an outpouring of public respect. Bettie was a former CMHA Regional Director in Edmonton and later a Divisional Executive member. She remained a strong supporter and advocate for CMHA throughout her career and she will be sorely missed. CMHA received a high profile at the funeral, and Past President Richard Drewry will prepare a resolution at the next Board meeting to name an award in her honour.
13. The Conservative Party convention on the weekend heard the Premier propose new “interpretations” of the Canada Health Act which could see the “deinsuring” of some services in order to reduce cost. This is a potentially dangerous direction for mental health services. CMHA has promoted their inclusion in mainstream services since Medicare. For example, deinsuring physician counseling for mental disorders alone would save government \$88 million annually.

For more information contact the Alberta Division of the Canadian Mental Health Association.

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