

eFACTS



— JUNE 21, 2002

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 June 7 eFACTS (Item #6) reported the government's release of the Low Income Review report. At a recent meeting with the report's author MLA, we were advised the government would increase rates as soon as the "government could afford it." Yesterday premier Klein reported a 2001/2002 year-end surplus of \$772 million, 75% of which must by law go to debt reduction. The remaining \$123 million is available for other "priorities," he said. CMHA will continue its pressure along with the other parties supporting early increases to AISH and SFI payments, and it is hoped increases will be announced before fall of this year.
2. The Federal Government too is looking at income support reform through a sub-committee on the status of persons with disabilities. A new web site has been developed to keep Canadians better informed as to plans – see www.parl.gc.ca/disability.
3. The government is expected to shortly announce the replacement of the Lottery Board with a new \$30 million fund for community groups. The Lottery Board was eliminated in the last provincial budget and the loss of the \$52 million for community program enhancements was highly criticized throughout the province. Details of the new program are expected next week.
4. Previous editions of eFACTS have reported some of the steps associated with the transfer of programs from the Alberta Mental Health Board (AMHB) to the Regional Health Authorities (RHAs). Many people have contacted CMHA to ask "Where are we now?" Following is a summary:
 - 4.1 On January 8 the Premier's Council on the Future of Health Care recommended the transfer of AMHB programs to the RHAs. Two weeks later the government announced it would accept the recommendation for implementation by March 31, 2003.

- 4.2 The AMHB initially lobbied against the decision and the Minister of Health and Wellness responded by advising the Board that his office was taking control of the Board and program changes would require the approval of a new Special Advisor to the Minister, Mr. Wayne McKendrick, a former Assistant Deputy Minister.
- 4.3 Then-Board members Betty Schoenhofer, Kathleen Heinemann and Richard Peterson completed their terms on March 31, 2002. Member Tom Williams of Calgary tendered his resignation in "disgust." Vice-Chair Dr. John Read was formally appointed Chair in June, and a Vice-Chair will be elected by the Board on this date (June 21). All appointments end on or before March 31, 2003. The four remaining members will continue to set policy within the Minister's guidelines, but they are not involved in transition planning.
- 4.4 CEO Ken Sheehan has been on "leave" since February, and his replacement, Mark Ewan, left the Board abruptly on June 13. Mr. Ray Block was appointed Acting CEO. That is now seven CEOs in six years.
- 4.5 The transition team, chaired by consultant Brian Spooner (Chair and lead role), with Special Advisor to the Minister Wayne McKendrick (located in the Minister's office), Tom Seaman (Chair of the RHA Council of CEOs) and Ray Block of the AMHB, is now overseeing transition.
- 4.6 The transition team will not address "reform," but rather will focus on the divestment to the RHAs.
- 4.7 The initial work consisted of doing an inventory of all AMHB/RHA programs and services in the province. That was completed in early June (most RHAs are also developing their own internal plans relating to divestment issues).
- 4.8 Operational committees addressing finance, service models, human resources, assets, information systems and legal requirements, have been appointed. The "initial" appointments to these working groups can be searched on the AMHB web site. Task completion is scheduled for October 31, 2002.
- 4.9 The AMHB has also appointed "transitional medical coordinators" for the provincial facilities.

- 4.10 The only significant opposition to the divestment comes from labour, who have concerns about losing membership to other unions.
- 4.11 Mr. McKendrick reports some divestment could occur before calendar year end, with all completed by March 31.
- 4.12 CMHA, working through the Alliance, is attempting to meet regularly with team members and has asked the Minister for a “progress” meeting to discuss issues of concern. Those issues are:
- a) Stakeholder input to the process (the working groups are all internal)
 - b) The mandate and membership of the proposed reconstituted AMHB
 - c) Opportunities for formalized regional advice after divestment
 - d) Opportunities for non-government organizations such as CMHA
 - e) The need to look at interdepartmental cooperation during the divestment planning, i.e. where do children’s services, diversion and forensics go?
 - f) Inadequacy of current budget provisions and the uncertainty of AMHB contracts.
5. The AMHB has been publicly criticized for using Federal Government money earmarked for “diagnostic and treatment equipment,” in order to purchase wood working tools, sewing machines, video and photography equipment and a projection screen. The Board said the equipment was “for therapeutic use and is fully justified.”
6. The health research fund of the Alberta Heritage Foundation For Medical Research is calling for “Letters of Intent” for health research, including mental health. The deadline is September 6 and more information is available at www.ahfmr.ab.ca .
7. The Alberta Centre for Injury Control has grants available for injury prevention. Their priorities are suicide, traffic-related injuries and falls. Deadlines vary dependent upon the type of grant and more information is available at www.med.ualberta.ca/acicr .

8. The Government of Canada has announced an \$800-million Primary Health Care Transition Fund to try and bring about “systemic long term reform.” Primary care is our first contact with the health system, usually the family physician. CMHA has been invited by Alberta’s Deputy Minister of Health and Wellness to participate in a “stakeholder consultation” by attending a “provincial consultation” on July 12, and regional workshops to be held in Three Hills on June 18, Calgary on July 3, Lethbridge on July 4, Edmonton on July 9 and Grande Prairie on July 11. Delegates will be selected by the RHAs.
9. The Human Resources and Employment Minister has yet to announce specific government action relating to the April report of the “Employability Council.” It called for improved opportunities for employment for people with disabilities. The Council identified 15 strategies to improve work opportunities (CMHA Central Region Executive Director Patricia Turnbull served on the Council.) The report parallels another Human Resources and Employment Department initiative called the MOSAIC Study, which also calls for improved work opportunities for disabled people (CMHA Provincial Director Ron LaJeunesse served on the Advisory Team).
10. The Provincial Government’s “Expert Panel” to review publicly funded services has been announced. CMHA unsuccessfully attempted to influence the membership in order to obtain representation, or minimally to have a mental health specialist appointed. None of the 11-member group has a background in mental health.
11. The Federal Health Minister, Anne McLellan, has frequently expressed interest in mental health issues. As some evidence to that fact, she recently wrote Ron LaJeunesse to report she was reading *Political Asylums*, and she has just appointed Ms. Genevieve Tremblay as the Minister’s Ottawa-based “policy advisor” on mental health. McLellan’s Edmonton Executive Assistant is a former CMHA employee.
12. The CMHA-endorsed “Wellness Initiative,” which details the mind-body connection and which promotes prevention and early intervention strategies, is ready to be launched. For more information on the “paper” and implementation strategy, contact CMHA Director Ron LaJeunesse.
13. Canadian psychiatrists are calling for colleagues to use “support systems” in the wake of a suicide by Toronto psychiatrist Dr. Michael Wainberg (aged only 37). Psychiatrists have their own “propensity to depression,” said Dr Mike Myers of BC, and Toronto psychiatrist Dr. Ronald Ruskin reports a study which illustrates

that 25% of psychiatric residents experienced post-traumatic stress disorder. The old adage “physician heal thyself,” doesn’t apply. They too need help and support.

14. A new SIEC alert from CMHA’s suicide services addresses the complex issue of homicide followed by suicide. A staggering 8% of Canadian homicides are followed by suicide, usually a male killing their spouse – 48% of incidents. More information at siec@suicideinfo.ca .
15. The CMHA urgently needs Edmonton volunteers to assist with its children’s and adult camping programs. Adult programs run July 5 through 7, July 19 through the 21st and August 9 through 11. If you enjoy camping and great people, phone 414-6300. The children’s program runs within the period July 2 through August 22.

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

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