

# *eFACTS*



— JANUARY 30, 2003

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. In one sentence, the world's most powerful man reinforced the most common stereotype about mental illness. President Bush, in his State of the Union address to millions worldwide, said "Trusting in the sanity and restraint of Saddam Hussein . . . is not an option." In so doing, he inferred "insanity" is the cause of terrorism. Osama Bin Laden has also been presented in this light; however, numerous clinicians have "analysed" the behaviour of these men and consistently conclude that they are NOT mentally ill.
2. The Alberta Premier "state of the province" address this week had little promise for people with mental illness either. There was no commitment to additional resources for community programming (indeed, the Province is fighting the Federal interest in setting home care priorities – see Item #7 below), or to increase disability rates for those on the Assured Income Program (AISH) (see item # 10 below).
3. The long-awaited announcement from the Minister of Health and Wellness regarding the specifics of the transfer of programs from the Alberta Mental Health Board to the Health Authorities is out. There are few surprises from the "guesses" made in eFACTS last November. In summary:
  - 3.1 Most programs and services now managed by the AMHB will be transferred to the RHAs by March 31 on a geographic basis consistent with the nine new Health Regions. Alberta Hospital Edmonton will be managed by the Capital Health Region; Alberta Hospital Ponoka by the David Thompson Health Region; Claresholm Care Centre by the Calgary Region; and Raymond Care Centre by the Chinook Health Region. These facilities will continue to serve as "provincial resources."

- 3.2 The exception to the transfer will be Forensic Services, Suicide Prevention Services, Aboriginal Mental Health and Telemental Health (and presumably educational/advocacy contracts such as Alberta Division, the Schizophrenia Society of Alberta and the Self Help Network). While the AMHB will retain the budgets for these services, they will be operated under contract to the RHAs and other non-governmental organizations.
- 3.3 The AMHB will continue in existence, but with a new mandate to advise the Minister; to work with and support RHAs on the development of a provincial plan, including the formation of "Program Councils" to coordinate services; to assess regional plans; to promote evaluation; to consult with advocacy groups; to undertake health promotion activities; and to sponsor educational services. (It is expected that the current four remaining members of the AMHB will continue to serve to the end of their terms and that the Minister will appoint additional members when he appoints other members of the consolidated RHAs. Dr. John Read is expected to remain Chair.)
- 3.4 A provincial mental health plan will be developed over the 2003/2004 fiscal year, involving Justice, Children's Services and others (there was no announcement of additional funds).
- 3.5 Current employees of the AMHB will be transferred "intact" to the RHAs. (The AMHB is expected to have a very small infrastructure with only a few employees.)
4. The AAMIMH responded positively to the announcement, noting the government has "put the right infrastructure in place." They did, however, reserve too much praise, noting the "real proof will be in the ability of government, the AMHB and the RHAs to deliver on a reformed system." The AAMIMH will be releasing their *Blueprint for Reform*, at a March 6,7 conference. The *Blueprint* outlines the necessary ingredients for a modern mental health system as seen by all key mental health "stakeholders." including consumers/clients/patients, families, professionals and advocates. FOR INFORMATION ON THE CONFERENCE, go to [www.aamimh.ca](http://www.aamimh.ca) or [www.cmha.ab.ca](http://www.cmha.ab.ca) .
5. The government has announced the Chairs of Alberta's new nine Health Regions. All are current Chairs of Health Authorities and believed by many to be strong government supporters. All future members will be appointed as the government moves away from a previous commitment to elected members.

6. The Alberta Mental Health Board's January meeting reflected an organization "winding down." The agenda included a report on a new children's web site within the AMHB site at [www.amhb.ca](http://www.amhb.ca) , an advisory committee appointment and plans for the Official Opening of the new Alberta Hospital Ponoka Buildings on February 28. One item of importance dealt with a report on the successful accreditation of AMHB programs – ironically, the first province-wide coordinated accreditation, occurring as services are being regionalized and integrated.
7. The Federal Government's plans to pump an extra \$31.5 billion into health care, with a priority on home care and medications, could prove to be very important to mental health services. The proposal, which comes from the "Romanow" report, has been endorsed by CMHA at provincial and national levels. Also, many of the Romanow recommendations were initially supported by the Canadian Medical Association, but the CMA now says the bulk of the money (\$21.3 billion) should go to "core" services. Many fear this means more acute care and professional salaries. Next week's meeting between the Prime Minister and the Premiers could have long-term consequences for the mental health sector – and few will even realize it.
8. The inter-agency committee developing a model for the diversion of mentally ill people from the criminal justice system completed its work in January and will soon submit a report to government Deputy Ministers. The committee has developed an excellent model and rationale for the service, and it is now time for the government to act. The report recommended pilot initiatives in St Paul, Edmonton and Lethbridge. Calgary already has a pilot funded through the former Health Innovation Fund; however, in spite of apparent success, ongoing funding is not assured.
9. The deadline for Alberta's multi-million dollar "Capacity Building Fund" has passed, with dozens of major proposals province-wide. CMHA staff and volunteers provided leadership to at least two proposals: one for a Criminal Justice Diversion program in Edmonton, and one for an integrated physician/mental health therapist community service model in the south. The Criminal Justice submission built on the work of the Provincial Committee (item #8 above) and attempted to take advantage of the current funding, coupled with the strong interest in the Edmonton Police Service and Capital Health Authority, to move an Edmonton project ahead more quickly. More information is available from the Alberta Division of CMHA.

10. The Alberta Government's "Committee on Innovation and Collaboration," chaired by MLA Drew Hutton, has released its report, which makes 50 recommendations calling for clearer roles for Health Authorities, performance contracts, better collaboration, centres of specialization and "a blend of providers" offering innovation. The Committee clearly endorsed more contracting of services. In the mental health area, the committee recommended mechanisms to measure consumer and professional satisfaction, identifying funding needs, removing legislative barriers and developing "a province-wide mental health plan."
11. An announcement on changes to the government's income support programs is expected in early February. While many clients have expressed insecurity about losing AISH benefits, given the importance of the program to keeping people out of hospital, that seems highly unlikely to occur. Minister Clint Dunford has worked hard to consult with constituents on possible changes, including private, off-the-record meetings with some stakeholders, but his job of balancing an escalating number of applicants with budget constraints is tough. Look for modifications to the SFI and AISH programs that separate health and disability benefits from income support. The Department is also interested in improving employment opportunities for the disabled and is reviewing CMHA-provided information on some exciting Ontario initiatives. The issue of income support and health benefits is critical to the more severely ill and disabled people and remains a high priority for CMHA.
12. People who run "approved" or "foster" homes may be winners and losers. An early January decision by the Canadian Revenue Agency confirmed that income from "fostering" children and disabled adults was not income for the purposes of taxation. Then, later in the month, the insurance industry increased rates by about 300%. The decision may well drive many of Alberta's 100 mental health approved home operators out of business – and at a time when housing is already the most lacking component in the mental health system, with hundreds of homeless and hospitalized patients with nowhere to go. CMHA is working with the operators and insurance brokers to try and find a solution.
13. The 2003 Management of Psychosis Seminar will focus on "dangerousness" and will be held at Edmonton's Grey Nuns Community Health Centre on January 31. CMHA Executive Director Ron LaJeunesse will take the negative in a debate with psychiatrist Dr. Sergio Santana, on the value of Community Treatment Orders. The conference also features former CMHA researcher Dr. Robert Hare, who will present on predicting violent behaviour. More information is available by calling 1-877-444-4324.

14. The Centre for Suicide Prevention has just published its 2003 catalogue of educational programs. Included is a Research Symposium planned for April 3. The program will highlight Dr. Brian Mishara of the University of Quebec. The day's event will be followed by an Open House in the Centre's new offices at #320, 1202 Centre Street SE, Calgary. For more information, phone 403-245-3900 or go to [www.suicideinfo.ca](http://www.suicideinfo.ca)
15. The Red Deer Region of CMHA has been providing strong leadership to provincial initiatives aimed at promoting improved housing options for the homeless, of which between 25% and 70% (U of C, 2002) have a history of serious mental illness. The Region and Division strongly recommend that all Regions involved in housing initiatives attend the upcoming Alberta housing Coalition Assembly to be held in Red Deer on February 21, 2003. Information has been circulated to all Regions and can be found at [www.albertahousingcoalitionl.ca](http://www.albertahousingcoalitionl.ca) .
16. According to an article in this months issue of *Psychology Science*, you are probably mentally healthier if your vocabulary includes a lot of pronouns like "I" "you," "he," "she," etc. They indicate that you spend a lot of time thinking about other people and the theory goes that "those social and family connections are the basis of a healthy mind." So now you have it!

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