

eFACTS 04

Welcome to 2004. Over the past several years, the eFACTS newsletter has proven to be the most popular location for visitors to the CMHA Alberta web site. We want to maintain that interest and, along with a new, even more user-friendly web site that we will launch shortly, we are changing our newsletter format. We think you will find the new version even easier to navigate, but do let us know what **you** think.

Lifestyle

Your New Year's resolution! If you are like the majority of Albertans, you have resolved to get healthier in 2004. In your mind that probably means diet and exercise. While those are important, it might also be wise to heed the recent results from a University of Michigan study headed by Dr. Stephanie Brown. The researchers reviewed numerous studies on volunteerism, family support and other helping relationships and concluded that those people who are more altruistic, live longer. They also have fewer aches and pains, improved protection against illness, lower stress levels and generally improved health. So – in 2004 give more of yourself and improve your chances of living a long, happy life!

Mental Health Reform

1. **"The" report is in the final stretch.** The Alberta Mental Health Board's plan for a contemporary mental health system is in the final draft stage and will be submitted to Health and Wellness Minister Gary Mar by month end. The Alberta Alliance on Mental Illness and Mental Health (AAMIMH) has had significant input throughout the planning process and the final version is expected to reflect their influence. The draft report has had limited circulation, but a summary of the plan's provisions will be posted on this site as soon as possible.
2. **A media gaffe with a three-word headline.** In late December the *Edmonton Journal* ran a significant story entitled *Mental Hospitals Obsolete*, implying the new Mental Health Plan will call for their closure. Not so! The Plan is expected to emphasize community services, and those opportunities in tandem with early intervention and modern medications should reduce the reliance on those hospitals in the future. The hospitals are now a vital part of the Alberta "system," and while their role will undoubtedly change over time, if we look at New Brunswick, Wisconsin, Rhode Island and other American models – it took about ten years.
3. **Ensuring the "Plan" is used.** In mid-December, CMHA contacted every provincial MLA with "Season's Greetings" and encouragement to make mental health matters a priority in 2004. The Association will now request personal meetings with every elected member in order to brief them on the new plan and the provisions that should receive priority. It is hoped that the AAMIMH will also participate in that process.
4. **A priority is more than words.** If we are looking for some evidence that integrating mental health services into the Health Regions is beginning to show advantages, we might want to look at the 2004 Alberta Health and Wellness "Sustainability Initiative Fund" for building improvements. Of the \$20 million announced for nineteen capital projects, ten of them – for a total of \$10.8 million – are allocated to improve facilities for the provision of community-based mental health services.

5. **And more good regional news!** “Health Link” nurses in Edmonton and Calgary have begun answering calls from people with mental health problems who were previously calling the Alberta Mental Health Board services at the Alberta Hospitals in Edmonton and Ponoka. CMHA was opposed to the previous AMHB “crisis” model on the basis that staff were poorly informed and the program duplicated Health Link, whose nurses were also dealing with mental health concerns. The initiative will add about 1,500 calls per month to the two Centres. For help 24 hours a day, seven days a week, call Edmonton 408-LINK (5465), Calgary 943-LINK (5465), or province-wide call toll-free at 1-866-408-5465.
6. **A priority is more than words – II.** If we are looking for some evidence that people with disabilities are *not* an Alberta Government priority, we might want to look at progress being made to improve income levels through the Assured Income for the Severely Handicapped (AISH) program. In spite of more than three years of concerted pressure by CMHA and other groups working in coalitions, and in spite of the government’s own report recommending improvements to AISH, and in spite of a huge government budget surplus – there has been no money. The program is “not sustainable,” according to government officials. A new campaign to influence legislators has been designed within an Alberta Disabilities Forum (ADF) coalition. Watch for the plan in the early new year.
7. **But let’s be fair.** It seems that Human Resources and Employment Minister Clint Dunford has worked hard to reform income supports, and he has made progress on several fronts. He has consulted extensively with CMHA and other key stakeholders and has extended health benefits to persons leaving ASIH and SFI (public assistance), designed a special employment program for aboriginal persons, and worked to implement the recommendations of the Low Income Review report – including the examination of new work opportunities for persons with mental illnesses. But that’s all little consolation to the people trying to eke out an existence on an \$850 AISH payment.
8. **Your health records tell much.** Maintaining the confidentiality of mental health records has been a priority of CMHA for several years. Working in partnership with nurses, doctors and police officials, the Association has worked to influence law and regulations in order to ensure the right balance between personal privacy and public safety. In that context, an Alberta Government amendment to the Health information Act, allowing the removal of patient consent for electronic transmission and the discretionary disclosure of information on deceased individuals, was not opposed. CMHA will be participating in a complete review of the Act and its strengths and limitations later in 2004.
9. **Protecting people in care.** The government is examining its legislation designed to protect seniors and disabled persons receiving care in facilities across Alberta. CMHA has long expressed criticism of the law, which has poor investigative requirements, excludes mental health facilities and has little “teeth” to ensure protection. The CMHA brief, prepared under the leadership of former Provincial Ombudsman Aleck Trawick, is available upon request.
10. **Whatever your politics, we needed her.** The movement of National Health Minister Anne McLellan to Public Safety and Emergency Preparedness from Health is a significant loss to our sector. Anne has advocated for CMHA on numerous issues, and our work with our National Association in developing a National Mental Health Policy is only now taking form. In a December discussion with Association representatives, McLellan committed to continuing support for our cause, including participation in the Alberta Association’s 50th Anniversary plans in 2005. Watch for more details on this exciting national event.

Improved Knowledge

1. **A "Voice of Our Own."** In December 2003, CMHA joined other disability organizations in promoting the International Day of Disabled Persons. Started by the United Nations in 1992, the day recognizes the way in which people with disabilities can enrich lives. We tend to be so focused on the problems associated with disabilities that we rarely think in "enrichment" terms. Speaking to the upcoming AAMIMH conference (see Item #2 following), David Irvine will expound upon the "gift of mental illness." When have we thought in those terms?
2. **An important conference with zing.** The AAMIMH will be sponsoring its second annual conference, entitled *From Passion to Action*, on March 11 and 12 at the Fantasyland Hotel in Edmonton. The conference is intended to help move Alberta's reform agenda forward and will feature a number of internationally respected speakers, including Drs. Daniel Fisher and Jane Adams, members of President Bush's "New Freedom Commission on Mental Health," and Senator Joyce Fairbairn, member of the Senate Standing ("Kirby") Committee on Social Affairs, Science and Technology. Alberta's Health and Wellness Minister, Gary Mar, will be the lunch speaker on March 12. The conference features two presentation streams: primary health care/professional, and consumer/advocacy. Discounted registration fees apply to members of AAMIMH organizations. Early bird registration deadline is February 15. Details and registration form are available at www.aamimh.ca .
3. **A magazine first!** Alberta news magazine *Alberta Views* has made history by being the first Alberta (and probably Canadian) magazine to dedicate most of an entire issue to mental health matters. Its December edition, headed *Back to the Future*, chronicles past and current problems in the way in which Alberta has responded to the treatment of persons with mental illnesses. For more information, visit the magazine's web site at www.albertaviews.ca .
4. **"Promising Strategies" manual.** Following two years of research, CMHA's Centre for Suicide Prevention has published a landmark manual detailing 17 strategies that have real promise for reducing suicide in aboriginal youth. The death rate for aboriginal males under 20 is about five times that of the general population of the same age and gender. A similar death rate for the population as a result of SARS or some other physical illness would be deemed "epidemic." For more information, including the Centre's winter newsletter, go to www.suicideinfo.ca .
5. **Political Asylums online.** The highly-acclaimed book *Political Asylums*, winner of the 2003 Grant MacEwan Literary Award, is now available online at no cost. Go to the CMHA Alberta web site at www.cmha.ab.ca or to www.muttart.org .
6. **Serzone is off the market.** The popular antidepressant medication Serzone and its generic equivalents have been discontinued in Canada. The withdrawal follows a \$200 million class action suit by a Quebec man who alleges the drug causes liver damage. Allegations of liver damage have been made since 1994, and the product was pulled from the market in Europe last year. One of Alberta's most frequently prescribed drugs, the withdrawal will affect thousands. Individuals on the medication should ensure the drug is withdrawn slowly. Consult your physician for advice and alternatives.
7. **Empowerplus is back on the market – maybe!** The controversial nutritional supplement remains available to Canadian users through American suppliers *if* ordered for personal use. A 2003 warning by Health Canada led to border confiscations and a range of activity designed to dissuade Canadian consumers from using the product for mood disorders and other mental illnesses. In spite of its

8. controversial nature, there seems to be considerable evidence that the product is valuable for many people who suffer bipolar disorder and other mood disorders. Working with then Federal Health Minister Anne McLellan, CMHA has ensured that orders for personal use are not blocked by Customs officials and that new clinical trials to prove or disprove the efficacy of the nutrients are researched at the University of Calgary. While progress appears to be being made, "establishment" opposition is large and plans have not been finalized. Anyone having difficulty accessing the nutrient should contact www.truehope.com . Interested consumers should be sure to evaluate the product carefully, including a visit to Health Canada at www.hc-sc.gc.ca – along with a frank discussion with their family doctor.
9. **More careers in psychiatric nursing.** Starting this January, Grant MacEwen College will offer more than double the annual "seats" available to student psychiatric nurses. For additional information contact the College, or the Registered Psychiatric Nurses' Association at 1-877-234-7666.
10. **It's just a game!** The controversial new television ads by the Minor Hockey Association aimed at parental inciting of hockey violence are very similar to a campaign developed by CMHA in the early 80s with hockey legend Howie Meeker. It seems that concern from the "outside" is now evident on the "inside." After all – it's "just a game."

Research Initiatives

1. **Are mental health professionals prejudiced?** With the support of the Heritage Foundation on Medical Research, CMHA in Alberta will join the University of Alberta and the Alberta Mental Health Self Help Network in examining stigma and the extent to which it affects professionals as they provide services to mental health "consumers." Watch for more.
2. **Public health systems are prejudicial.** A two-year study by CMHA National, in partnership with the Divisional organizations, found that persons with mental illness, with only a few exceptions, are excluded from the publicly-funded Home Care system. Pilot sites in Taber, Alberta; Ottawa, Ontario; and St. John's, Newfoundland and Labrador; developed some innovative models of home care that really make a difference for people with severe and persistent mental illnesses. For more information, contact CMHA at national@cmha.ca or call the Alberta Division.
3. **Home Care is vital to the mental health of seniors.** A two-year CMHA research study assessed the mental health needs of seniors and the role that home care might play. The report's conclusions have led to the development of two service guides, one entitled *Supporting Seniors' Mental Health Through Home Care: A Policy Guide*, and *Supporting Seniors' Mental Health: A Guide for Home Care Staff*. Copies are available from national@cmha.ca .

Administrative "Stuff"

1. **The "Board Report."** A detailed report of some 32 items addressed at the Divisional CMHA Board meeting of October 18 is available upon request. It includes information on everything from progress on criminal justice diversion initiatives, to an early psychosis intervention project, to the result of pet therapy research, to the Association's financial position. Let us know what you want to know! The next meeting of the Provincial Board of Directors will be held on March 12 and 13 in conjunction with the *From Passion to Action* conference.

2. **Retired – kind of.** CMHA Divisional Executive Director Ron LaJeunesse has begun working part-time effective January 1. He will retain responsibilities as the chief executive officer of the Association in Alberta, but will do so with the support of two Associate Executive Directors, Mr. David Allen and Mr. Peter Portlock. For more detail as to specific responsibilities, contact any office of the Association in Alberta or call Mr. LaJeunesse at rlajeunesse@cmha.ab.ca .
3. **Remember other CMHA senior staffing changes.** Mr. David Maher is in Edmonton replacing Joanne Kidd, who is on a Muttart Fellowship. Ms. Judy Martin has replaced Trish Cameron in Calgary, and Ms. Timmi Shorr has replaced Rae Molzan in Fort McMurray.
4. **Special people!** The CMHA Annual Meeting and Awards Presentation held in late 2003 was attended by more than a hundred people, many of whom were there to recognize the twenty years of work by Edmonton lawyer Richard Drewry, QC and other exemplary CMHA volunteers. The tribute dinner was emceed by National CBC health reporter Terry Reith, with speeches by former Lieutenant Governor Helen Hunley and MLA Mary O’Neill, along with colleagues and family members. Letters of congratulations were received from the Prime Minister, Lieutenant Governor, Premier and Mayor. Other recipients included:
 - Kathleen Frei of Grande Prairie (CMHA National Distinguished Service Award)
 - Carmela Hutchison of Irricana (Nadine Stirling Memorial Award)
 - Shelly Dalueg of Daysland (Professional Care Award)
 - Lissa Swihart of Medicine Hat (Communications Award)
 - Terry Reith of Edmonton (Communications Award)
 - The Edmonton Kiwanis Club (Special Services Award)
 - John Stokdijk of Calgary (Bettie Hewes Memorial Award for Distinguished Volunteer Service)

Volunteers are the CMHA “lifeblood.”

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