



HEALTHIER ALBERTANS, HEALTHIER COMMUNITIES

10 common sense recommendations for the Mental Health Review Panel and the NDP government to implement as part of their mental health strategy.

January, 2016



Executive Summary

A mental health strategy for Alberta is desperately needed. Even more significant is for the NDP government to follow through with the implementation of a strategy, with meaningful benchmarks and a clear performance measurement framework. Previous plans, developed thoughtfully and carefully by previous governments and stakeholders, have sat on a shelf without being implemented, often due to a lack of accountability in tracking their progress.

Some of the recommendations below are based on past suggestions in government reports in 2004, 2005, 2011 and 2014. Others adopt common sense ideas from other jurisdictions. If enacted, we believe these proposals would all have a significant impact on mental health treatment in Alberta.

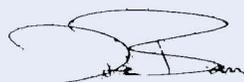
Mental health must be acknowledged as an integral part of a prosperous society. With one in five people experiencing a mental illness in their lifetime, the stigma needs to be lifted, and a plan must be put into action.

The social cost is far too high to let mental health problems, mental illness and addiction go untreated. Mental illness accounts for 40 per cent of disability claims and sick leaves in Canada. Timely and targeted programs can and will improve the quality of life for those individuals suffering from mental illness, their loved ones, and their communities.

It is our sincere hope that the members of the Mental Health Review, and the NDP government, will carefully consider and implement these recommendations, with the purpose of improving the quality of life for all Albertans.



Brian Jean
Wildrose Leader



Drew Barnes
Shadow Health Minister

Recommendations

- 1) Complete consolidation of community mental health services and addictions services throughout the province, including in hospital emergency departments.

Having joint treatment available in every corner of the province will ensure that access to the best mental health services will be a reality for Albertans. Integrated care planning and collaborative, coordinated treatment for those with a persistently high level of need has been a proven success in pilot projects. These positive examples must now be adapted into the system as a whole.

- 2) Expand community and home-based supports to relieve pressure on acute care services.

While facility-based care for mental health will always have its place, the sustainability and accessibility of the system requires utilizing more flexible options when possible. Improving the availability of community mental health workers, as well as supports for family members caring for those with mental illness and addiction, will remove strain on the system and allow for these services to expand into more remote communities. Use of technologies such as phone or internet, previously identified as an underutilized tool for reaching target populations, could also be expanded as an efficient way to allow better access to information, screening, and treatment services.



3) Explore expanding the availability of mental health services through the Primary Care Network (PCN) model.

Over 3.2 million Albertans rely on PCNs for the delivery of primary care services. PCNs offer the ability to bring in a variety of health service providers, including mental health workers, allowing for improved and more proactive treatment at the primary level. This potential to expand access and enhance multidisciplinary care could be fully realized with a defined strategy and accountability measures to track progress.

4) Complete the creation of an electronic record database that will bring Alberta into the 21st century of health care provision.

A comprehensive, accessible and unified records management system would allow data sharing between health professionals across the province, to ensure that those seeking help for mental illness do not have to start from square one each time they walk into an emergency room, doctor's office, or community clinic. Information sharing has been identified as a persistent problem within Alberta Health Services, resulting in disjointed or incomplete treatment, especially for those with persistent mental health problems.



- 5) Establish an integrated case management system for the chronically mentally ill and at-risk individuals, bridging the gap between the health system and other social supports.

This holistic approach would include closing the gap between health care providers and other social services, with access to client-centered housing, and addiction and mental health services. There should be no barriers for at-risk individuals to receive the community supports that they require or to access information about where these supports are available. This information sharing and access among professionals is equally important to the successful treatment of mental illness and addictions, and could potentially be incorporated into the electronic health system when complete.

- 6) Develop a mental health framework for Alberta's First Nations and Metis communities.



This would be done in conjunction with the federal government in a way that acknowledges the legacy of residential schools and the need for respect of aboriginal culture as key components. Suicide and self-inflicted injuries are the leading causes of death for First Nations youth and adults up to 44 years of age, and must be addressed as a crisis.

Key Fact

Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.

7) Develop and enhance curriculum resources for mental health and addictions in the education system.

Given that the onset of many mental health problems occurs during childhood or adolescence, any strategy must acknowledge the need to address the issue across the lifespan of an individual. Through collaboration with the education system, we can work to reduce the stigma and improve the understanding of mental illness amongst youth and teens. Mental health issues can stand in the way of learning and development, so it is imperative that appropriate system resources be dedicated to reaching children and youth in need.

8) Increase funding for addictions and detox programs within the province to the level proposed by the previous government.

The NDP government has cut a proposed increase in funding over the next three years for addiction and detox centres. This decision, which equates to a shortfall of \$13 million dollars over a three year period, will end up costing us more through strain on the health care system. Addiction and detox programs could be further improved by ensuring they receive similar funding to mental health services on a proportional basis, whereas currently the allocation of system resources has been identified as unbalanced.



9) Develop a comprehensive dementia strategy for Alberta, while urging the federal government to do the same.

For the first time in Canadian history, seniors outnumber children aged 14 and under. The grey elephant in the room is that by the end of 2031, the amount of Canadians living with some form of dementia, including Alzheimer's, will double to an estimated 1.4 million. The government must start to prepare for this by ensuring that supportive living facilities are adequately equipped to provide dedicated dementia care, with specialized care available in communities where the need has been established.

10) Improve mental health services available for front line workers.

The *Workers' Compensation Amendment Act, 2012*, was an important first step in removing the burden of proof from first responders afflicted with PTSD because of their job and streamlining the claims process for them. Reducing the stigma, and making debriefings standard practice following a critical call, is the next important step to take. Increasing awareness of available supports through an education campaign will ensure that no one feels that they are alone in their battle with PTSD.

Sources

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