



September 12, 2011

## New direction for addiction and mental health system

### *Faster access and better integrated services for Albertans*

*Edmonton...* A comprehensive new Alberta government strategy will help reduce addiction and mental illness in the province. *Creating Connections: Alberta's Addiction and Mental Health Strategy* will create a more seamless system to ensure the best quality assessment, treatment and support services are available to Albertans where and when they need them.

"Albertans need faster and better access to addiction and mental health services," said Gene Zwozdesky, Minister of Health and Wellness. "This new strategy will build on a solid foundation to create an even stronger addiction and mental health system. Better coordination and integration of services will be its cornerstone. Our 5-Year Health Action Plan is focused on improving access and this new strategy is an integral piece of that plan."

"Alberta's Addiction and Mental Health Strategy is absolutely a step in the right direction," said Michel Perron, Chief Executive Officer of the Canadian Centre on Substance Abuse. "This strategy represents new ways of thinking and working together to deliver practical and tangible results. It is a new way for Alberta to reduce the impacts and harms associated with substance abuse."

The strategy has 5 key directions:

- build healthy and resilient communities by focusing on health promotion and illness prevention and improving access to primary health care;
- foster the development of healthy children, youth and families by improving access to a full continuum of services;
- enhance community-based services, capacity and supports, including addressing housing and rural capacity, to provide Albertans quality care where and when they need it;
- address complex needs so that Albertans requiring specialized or coordinated care have access to a full range of appropriate addiction and mental health services and supports; and,
- enhance assurance in the system by developing appropriate oversight policies, structures and initiatives so Albertans can be confident in service quality and client safety.

"This strategy sets the direction for addiction and mental health for the next five years. It builds on work already underway to strengthen our service delivery system and to increase emphasis on mental health promotion and illness prevention," said Dr. Chris Eagle, AHS CEO and President. "A key strength of the strategy is a collective commitment to work together across government ministries, AHS and community groups to improve access to services and build strong community

supports around people."

Some programs and services supporting the strategy are already underway throughout the province. They include adult depression program pilots in primary care networks, Aboriginal youth suicide prevention programs, discharge planning for the homeless, inner city and rural police crisis teams, telehealth psychiatric services, access standards for children's mental health services, and many alcohol and drug reduction programs in schools, communities and workplaces.

"Today, there's a great window of opportunity to transform the system of mental healthcare right across Canada," said Louise Bradley, President and CEO of the Mental Health Commission of Canada. "For the first time, governments and territories are putting mental health at the top of their agendas, and mental health issues are being discussed openly in our schools, offices, and homes. There's also a real eagerness to share knowledge and to create caring societies where people living with mental illness have the opportunity to recover and lead fulfilling lives. The Commission commends the Alberta government for stepping up to the plate and addressing mental illness and addiction full-on."

The development of the strategy was co-led by Alberta Health and Wellness and Alberta Health Services. It involved 16 Government of Alberta ministries because there was a recognition that many people with addiction and mental health issues are served by many government departments.

The cross-ministry initiative engaged key stakeholders in the addiction and mental health fields in Alberta, including health care professionals, family and consumer representatives, people with lived experiences in addiction and/or mental illness, and a panel of addiction and mental health experts from across Canada.

The strategy is accompanied by the Alberta Addiction and Mental Health 2011-2016 Action Plan that lays out the roles, actions, expected results and performance measures for all ministries, sectors and community-based organizations involved. Supporting Albertans with addiction and mental health issues is an important part of Alberta's 5-Year Health Action Plan.

To view the Strategy and Action Plan visit: <http://www.health.alberta.ca/>

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## **Backgrounder:** Frequently Asked Questions

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## Alberta Addiction and Mental Health Strategy Frequently Asked Questions

**How does the *Alberta Addiction and Mental Health Strategy* differ from our current approach?**

- Alberta currently has very good addiction and mental health services available, but the delivery of these services is not always integrated and may vary according to where one lives.
- This strategy builds on all the good work done to date and integrates addiction and mental health services into one provincial system. Focusing on children, youth and families, seniors, First Nations, Métis and Inuit, and at-risk populations, the strategy aligns the work of all affected ministries, organizations and community stakeholders and emphasizes a strong wellness approach focusing on health promotion and illness prevention.
- Recognizing that investment at the front end means preventing problems before they even start, the strategy shifts the focus from inpatient care to prevention and care in the community.

**Does shifting the focus of addiction and mental health services into the community mean that existing beds, services and facilities will be reduced?**

- No. Emergency care and acute care will still be there and will be of the highest quality.
- The strategy recognizes that many people with mental illness or addictions are served by many government departments. For example, by providing addiction and mental health services in schools, students, staff and families have access to supports and more immediate and ongoing intervention.
- Some examples of community-based care include primary care networks, community treatment orders and homecare.

**How will this strategy help improve the lives of Albertans who need addiction or mental health services?**

- The strategy will help improve the health and well-being of Albertans in all areas of the province and individuals and families will be at the centre of addiction and mental health services and supports. It will mean improved ability of the workforce to effectively address addiction, mental health problems and illnesses; increase public awareness and understanding of mental health, mental illness and addiction; reduce the stigma and improve access to services; and ensure the addiction and mental health system is accessible, responsive and accountable.

**How will this strategy help Albertans who live in rural or remote locations?**

- The strategy recognizes that those living in rural or remote communities must have access to the addiction and mental health services they need.
- The strategy's 2011-2016 action plan lays out specific ways this can be addressed; for example, through using technology and mobile outreach teams to improve access to services and supporting community partners and organizations to address needs.

**How much does Alberta currently spend on addiction and mental health services and how**

## **much will this strategy cost?**

- In 2010-11, Alberta Health Services spent approximately \$520 million on mental health and addiction services.
- Year one of the 2011-2016 action plan calls for a thorough analysis of what we currently have, what we will need and what needs to change. That work will be carried out in existing budgets.
- However, if gaps in current prevention, assessment, treatment and support services are identified, there may be a need to shift resources.
- Not addressing addiction and mental health needs in Alberta will be more costly. By wisely investing our resources, we can reduce lost productivity and social costs.

## **What is the overall impact of addiction and mental health on society?**

- 1 in 5 people will experience a mental illness in their lifetime and the remaining 4 will have a friend, family member or colleague who will be affected (Health Canada: 2002). As well, as many as 10% of people over age 15 may be dependent on alcohol or drugs (Centre for Addiction and Mental Health: Mental Health and Addiction Statistics: 2010).
- Each year, more than 500,000 Albertans (about 16% of the population) receive at least 1 mental health service from a physician.
- Alcohol abuse costs Albertans \$855 million in lost productivity, \$407 million in direct healthcare costs, and \$275 million for law enforcement annually (AHS, 2006; AADAC & AGLC, 2007).
- \$51 billion is the estimated cost of mental illness to the Canadian economy in terms of health care and lost productivity.
- Suicidal behaviour is highly correlated with mental illness and problematic substance abuse (The Human Face of Mental Health and Illness in Canada, 2006, Government of Canada). Suicide was the leading cause of injury death in Alberta in 2006 accounting for 25% of all injury deaths (Alberta Centre for Injury Control and Research, 2008).
- The suicide rate of First Nations youth is 5 to 7 times higher than the national average and 11 times higher for Inuit youth. Suicide is the single greatest cause of injury-related deaths for Aboriginal people (Indian and Northern Affairs Canada, 2008).

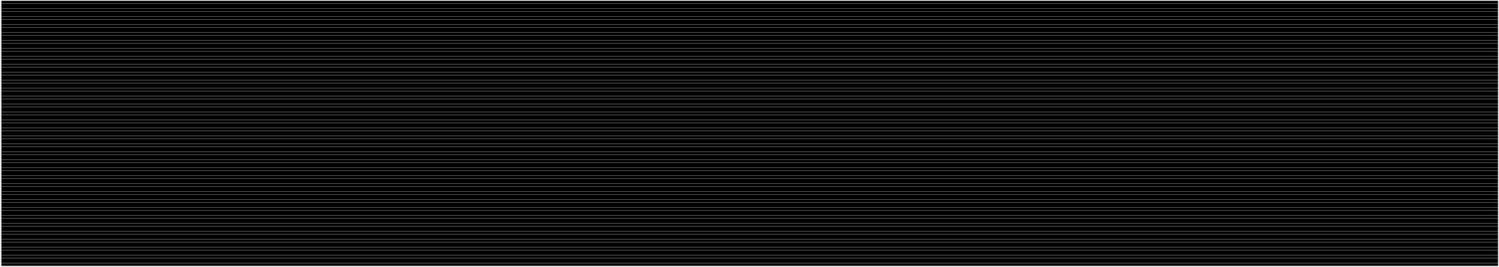
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## **Initiatives aligned with the strategy already underway**

### **North Zone**

The Grande Prairie Wellness Club is a 12-week pilot program that helps support mental health clients to engage in active living. It is operated in partnership with Alberta Health Services (AHS) and the Canadian Mental Health Association. The club meets three times a week to do a range of activities, varying from walking, to bowling and playing Nintendo Wii video games. Staying active has proven benefits for mental as well as physical health.

St. Paul residents with mental health issues can get the care they need in their own community with the reopening of the psychiatric unit at St. Therese-St. Paul Healthcare Centre. Five of the unit's beds will open by the end of September. The remaining five beds will be operational later in the year as the unit becomes fully staffed, following Alberta Health Services' successful year-long recruitment drive. The health centre opened 10 psychiatric beds on a renovated 20-bed unit in 2007 but they were closed two years later due to significant staffing challenges.

A new mental health walk-in clinic in Cold Lake is providing quick access to area residents in mental-health crisis so they can get the help they need as soon as possible. Without a referral, people in immediate crisis can receive a single session to address issues which, if left unresolved, could escalate into a larger problem requiring follow-up appointments and sessions. The walk-in clinic operates on Thursdays from 8:15 a.m. to 11:15 a.m. During a walk-in session, a therapist works with the client to identify the issue and develop strategies to address the mental health need independently, or to provide support to the client until a follow-up mental-health session can be arranged.

### **Edmonton Zone**

The East Edmonton Addiction and Mental Health Clinic provides outpatient services with a team-based approach involving addiction counsellors, mental health therapists, and psychiatrists. The clinic specializes in addressing concurrent disorders, but also provides services to individuals dealing with addiction or mental health issues only. The clinicians provide intake assessments, individual counselling, and maintain close relations with community agencies for referrals. The clinicians also co-facilitate a concurrent disorders group and are developing an emotional regulation group. Initial intake assessments are conducted three days a week on a scheduled basis and can be arranged through self-referral or a referral from a community agency.

### **Central Zone**

The Central Zone Addiction and Mental Health program has completed a Mental Health Housing Needs Assessment that outlines the need for a housing continuum from subsidized apartments through to a Psychosocial Rehabilitation Home focused on recovery. The CZ Addiction & Mental

Health program has worked with community and private sector partners so that many of the housing options along the continuum are now in place. These partnerships have made it possible for many people living with a significant and long term mental illness to live and thrive in the community.

Kentwood is a 25-bed Psychosocial Rehabilitation home located in Red Deer which promotes recovery for individuals with a serious mental illness. Kentwood is owned by a provincial society, while AHS Central Zone Addiction & Mental Health Service staff provide the clinical support. Tenants access local psychiatrists and family physicians for follow-up care. At Kentwood, tenants have a safe & secure environment and the supports necessary to live and thrive in the community. Client satisfaction at Kentwood is very high.

Last fiscal year in the Central Zone, 88.69% of the children awaiting scheduled Mental Health treatment were seen within 30 days. Through the reallocation of staff resources, recruitment to vacancies and an increased emphasis on improving access, in the first quarter of this year (April 1/11 - June 30/11), the percentage of children receiving treatment within 30 days was 95.84% - a great improvement.

### **Calgary Zone**

Through collaboration between the Calgary Shared Mental Health Care program and the Calgary-based Primary Care Networks, a clinical pathway for the treatment of depression has been developed. Shared Mental Health Care is a consultation program that partners family physicians with mental health consultants (e.g., psychiatrists, nurses, social workers, psychologists) in order to enhance the mental health services delivered by family physicians at the primary care level. A clinical pathway in primary care is a systematic plan for evidence-based care. It involves assessing and treating specific high-frequency and/or high-cost conditions within a given primary health care system.

Two Emergency Department Outreach Clinicians - one at Alberta Children's Hospital & one at Foothills Medical Centre - are now working to follow up with patients who go to the Emergency Department but are not admitted, to help ensure they get connected to needed community resources. A Community Extension Clinician role has also been added to each inpatient (Mental Health) unit to assist with patients' transition and reintegration at home and school and prevent the need for re-admission.

### **South Zone**

South Zone Addiction and Mental Health has brought Children's Mental Health Therapists into Public Health to work with new mothers with post-partum depression in Lethbridge and Medicine Hat. These therapists follow up with all the positive Edinburg Screening which is currently done by Public Health and those moms with significant risk factors who are not currently engaged with services.

The Seniors Mental Health Outreach team has a visible presence at the Lethbridge Homeless Shelter, and works closely with other service agencies to providing Addiction and Mental Health assessment and client-centered treatment and support. On an as required basis, the services of a Psychiatrist are provided on site. A pilot is in the planning stages to hire a Mental Health Therapist to provide case management support to clients from the homeless shelter who are living with mental health issues and physical health challenges. The goal of this project is to provide an integrated, system case-management approach to health care for this vulnerable population.

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