

Valuing MENTAL HEALTH

Next Steps

June 2017

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Valuing Mental Health: Next Steps
June 2017
Alberta Health

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Developing Valuing Mental Health: Next Steps

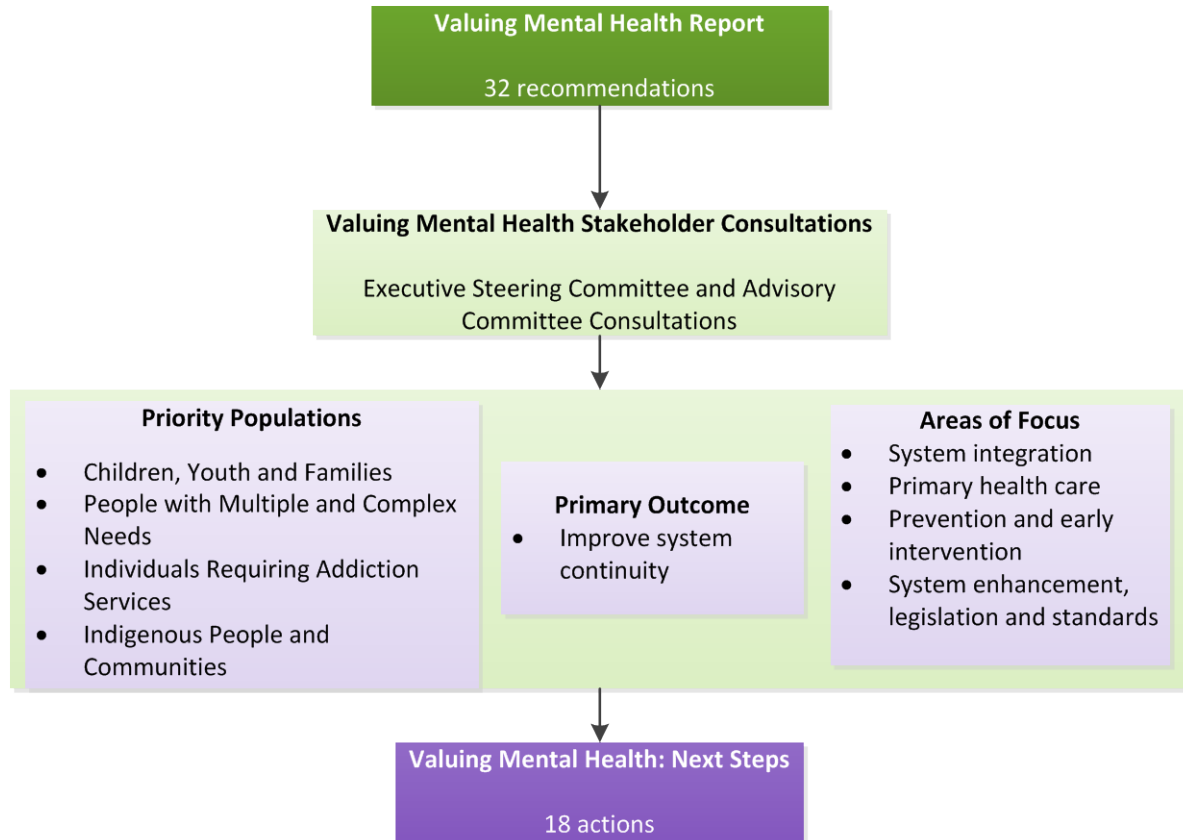
The Alberta Mental Health Review Committee's Report (Committee's Report), released on February 22, 2016, included 32 recommendations. Valuing Mental Health: Next Steps (VMH: Next Steps) proposes 18 actions that, together with work already underway, address all 32 recommendations in the Committee's Report.

VMH: Next Steps adheres to the principles from the Committee's Report, which include ensuring Albertans have equitable access to quality services regardless of geography, diversity or economic status. In particular, VMH: Next Steps takes into consideration the social determinants of health and complex root causes, which play a significant role in prevention, treatment, stabilization and recovery from addiction and mental health issues. A Gender-Based Analysis Plus (GBA+) approach will be applied throughout planning, implementation, and evaluation of VMH: Next Steps.

The 18 actions in VMH: Next Steps were developed through six consultations from April 11, 2016 to October 13, 2016 with ministry partners, Alberta Health Services, community addiction and mental health stakeholders and individuals with lived experience. We also received several suggestions and reports from community stakeholders. The intention of these consultations was to gather diverse perspectives of the need and experiences of those dealing with addiction and mental health issues across the province. Stakeholders represented diverse groups including but not limited to LGBTQ2S+ (e.g., Alberta Community Council on HIV); Indigenous (e.g., Blood Tribe, Métis Settlements General Council, Tribal Chiefs Ventures Inc.); children (e.g., Sheldon Kennedy Child Advocacy Centre); multicultural (e.g., Edmonton Mennonite Centre for Newcomers); and homeless (e.g., Homeward Trust Edmonton). Through these processes, stakeholders identified priority areas to focus on to transform the addiction and mental health sector.

Stakeholders confirmed that efforts should focus on improving system continuity¹ by coordinating, and where appropriate, integrating addiction and mental health supports and services, particularly for: children, youth and families; people with addictions; people with complex needs; and Indigenous people and their communities. These 18 actions reflect the Committee's principles and the vision to transform the addiction and mental health sector to one that is person-centred; promotes mental health; focuses on early intervention; treats mental health issues as a chronic disease; strengthens the role of primary health care; and becomes more coordinated and integrated.

¹ For the purposes of this document, system continuity refers to the degree to which a series of addiction and mental health services and supports (both preventative and curative) is experienced as coordinated and connected between individuals and communities, to achieve a seamless care pathway for the individual or client group. It is often managed by the exchange of information among participants responsible for different aspects of care.



VMH: Next Steps proposes 18 actions that, together with work already underway, address all 32 recommendations in the Committee's Report. A summary of the breakdown and a detailed list aligning the Committee's Report and VMH: Next Steps can be found in Appendix A.

Why Action is Needed

One in five

That's how many Albertans are impacted by mental health issues, and it is estimated that one in ten will require addiction treatment at some point in their lives.

Unfortunately, people needing help are often deterred by the complexity of our health and social services systems. They don't know "which door is the right door" to get the help they need. Once in, they must often navigate a confusing web of programs and services.

Background

In 2015, Premier Rachel Notley struck a committee to review the state of the addiction and mental health sector in Alberta. The Alberta Mental Health Review Committee consulted hundreds of individuals and stakeholders; they received over 2,900 responses to an online questionnaire and over 100 written submissions and presentations. The Committee concluded that, while there are many programs and services that work well within our health system, the addiction and mental health sector could work better for Albertans, including those in need, their caregivers, and the professionals supporting them. The Committee's report called for transformation of Alberta's addiction and mental health sector to: become more person-centred; promote good mental health and focus on early intervention; treat mental health issues as a chronic disease; strengthen the role of primary health care; use more multidisciplinary teams; and, become more coordinated and integrated.

Ultimately, transformation of the addiction and mental health sector relies on the joint efforts of stakeholders across government and the community. In March 2016, Alberta Health established an Implementation Team to work with stakeholders to transform the system (see Appendix B for a list of Stakeholder Partners). Through further consultation with stakeholders, the Implementation Team has identified priority actions and populations where our system is failing to meet the needs of certain Albertans. The actions included in VMH: Next Steps are designed to improve the effectiveness of our health system to help Albertans get the care they need, in the right place, at the right time, by the right provider, and with the right information.

VMH: Next Steps will continue to be strengthened through ongoing collaboration with government, service delivery and community partners as well as other stakeholders representing diverse groups to identify additional actions required to help Albertans "find the right door" and get the help they need.

What we heard

We must make it easier for people to access and move through the system.

This was the number one message stakeholders delivered in discussions with Alberta Health. Stakeholders said the current system is fragmented, with services independently planned, delivered and accounted for by a variety of departments and agencies. As a result, those needing help encounter a system that lacks coordination and is difficult to access and navigate.

Based on this feedback, VMH: Next Steps aims to improve continuity of addiction and mental health services and supports by focusing on four areas for action:

1. Act in partnership: create an integrated system

- Improved coordination of services between hospitals, treatment facilities, and the community; between government departments and service sectors (e.g., education, justice, and health); between professionals; and between areas of the province.

- 2. Act on access: enhance the role of primary health care**
 - Strengthen primary health care, the ‘health home team’ with whom Albertans have a long term relationship, to have a stronger role in addiction and mental health sector navigation, coordination, and continuity.
- 3. Act early: focus on prevention and early intervention**
 - Prevention and early intervention so fewer Albertans require addiction and mental health services and have access to more addiction and mental health supports at home and in their communities.
- 4. Act on system enhancements, legislation and standards**
 - Better integration of governance, funding, and policy across services and sectors to support more seamless access to, and transition between services.

Priorities

Over the next three years, the Government of Alberta will work with partners to integrate and coordinate addiction and mental health services. Initial efforts will target four populations requiring immediate attention:

- Children, youth and families;
- People with multiple and complex needs;²
- Individuals requiring addiction services; and
- Indigenous people and communities.

Throughout consultations, stakeholders identified these target populations as being underserved in Alberta, which is consistent with province-level data.³ These populations will receive prioritized attention and require coordinated responses from government because any number of circumstances — e.g., sexual abuse, falling victim to crime, genetics or the breakup of a relationship — can trigger mental health issues. As well, people with addiction and mental health issues often live in chronic poverty which can contribute to poor physical health, homelessness and unemployment. Conversely, poverty can also contribute to poor mental health.

We recognize that individuals and populations are diverse. We also recognize the intersectional nature of identity factors that may shape how and why people are in need of service. As we move to implementation, we will consult with Status of Women to affirm a gender and intersectional analysis approach and consideration of specific targeted populations within these categories.

Of particular importance is ensuring strategies promote an equality of outcomes. This involves taking into account specific needs according to gender⁴ and the broad range of other intersectional factors⁵, moving toward equity for groups who are routinely underserved and marginalized. These groups include but are not limited to immigrants, Indigenous people, seniors, women, youth, LGBTQ2S+, people with disabilities, family caregivers, victims of violence, people living in rural or remote regions, low-income/underemployed people, and homeless people.

No single government department, organization, policy or program can tackle the complex interplay of factors that contribute to addiction and mental health issues. Therefore, it is no surprise that our response involves numerous government ministries and service organizations. These include, but are not limited to, Alberta Health and Alberta Health Services (AHS); Alberta Education and provincial school authorities; Alberta Community and Social Services; Alberta Children's Services; Alberta Justice and Solicitor General; Alberta Indigenous Relations; the federal department of Indigenous and Northern Affairs Canada; First Nations and Métis communities; Alberta Seniors and Housing; and Alberta Status of Women. The numerous organizations involved underscore the need for better coordination and integration of services.

² People with multiple and complex needs are those individuals with a mental health and/or substance use disorder who require intensive services and have other needs due to other conditions, such as a developmental disability, or experiences, such as criminal justice system involvement.

³ GAP-MAP, Wild et al., 2014. Available: <http://www.health.alberta.ca/documents/GAP-MAP-Report-2014.pdf>

⁴ Gender refers to the culturally and historically defined characteristics associated with “feminine” and “masculine.”

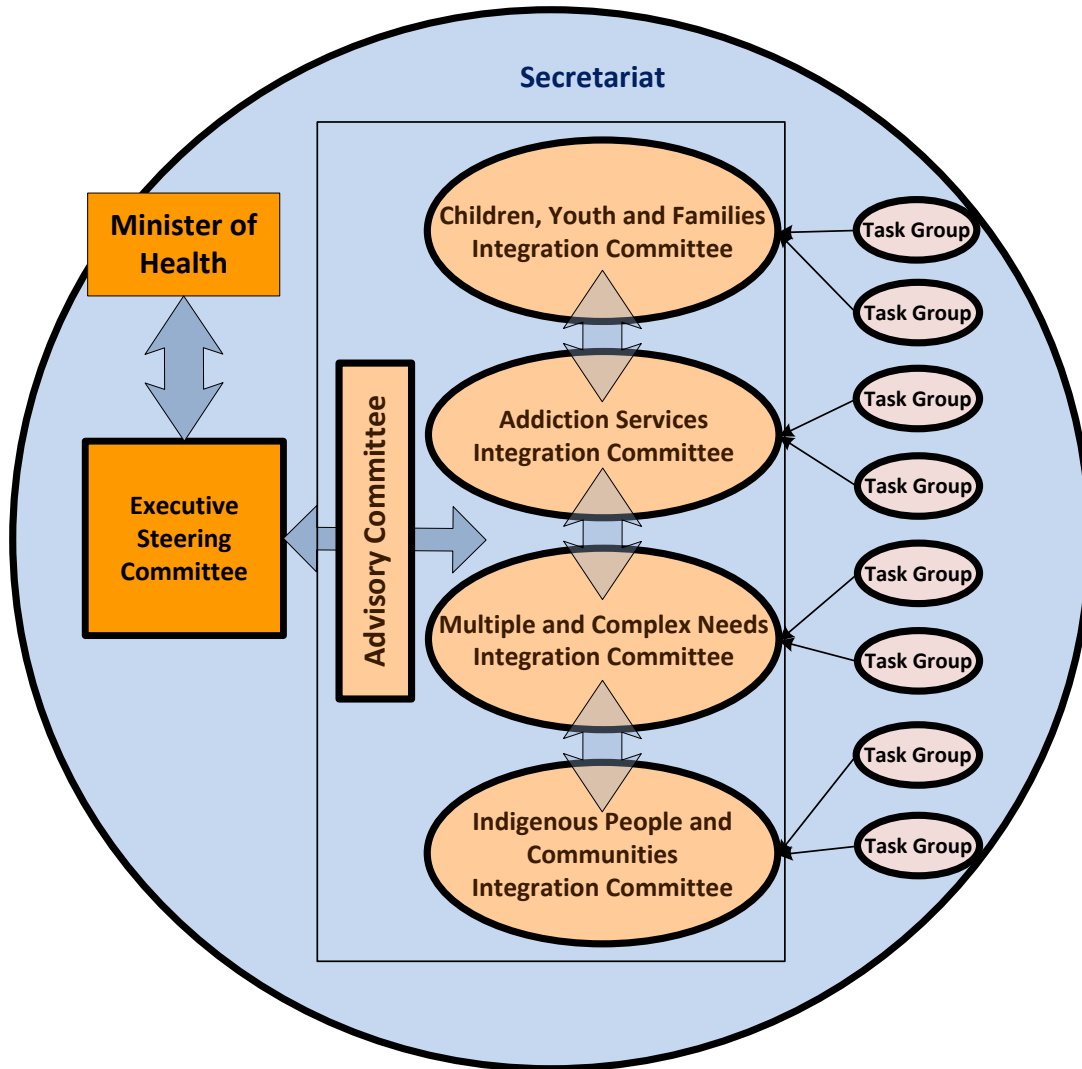
⁵ Intersecting identity factors shape individual and group experiences and, how these experiences influence the outcomes. It includes: age, religion, language, geography, culture, income, sexual orientation, education, ethnicity and ability.

Governance

An implementation structure of committees supports, monitors and coordinates implementation. The implementation structure includes the following components:

- Executive Steering Committee, which consists of Government of Alberta Deputy Ministers, and executive leadership of Alberta Health Services and Health Canada's First Nations and Inuit Health Branch.
- Advisory Committee, chaired by the Deputy Minister of Health, which provides expertise and advice to the Valuing Mental Health Executive Steering Committee. Members represent interests from across the continuum of care (health promotion, illness, prevention, primary care, treatment, recovery) in substance use and misuse, mental health and mental illness and concurrent disorders (where addiction and mental health issues co-occur). Representation includes government, service providers, professional associations and persons with lived experience.
- Integration Committees, each of these four committees addresses one of the four priority populations. Membership includes representatives of Alberta Health's Addiction and Mental Health Branch, Ministry partners, Alberta Health Services, Health Canada First Nations and Inuit Health Branch, and community partners as appropriate.
- Secretariat, which consists of Government of Alberta and Alberta Health Services staff; and
- Task Groups, many of which are working to implement initiatives that were already underway or planned before the report was released. These groups will continue their work and new groups will be struck to address other priorities. The Task Groups include relevant subject matter experts from government and community service providers including Alberta Health Services.

Integration Committee work plans will be reviewed and approved by Secretariat and the Executive Steering Committee to ensure that input and guidance from stakeholders and that a gender and intersectional approach is reflected in the work.



The actions described will be implemented by the Government of Alberta and stakeholders between spring 2017 and winter 2020. Recognizing the differing needs and impact of interventions on individuals and groups, a gendered and intersectional approach will be applied throughout planning, implementation and evaluation of projects initiated to address the actions. This will include analysis of disaggregated data to determine differing needs, engaging people with lived experience throughout the process, and evaluating the differential impacts of projects. Alignment with the Committee's 32 recommendations is indicated in *green*.

1. Act in partnership: Create an integrated system

Many Albertans experience difficulty accessing and navigating the health system because it is fragmented and uncoordinated. Programs that coordinate and integrate with each other will improve the ability of Albertans to access and move seamlessly between services. Certain populations are particularly at risk of falling through the cracks as a result of the current fragmentation, including those with addictions; those who present as homeless, with complex needs, or criminalization risks; and those who have mental health concerns and their support network. Transformation of Alberta's addiction and mental health sector will require integration of programs and services in all stages of care, from prevention and early intervention to diagnosis, treatment, and recovery.

What will we do?	How will we do it?	What will Albertans see? When?
<p>(1) Implement a community-based service hub model where services are jointly planned and delivered by multiple sectors through one location, either physically or virtually. Services include housing, physical and mental health services, primary health care, addiction services, justice, social services, school-based services etc.</p> <p><i>Not a specific recommendation in the Committee's Report; however, identified by stakeholders as significant to transforming supports and services.</i></p>	<p>Implement the hub model focusing on children, youth and families first.</p> <p>Work alongside the two Edmonton ACCESS Open Minds⁶ research projects, primary health care, and other initiatives that support youth and young adults in transition; and incorporate their learnings into the hub model.</p>	<p>Communities will work in partnership to develop spaces which will provide youth- and young adult-friendly services in a coordinated manner.</p> <p>Initiated: spring 2017</p>
<p>(2) Create and maintain a user-friendly comprehensive listing of publicly and privately funded addiction and mental health services available in Alberta.</p> <p><i>Aligns with Committee Report Recommendation 1,13, 21</i></p>	<p>Consider leveraging Alberta's existing Health Link and MyHealth platforms as an interface for this listing, and evaluate their effectiveness as an interface.</p> <p>Collaborate with the federal government and Indigenous organizations to compile a shared listing of services and programs available on and off reserve for Indigenous people.</p> <p>Initiate use of the listing in three high-needs communities. Scale the model following the pilot.</p>	<p>Albertans will find it easier to find and access services across multiple sectors and providers. For example, Indigenous Albertans will have access to a comprehensive listing of services and programs available on and off reserve.</p> <p>Initiated: fall 2017</p>

⁶ Edmonton ACCESS Open Minds is part of a five-year national research project involving young people and families, which aims to improve youth mental health in Canada.

What will we do?	How will we do it?	What will Albertans see? When?
<p>(3) Improve information sharing when appropriate between ministries, between ministries and service organizations, and between service organizations.</p> <p><i>Aligns with Committee Report Recommendation 13</i></p>	<p>In collaboration, define common data requirements and identifiers to enable measurement of outcomes and definition of needs across geographic regions, ministries, and organizations.</p> <p>Train providers and other users to better interpret legislation and use existing information-sharing tools.</p>	<p>Albertans will not have to repeat their personal health information with every new service provider.</p> <p>Initiated: spring 2018</p>
<p>(4) Identify and test evidence-informed practices and programs to improve community-based system integration, and adopt and spread those practices considered to be most effective.</p> <p><i>Not a specific recommendation in the Committee's Report; however, identified by stakeholders as significant to transforming supports and services.</i></p>	<p>Establish funding to promote collaborative, community based system integration research.</p> <p>Establish a hub for government, service delivery organizations, community organizations and researchers to share and collaborate on effective practices.</p>	<p>Albertans will have new and effectively integrated community-based service delivery options based on rigorous research into community-based system integration.</p> <p>Initiated: summer 2017</p>
<p>(5) Investigate evidence-based funding models and over time, reallocate funding to community organizations where it is most needed, as appropriate.</p> <p><i>Aligns with Committee Report Recommendation 23</i></p>	<p>Investigate current provincial addiction and mental health expenditures to identify efficiencies and opportunities for reinvestment.</p> <p>Funding proposals received by Alberta Health and cross-ministry partners will incorporate planning between addiction and mental health service providers and community agencies and require gender and intersectional analysis.</p>	<p>Tax dollars are spent more effectively to address service gaps while reducing duplications.</p> <p>Albertans will see an increase in services provided by community organizations.</p> <p>Initiated: winter 2018</p>

What will we do?	How will we do it?	What will Albertans see? When?
<p>(6) Develop pathways to and from primary health care to support coordination within, and transition between, health and community settings (including schools).</p> <p><i>Aligns with Committee Report Recommendation 2, 11</i></p>	<p>Work with primary health care stakeholders to ensure all Albertans living with an addiction and/or mental illness are attached to a primary health home.⁷</p> <p>Examine potential models for using volunteer peer mentors as “navigators.”</p> <p>Develop alternative models of care for people with addiction and mental health issues presenting to emergency departments.</p> <p>Coordinate case planning and management of complex family systems⁸ with respect to addiction and mental health supports.</p>	<p>Albertans will have a health home where they can go for identification of health issues, receive primary treatment, be referred for specialty care, and have their various health care services coordinated in one care plan.</p> <p>Albertans will find it easier to navigate to the services they need and to access the right service sooner. For example, coordination within the addiction and mental health sector will prevent the need for clients to tell the same information to multiple service providers.</p> <p>Albertans will feel that they are seen as an individual and supported to meet their care needs.</p> <p>Initiated: winter 2018</p>
<p>(7) Expand mental health diversion and other multi-disciplinary programs in partnership with the justice system and municipal enforcement.</p> <p><i>Aligns with Committee Report Recommendation 8, 9</i></p>	<p>Strengthen the provincial standards for the current Provincial Mental Health Diversion Program.</p> <p>Explore increasing the number of diversion sites, expanding the eligibility criteria, and increasing capacity.</p> <p>Expand current diversion models for clients who commit low-risk, minor offenses.</p>	<p>People with mental health conditions who come into contact with the justice system will have appropriate access to diversion programs, if eligible, which will provide a seamless pathway to community support and treatment.</p> <p>Effective diversion programs will reduce the likelihood of further offending.</p> <p>Initiated: winter 2018</p>

⁷ A “Health Home” means individuals have a provider they see for most of their concerns and they can expect their provider has a team of multidisciplinary providers who are working to meet their needs. *Closer to Home: Community-Based Health Care*, Alberta Health, 2017.

⁸ Complex family systems refer to families with diverse needs that require supports that intersect multiple government and community services.

2. Act on access: Enhance the role of primary health care

By enhancing the role of primary health care we can improve access, diagnosis, treatment, and navigation. Primary health care is the first place people go for health care or wellness advice and programs, treatment of a health issue or injury, or to diagnose or manage physical and mental health conditions. Primary health care provides linkage of patients to other parts of the health system. The actions below focus on achieving person-centred primary health care that ensures timely and appropriate access; helps navigate services; and supports good health.

The actions also recognize that, for some, the first point of contact may be outside of the health system – a teacher, a social worker, or a first responder. Therefore, it is important that all first points of contact are equipped to help those in need.

What will we do?	How will we do it?	What will Albertans see? When?
<p>(8) Define the role of primary health care in accessing and providing addiction and mental health services.</p> <p><i>Aligns with Committee Report Recommendation 3</i></p>	<p>Include services and supports related to addiction and mental health (based on a community health needs assessment) in the business plans of primary care networks (PCNs).</p> <p>Provide information to Albertans on the benefits of establishing a long-term relationship with a primary health team that can provide early services and direct clients to others as needed.</p>	<p>Albertans will have access to a primary health team who will provide early services and will coordinate with the addiction and mental health sector to seamlessly connect the client with appropriate services and supports.</p> <p>Albertans will see better continuity of care and reduced rates of relapse.</p> <p>Initiated: fall 2018</p>
<p>(9) Explore increasing counselling capacity in the addiction and mental health sector.</p> <p><i>Aligns with Committee Report Recommendation 3, 23</i></p>	<p>First develop a business case for increasing counselling capacity within primary health care, including an assessment of current services.</p>	<p>Albertans will find it easier to access counselling services appropriate to their need, for example, through primary health care.</p> <p>Initiated: fall 2017</p>
<p>(10) Train those who work in first point-of-contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues, informed by the communities and individuals impacted.</p> <p><i>Aligns with Committee Report Recommendation 3, 17, 18, 19, 21</i></p>	<p>Deliver mental health first-aid training⁹ to providers working with Indigenous communities, recognizing the gender and intersectional nature of a person's lived experience.</p> <p>Deliver mental health first-aid for seniors training to increase the capacity of seniors and those who care or work for them to promote mental health, prevent mental illness and suicide wherever possible, and intervene early.</p>	<p>Albertans with addiction and mental health issues will receive improved support from community and first responders, including helping them to get the right treatment. For example, staff at seniors complexes will be trained to identify and support seniors with addiction and/or mental health issues.</p> <p>Initiated: spring 2017</p>

⁹ Mental health first-aid is provided to a person developing a mental health issue or crisis. The first aid is given until professional treatment is available or the crisis is resolved. Psychological first-aid is provided to people immediately after a disaster or emergency, giving practical support to enable them to recover.

What will we do?	How will we do it?	What will Albertans see? When?
<p><i>Continued...</i></p> <p>(10) Train those who work in first point-of-contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues, informed by the communities and individuals impacted.</p> <p><i>Aligns with Committee Report Recommendation 3, 17, 18, 19, 21</i></p>	<p>Expand mental health first-aid training to settings where professional assistance is not always on hand.</p> <p>Expand psychological first-aid training to providers working in first-point-of contact settings in preparation for responding to future disasters.</p> <p>To reduce stigma and enable appropriate referrals, develop a training package for those who interact with high-risk individuals.</p> <p>Include information on availability of resources, how to navigate the addiction and mental health sector, the role of social determinants, and development of cultural competencies.¹⁰</p> <p>Develop toolkits for Primary Care Networks (PCNs) and evaluate their effectiveness before expanding use.</p> <p>Promote best practices in responding to and investigating incidents with individuals experiencing mental health issues and addiction.</p> <p>Promote wellness and positive mental health of individuals in first point-of-contact settings (e.g. police officers).</p> <p>Provide mental health training in non-professional settings.</p>	

¹⁰ Includes the principles and direction of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Truth and Reconciliation Commission of Canada report, and Jordan's principle.

What will we do?	How will we do it?	What will Albertans see? When?
<p>(11) Proactively support Albertans with adverse childhood experiences.</p> <p><i>Aligns with Committee Report Recommendation 11</i></p>	<p>Evaluate whether the Adverse Childhood Experience (ACE) risk assessment tool¹¹ should be implemented in Alberta.</p> <p>Implement ACE as a screening tool in identified settings to evaluate its effectiveness.</p>	<p>ACE screening in primary health care settings for adult Albertans will proactively identify and support people who are at increased risk of addiction and mental health issues resulting from experiencing abuse, neglect, and or other Adverse Childhood Experiences.</p> <p>Initiated: summer 2017</p>

¹¹ This tool quantifies the impact of potentially traumatic events on a child's health and well-being. These experiences can range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.

3. Act early: Focus on prevention and early intervention

Studies show that half of those who develop mental health disorders show symptoms by age 14¹², which may be linked to a number of root causes and social determinants of health. Focusing on prevention and early intervention for children, youth and families will support these individuals before they reach a crisis point. This will not only benefit them, but their families, the community and the province.

- Children and youth will be healthier and happier, and perform better at school.
- We will have more people contributing to and working in our communities.
- As a society, we will spend less on later-stage expenses, including hospital stays and social services.

What will we do?	How will we do it?	What will Albertans see? When?
<p>(12) Support learning environments that promote positive mental health and well-being in our schools and post-secondary institutions.</p> <p><i>Aligns with Committee Report Recommendation 6,7,17</i></p>	<p>Ideas and concepts of positive mental health, including social-emotional learning, are found in current and future programs of study.</p> <p>Ensure supports (including tools and resources) that focus on student personal growth and well-being, are available to all Alberta schools and post-secondary institutions, including consultation with First Nations communities.</p> <p>Develop recommendations for efficient, effective and responsive province-wide addiction and mental health supports for students attending publicly funded post-secondary institutions or First Nations Colleges, through the work of a multi-stakeholder advisory panel.</p> <p>Enhance connections between primary health care, schools and addiction and mental health to foster improved service coordination.</p>	<p>Children and youth will experience positive mental health and be better equipped to develop social-emotional skills, including resilience, coping, and a sense of hope and optimism.</p> <p>Students will experience effective and coordinated services that support their mental health needs. For example, culturally appropriate counselling services may be available to students across Alberta.</p> <p>Initiated: spring 2018</p>

¹² Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617-27.

What will we do?	How will we do it?	What will Albertans see? When?
<p>(13) Incorporate harm reduction approaches in service planning and delivery for Albertans 15 years of age and older; begin by completing an assessment of need for supervised safe consumption services.</p> <p><i>Aligns with Committee Report Recommendation 15,27,31,32</i></p>	<p>Complete an assessment to determine need, community readiness, gaps/barriers, and determine what delivery method would best fit the needs of the community.</p>	<p>Fewer Albertans will be harmed by overdoses and blood borne infections.</p> <p>People with addictions will be able to access a broader range of services to better meet their needs.</p> <p>Initiated: summer 2017</p>
<p>(14) Develop virtual, technology-based solutions to help people access tools, information and treatment to address addiction and mental health issues.</p> <p><i>Aligns with Committee Report Recommendation 5</i></p>	<p>Focus on vulnerable and rural populations first.</p> <p>Share information on websites, telehealth, mobile applications, and other technologies.</p>	<p>Albertans will more easily be able to access reliable information and services to help them and their family get help when it is needed. For example, Albertans in rural and remote communities will have access to team-based care via telehealth.</p> <p>Initiated: spring 2017</p>
<p>(15) Develop a youth suicide prevention plan.</p> <p><i>Aligns with Committee Report Recommendation 21</i></p>	<p>Focus on Indigenous youth first, with other identity factors (e.g., girls, boys, urban, rural, homeless, etc.) also informing the focus.¹³</p>	<p>Youth contemplating suicide will be identified early and will be connected to coordinated and culturally appropriate services and supports.</p> <p>There will be reduced youth suicide.</p> <p>Initiated: spring 2017</p>

¹³ The focus on Indigenous youth first is in response to other government initiatives such as the Office of the Child and Youth Advocate Alberta investigative review involving suicides of seven Aboriginal youth. Available: <http://www.ocya.alberta.ca/adult/news/investigative-review-toward-a-better-tomorrow-addressing-the-challenge-of-aboriginal-youth-suicide/>

4. Act on system enhancements, legislation and standards

To create the conditions necessary for a coordinated and integrated addiction and mental health sector, the Government of Alberta will work with its partners to review existing services, legislation and standards and expand them as necessary.

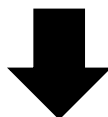
What will we do?	How will we do it?	What will Albertans see? When?
<p>(16) Develop regulations and standards that protect the health of Albertans such as regulating addiction service providers and regulation to protect Albertans from the harms of cannabis, tobacco and other addictions.</p> <p><i>Not a specific recommendation in the Committee's Report; however, identified by stakeholders as significant to transforming supports and services.</i></p>	<p>As an interim step, develop a consumer education tool so those seeking services and supports know what to look for when selecting residential addiction treatment services.</p> <p>In consultation with stakeholders, use best evidence and experience to develop minimum standards and accreditation practices for residential addiction treatment services.</p> <p>Develop and implement tobacco and cannabis regulations.</p> <p>Develop regulations for addiction providers and facilities.</p>	<p>Albertans will have resources to help them select appropriate residential treatment services.</p> <p>Residential treatment services and addiction counsellors will adhere to a set of evidence-based standards.</p> <p>Albertans will be protected from the harmful health effects of tobacco and cannabis.</p> <p>Initiated: fall 2017</p>
<p>(17) Update the <i>Mental Health Act</i>.</p> <p><i>Not a specific recommendation in the Committee's Report; however, identified by stakeholders as significant to transforming supports and services.</i></p>	<p>Review existing recommendations to define and establish need for amendments.</p>	<p>Legislation will be responsive to the needs of Albertans with mental health issues and will ensure they have better support to get the help they need.</p> <p>Initiated: spring 2017</p>
<p>(18) Clarify the roles and responsibilities of Alberta Health, stakeholder ministries, Alberta Health Services and community partners.</p> <p><i>Aligns with Committee Report Recommendation 25</i></p>	<p>Ministries and Alberta Health Services will complete an inventory of current activities and investigate options to address gaps and duplications of activities.</p>	<p>Albertans and providers will have increased clarity of who provides what service.</p> <p>Initiated: winter 2017</p>

Our Commitment

These actions affirm the Government of Alberta's commitment to developing a system that supports Albertans, with their unique identity factors, to access more coordinated and integrated addiction and mental health services and supports informed by lived experiences of Albertans impacted by addiction and mental health issues. Through shared information, implementation and outcomes, the vast network of government ministries and agencies providing support will work together in a more coordinated and mutually reinforcing manner. Shared accountability through a set of key indicators will enable the Government of Alberta to monitor how Albertans are benefitting from the system's transformation.

Appendix A: Valuing Mental Health: Next Steps Alignment with Committee Report Recommendations

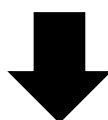
Valuing Mental Health Committee Report 32 Recommendations



Actions Initiated Immediately Following Report's Release

Of the Committee's 32 recommendations, government initiated 6 actions to address 8 recommendations.

Committee Report (8 Recommendations)	Actions (6 actions)
(5) Virtual, technology based solutions	Create a child and youth mental health website
(14) Detoxification beds	Add detoxification beds for adults
(15) Detoxification beds	Add detoxification beds for children
(22) Implementation Team; (25) Implementation workshop	Engage partners for implementation
(24) Shared outcomes; (25) Public reporting	Implement a performance monitoring framework
(21) Support First Nations Métis and Inuit (FNMI) people and communities; (29) Indigenous opioid addiction action plan	Develop an Indigenous opioid action plan



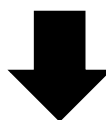
Additional Actions Already Underway by Stakeholders

Activities associated with 14 recommendations are underway across sectors, including:

Committee Report (Recommendation #s) (14 recommendations)	Actions (Underway)
(2) System navigators	Improve transitions between settings
(4) Home care	Consider adding mental health in home care regulation
(6) School-based mental health; (21) Support FNMI people and communities	Expand Regional Collaborative Service Delivery to all First Nations communities; promote mental health in schools
(7) Post-secondary mental health	Create mentally healthy campuses and post-secondary students
(10) Housing and homelessness	Coordinate housing services

Committee Report (Recommendation #s) (14 recommendations)	Actions (Underway)
(11) Standardized tools	Standardize screening for postpartum depression
(12) Flexible admission/discharge criteria	Align criteria across programs and sectors
(13) Share information	Train service providers on information sharing
(16) Public awareness	Increase Albertans' understanding of brain health
(20) Workplace mental health	Implement workplace mental health programs
(21) Support FNMI people and communities; (28) Public awareness of fentanyl	Education tools for students and Indigenous populations
(26) Emergency Preparedness Plan	Develop a psychosocial disaster framework
(30) Integrated services for trauma and fentanyl; (31) Population-based addiction recovery services	Increase access to medication assisted treatment and psychosocial supports in Opioid Dependency Treatment

Six stakeholder consultations took place from April 11, 2016 to October 13, 2016. We also received several suggestions and reports from community stakeholders. With this guidance, VMH: Next Steps proposes 18 actions that build on activities underway and address the remaining 10 recommendations.



Next Steps

VMH: Next Steps proposes 18 actions that build on activities underway and address the remaining 10 recommendations. Actions will be initiated starting in spring 2017 and implementation is expected to be complete by winter 2020.

Committee Report (20 Recommendations)	Valuing Mental Health: Next Steps (18 actions)
Identified by Stakeholders, not in Committee Report	(1) Implement a community-based service hub model for youth
(1) Centralized navigation information; (13) Share information; (21) Support FNMI people and communities	(2) Create a comprehensive service listing
(13) Share information	(3) Improve information sharing
Identified by Stakeholders, not in the Committee's Report	(4) Test community-based integration models
(23) Appropriate funding	(5) Explore evidence-based funding models
(2) System navigators; and (11) Care plan	(6) Develop pathways between services
(8) Albertans in crisis; and (9) Justice system	(7) Expand diversion programs
(3) Increase earlier access to services	(8) Define role of primary care

(3) Increase earlier access to services; (23) Appropriate funding	(9) Explore increasing counselling capacity
(3) Primary care; (17)/(18) Training; (19) First responders; (21) Support FNMI people and communities	(10) Train first point of contact service providers
(11) Consistent care plan	(11) Support Albertans with adverse childhood experiences
(6) School-based mental health; (7) Post-secondary mental health; (17) Mental health awareness in learning settings	(12) Support learning environments to promote positive mental health
(15) (27)(31) (32) Fentanyl	(13) Incorporate harm reduction approaches
(5) Virtual, technology-based solutions	(14) Increase virtual, technology-based solutions
(21) Support FNMI people and communities	(15) Develop youth suicide prevention plan
Identified by Stakeholders, not in Committee Report	(16) Develop regulations and standards for addiction providers and treatment facilities
Identified by Stakeholders, not in Committee Report	(17) Update the Mental Health Act
(25) Accountability for implementation	(18) Clarify roles and responsibilities

The following table highlights in detail, how the Committee's 32 recommendations align with the actions in VMH: Next Steps.

Committee Report Recommendations	Alignment with Actions in Valuing Mental Health: Next Steps
1. Provide centralized access to system-wide navigation information, distress and crisis support.	(2) Create and maintain a user-friendly comprehensive listing of publicly and privately funded addiction and mental health services available in Alberta.
2. Provide dedicated navigators across the continuum of services.	<i>Action underway</i> Additional action: (6) Develop pathways to and from primary health care to support coordination within, and transition between, health and community settings (including schools).
3. Increase earlier access to addiction and mental health services	(8) Define the role of primary health care in accessing and providing addiction and mental health services. (9) Explore increasing counselling capacity in the addiction and mental health sector. (10) Train those who work in first point-of-contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues, informed by the communities and individuals impacted.

Committee Report Recommendations	Alignment with Actions in Valuing Mental Health: Next Steps
4. Expand home care to support those who identify addiction and mental health as a primary concern.	<i>Action underway</i>
5. Develop virtual, technology-based solutions for children, youth and families.	<i>Action underway</i> Additional action: (14) Develop virtual, technology-based solutions to help people access tools, information and treatment to address addiction and mental health issues.
6. Improve mental health and educational outcomes for children and youth.	<i>Action underway</i> Additional action: (12) Support learning environments that promote positive mental health and well-being in our schools and post-secondary institutions.
7. Create healthy and supportive campus environments through health promotion programming and enhancements to addiction and mental health campus services.	<i>Action underway</i> Additional action: (12) Support learning environments that promote positive mental health and well-being in our schools and post-secondary institutions.
8. Support Albertans in crisis by expanding programs to more communities including Police and Crisis Teams, Provincial Family Violence Treatment Programs, diversion programs and drug treatment courts, and by developing mental health court models.	(7) Expand mental health diversion and other multi-disciplinary programs in partnership with the justice system and municipal enforcement.
9. Increase access to mental health services, and reduce recidivism and use of emergency departments for those in contact with the criminal justice system.	(7) Expand mental health diversion and other multi-disciplinary programs in partnership with the justice system and municipal enforcement.
10. Improve current use and future planning of housing and prevent homelessness due to addiction and mental health issues.	<i>Action underway</i>

Committee Report Recommendations	Alignment with Actions in Valuing Mental Health: Next Steps
<p>11. Develop standardized tools including a consistent care plan shared among service providers.</p> <p>Develop technology-based solutions to support a multi-disciplinary team approach.</p>	<p><i>Action underway</i></p> <p>Additional actions: (6) Develop pathways to and from primary health care to support coordination within, and transition between, health and community settings (including schools).</p> <p>(11) Proactively support Albertans with adverse childhood experiences</p>
<p>12. Change policies and operational practices to include flexible admission and discharge criteria, provide new ways to access therapists, and provide services regardless of whether a person has a home.</p>	<p><i>Action underway</i></p>
<p>13. Share information to assist individuals, families, caregivers and professionals to collaborate more effectively.</p>	<p><i>Action underway</i></p> <p>Additional actions: (2) Create and maintain a user-friendly comprehensive listing of publicly and privately funded addiction and mental health services available in Alberta.</p> <p>(3) Improve information sharing when appropriate between ministries, between ministries and service organizations, and between service organizations.</p>
<p>14. Support children, youth and families in crisis by providing medical and social detox, and acute care and community transition beds.</p>	<p><i>Action underway</i></p>
<p>15. Provide timely access to treatment and ongoing support by adding 40 detox and specialized inpatient beds, eliminating client fees, and incorporating harm reduction approaches.</p>	<p><i>Action underway</i></p> <p>Additional action: (13) Incorporate harm reduction approaches in service planning and delivery for Albertans 15 years of age and older; begin by completing an assessment of need for supervised safe consumption services.</p>
<p>16. Create public awareness opportunities and programs to support people in their own mental health and those they care about by educating the public, developing skills and reducing stigma.</p>	<p><i>Action underway</i></p>

Committee Report Recommendations	Alignment with Actions in Valuing Mental Health: Next Steps
<p>17. Increase awareness and understanding of addiction and mental health issues by teachers, administrators and students in schools and post-secondary institutions.</p>	<p>(10) Train those who work in first point-of-contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues, informed by the communities and individuals impacted.</p> <p>(12) Support learning environments that promote positive mental health and well-being in our schools and post-secondary institutions.</p>
<p>18. Provide training that increases compassion and decreases stigma, fosters multi-disciplinary team work, incorporates client/caregiver experiences, and strengthens service provider skills and abilities.</p>	<p>(10) Train those who work in first point of contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues.</p>
<p>19. Create efficiencies by providing first responders, police officers, correctional officials and others with a broader range of options and tools to choose from when working with those experiencing addiction and mental health issues.</p>	<p>(10) Train those who work in first point-of-contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues, informed by the communities and individuals impacted.</p>
<p>20. Support individuals with addiction and mental health issues in their workplaces.</p>	<p><i>Action underway</i></p>
<p>21. Support First Nations, Métis, and Inuit people and communities by establishing a continuum of addiction and mental health services, ensuring service provision is not disrupted by jurisdictional disputes, and increasing access to services to manage the impact of Indian Residential Schools on mental health.</p>	<p><i>Indigenous peoples are a priority population.</i></p> <p><i>Action underway</i></p> <p>Additional actions:</p> <p>(2) Create and maintain a user-friendly comprehensive listing of publicly and privately funded addiction and mental health services available in Alberta.</p> <p>(10) Train those who work in first point-of-contact settings (e.g. first responders, police officers, correctional officers, other health practitioners) to identify and support people with addiction and/or mental health issues, informed by the communities and individuals impacted.</p> <p>(15) Develop a youth suicide prevention plan.</p>

Committee Report Recommendations	Alignment with Actions in Valuing Mental Health: Next Steps
22. Establish Alberta as a leader in addiction and mental health by prioritizing this issue, delivering an integrated service delivery system, and establishing an Implementation Team.	<p><i>System continuity through integration is the primary outcome of VMH: Next Steps and will address this recommendation.</i></p> <p><i>Action underway</i></p>
23. Increase funding for addiction and mental health including establishing targets that reflect the population needs and shift delivery to prevention, promotion and early intervention.	<p>(5) Investigate evidence-based funding models and over time, reallocate funding to community organizations as appropriate.</p> <p>(9) Explore increasing counselling capacity in the addiction and mental health sector.</p>
24. Measure and evaluate shared outcomes for programs and services.	<p><i>Action underway</i></p>
25. Increase accountability by hosting a workshop on the implementation of the recommendations and committing to quarterly public reporting.	<p><i>Action underway</i></p> <p>Additional action: (18) Clarify the roles and responsibilities of Alberta Health, stakeholder ministries, Alberta Health Services and community partners.</p>
26. Strengthen the Emergency Preparedness Plan by including psychological and social recovery.	<p><i>Action underway</i></p>
27. Increase access to harm reduction tools at the community level.	<p>(13) Incorporate harm reduction approaches in service planning and delivery for Albertans 15 years of age and older; begin by completing an assessment of need for supervised safe consumption services.</p>
28. Provide training and education to the public.	<p><i>Action underway</i></p>
29. Through partnership, the Government of Alberta and Alberta Health Services to collaborate with First Nations, Métis, and Inuit people to advocate and appeal to the federal government to work together to develop a comprehensive opiate addictions action plan to meet the needs of these communities.	<p><i>Action underway</i></p>

Committee Report Recommendations	Alignment with Actions in Valuing Mental Health: Next Steps
<p>30. Provide integrated services to more effectively manage the mental health needs of individuals, families and communities struggling with trauma and the effects of fentanyl addiction and deaths.</p>	<p><i>Action underway</i></p>
<p>31. Modernize and enhance current addiction recovery services to meet population needs.</p>	<p><i>Action underway</i></p> <p>Additional action: (13) Incorporate harm reduction approaches in service planning and delivery for Albertans 15 years of age and older; begin by completing an assessment of need for supervised safe consumption services.</p>
<p>32. Review activities related to the fentanyl crisis to create a process of prevention and activation of an early coordinated response in future crisis situations.</p>	<p><i>Action underway</i></p> <p>Additional action: (13) Incorporate harm reduction approaches in service planning and delivery for Albertans 15 years of age and older; begin by completing an assessment of need for supervised safe consumption services.</p>
<p><i>These are not specific recommendations in the Committee's Report. However, they were identified by stakeholders as significant to transforming supports and services.</i></p>	<p>(1) Implement a community-based service hub model where services are jointly planned and delivered by multiple sectors through one location, either physically or virtually. Services include housing, physical and mental health services, primary health care, addiction services, justice, social services, school-based services etc. - Implement the hub model focusing on children, youth and families first.</p>
	<p>(4) Identify and test evidence-informed practices and programs to improve community-based system integration, and adopt and spread those practices considered to be most effective.</p>
	<p>(16) Develop regulations and standards that protect the health of Albertans such as for regulating addiction service providers, and regulation to protect Albertans from the harms of cannabis, tobacco and other addictions.</p>
	<p>(17) Update the Mental Health Act.</p>

Appendix B: Valuing Mental Health Partners

Please note: In addition to the stakeholder groups listed below, several individuals with lived experience contributed to the consultation process.

ADM Stakeholder Engagement	Boyle Street Community Services
Alberta Advanced Education	Edmonton Mennonite Centre for Newcomers
AIDS Outreach Community Harm Reduction Education Support Society	Edmonton Police Service - ALERT/CFSEU Edmonton Region
Alberta Alliance on Mental Illness and Mental Health	Alberta Education
Alberta College of Pharmacists	Fédération des conseils scolaires francophones de l'Alberta (FCSFA)
Alberta College of Social Workers	First Nations and Inuit Health Branch, Alberta Region
Alberta Community Council on HIV	Homeward Trust
Alberta Health	Alberta Children's Services
Alberta Health Services	Alberta Community and Social Services
Alberta Psychiatric Association	Alberta Indigenous Relations
Alberta Public Housing Association	Alberta Justice and Solicitor General
Alberta School Boards Association	Kerby Centre
Alberta School Employee Benefit Plan	Lieutenant Governor's Circle on Mental Health
Alberta Teachers' Association	Mental Health Commission of Canada
Alpha House	Métis Nation of Alberta
AMA Programs	Métis Settlements General Council
APPLE Schools	Metro City Medical Clinic
AVENTA	Alberta Municipal Services
Blood Tribe	Northern Lakes College
Blood Tribe Health Center	Office of the Alberta Health Advocates: Mental Health
Blood Tribe Police Service	Palix Foundation
Calgary Board of Education	Parkinson Alberta
Calgary Counselling Center	PolicyWise
Calgary Police Service	Psychologists' Association of Alberta
Calgary United Way	RCMP - ALERT/CFSEU Edmonton Region

Canadian Mental Health Association	Saddle Lake Health Care Centre
Canadian Centre on Substance Use and Addiction	Senior Association of Greater Edmonton
CASA Child, Adolescent and Family Mental Health	Alberta Seniors and Housing
Centre for Suicide Prevention	Sheldon Kennedy Child Advocacy Centre
Chief Medical Officer of Health	Society of Alberta Occupational Therapists
City of Calgary	South Country Treatment Centre
City of Edmonton	The Alex
Canadian Mental Health Association - Calgary Region	The City of Red Deer
College and Association of Registered Nurses of Alberta	The George Spady Society
College of Alberta Psychologists	Tribal Chiefs Ventures Inc.
College of Alberta School Superintendents	United Way of the Alberta Capital Region
College of Physicians and Surgeons	University of Alberta
College of Registered Psychiatric Nurses of Alberta	University of Calgary
Covenant Health	Voice of Albertans with Disabilities
Distress Centre	Wellness Alberta