Creating Connections: Alberta's Addiction and Mental Health **STRATEGY**

September 2011

Alberta Health Services

Government of Alberta

Table of Contents

WHY THE STRATEGY IS NECESSARY 3

The Case For Change 4

WHAT WE NEED TO ACHIEVE 7

Our Vision 7

HOW THE STRATEGY WAS DEVELOPED 9

Integrated Addiction and Mental Health Service Model 9
Guiding Principles 10
Approach and Focus 11
Addiction and Mental Health Framework 12
Strategic Directions 12
Enablers 12

WHAT WE PLAN TO DO 15

Strategic Directions and Enablers 15

1.0 Build Healthy and Resilient Communities 16

1.1 Promotion and Prevention 16
1.2 Primary Health Care 18

2.0 Foster The Development Of Healthy Children, Youth and Families 20

2.1 Full Continuum of Services For Children, Youth and Families 20

3.0 Enhance Community-Based Services, Capacity and Supports 22

3.1 Community-Based Services 22
3.2 Rural Capacity and Access 24
3.3 Housing and Community Supports 25

4.0 Address Complex Needs 27
5.0 Enhance Assurance 30

FIRST NATIONS, METIS AND INUIT (FNMI) 33

ENABLERS 35

WHAT'S NEXT? 41

APPENDIX 1: ENGAGED MINISTRIES 43

APPENDIX 2: ENGAGED STAKEHOLDERS 44

APPENDIX 3: GLOSSARY OF TERMS 45

APPENDIX 4: BIBLIOGRAPHY 49

© 2011 Government of Alberta September 2011

Why the Strategy is Necessary

Why the Strategy is Necessary

In our lifetime, one in five people will experience a mental illness and as many as 10 per cent of people over the age of 15 will battle a drug or alcohol dependency. The societal impact is in the billions of dollars. The emotional impact on families and individuals is incalculable.

While Alberta's current programs and services are helping to address the needs of Albertans struggling with addiction*, mental health problems and mental illness, we recognize that more has to be done.

Over the past three years, health care delivery in Alberta has undergone significant change. The most notable has been the amalgamation of the province's nine regional health authorities, the Alberta Mental Health Board, the Alberta Alcohol and Drug Abuse Commission and the Alberta Cancer Board into a single health authority. This restructuring of the health regions and the integration of addiction and mental health services has created a system that is better positioned to meet the needs of all Albertans now and in the future.

As such, we currently have a unique opportunity to improve the health and well-being of Albertans by implementing innovative and visionary changes to our addiction and mental health system. To capitalize on this opportunity, Alberta Health and Wellness (AHW) and Alberta Health Services (AHS) have jointly sponsored development of the *Creating Connections: Alberta's Addiction and Mental Health Strategy* (the *Strategy*) enabled by *Creating Connections: Alberta's Addiction and Mental Health Action Plan 2011-2016* (the *Plan*).

The purpose of the *Strategy* is to transform the addiction and mental health system in Alberta. The ultimate goal is to reduce the prevalence of addiction, mental health problems and mental illness in Alberta through health promotion and prevention activities and to provide quality assessment, treatment and support services to Albertans when they need them.

The *Strategy* is based on our current understanding that addiction, mental health problems and mental illness are caused by a complex interplay of genetic, biological, personality and environmental factors. We now know that the basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood.

Early experiences literally shape how the brain gets built. Just like building a house, it is step-by-step, beginning with a strong foundation, including supportive and resilient families and communities. Exposure to chronic and serious early stressors creates an exaggerated stress response in the brain and body that, over time, may erode the solid foundation on which mental health develops. This leaves affected people without the stability they need to be able to adjust to situations and function effectively.

* *underlined terms are explained in the glossary in Appendix 3.*

The science and research concerning addiction (including prescription drug use), mental health problems and mental illness, are rapidly evolving. As a result, the *Strategy* needs to be dynamic and adaptive with respect to informed practice and the language used to describe addiction, mental health problems and mental illness.

Addiction in the context of the *Strategy* expressly includes the full spectrum of substance use disorders, as well as gambling and other disorders of the brain.

Mental health problems and mental illness refer to clinically significant patterns of behaviour or emotions that are associated with some level of distress, suffering or impairment in one or more areas such as school, work, social and family interaction, or the ability to live independently.

The planning process used a whole government approach that included the engagement of other government ministries that either directly or indirectly influence the health outcomes of Albertans through programs and services that directly affect the determinants of health (e.g., education, housing, employment, social and income support). These ministries, which are noted in Appendix 1, have been actively engaged throughout the development of the *Strategy*.

These ministries and non-government organizations (NGOs) are also recognized as partners in the delivery of services and are involved in the development and implementation of the *Plan* attached to the *Strategy*.

Additionally, the planning process included the involvement of individuals with lived experience. Engaged stakeholders are noted in Appendix 2.

The Case for Change

Everyone is affected by mental illness. One in five people experience a mental illness in their lifetime, and the remaining four have a friend, family member or colleague who has been or will be affected (Health Canada 2002). Everyone is similarly affected by substance abuse: as many as 10 per cent of people over age 15 may be dependent on alcohol or drugs (Centre for Addiction and Mental Health: Mental Health and Addiction Statistics 2010), and some are experiencing both mental disorders and substance abuse problems (Rush et al., 2008).

The consequences of addiction, mental health problems and mental illness reach well beyond individuals. When prevention programs are unavailable, or when affected individuals are not able to access treatment and assistance, people's functioning is impacted in all areas – work productivity, family stability, health and quality of life. This, in turn, impacts the well-being of the entire population.

The economic burden of addiction, mental health problems and mental illness is staggering. For example:

- The World Health Organization estimates that 40 per cent of all the days 'lived with disability' throughout the world are because of mental health or alcohol problems (World Health Organization 2001).

 © 2011 Government of Alberta September 2011

- The World Health Organization estimates that by 2020 the burden to individuals and society caused by mental illness will outstrip that of all physical disorders except for coronary heart disease (World Health Organization 2004).
- Every day, 500,000 Canadians are absent from work due to mental illness (Institute of Health Economics 2008).
- Twenty per cent of Canadian seniors currently have some form of mental illness. It is expected that the prevalence of dementia in Canada and Alberta will double between 2008 and 2038. In Alberta, this means almost 102,000 Albertans (2.2 per cent of the total population) would have some form of dementia by 2038, compared to 40,000 Albertans (1.1 per cent of the total population) in 2008. With the population of seniors expected to increase significantly in Alberta, their mental health issues will continue to require appropriate programs and services.
- Alcohol abuse costs Albertans $855 million in lost productivity, $407 million for direct health care services, and $275 million for law enforcement annually (AHS 2006; AADAC and AGLC 2007).
- Alcohol-attributed illness accounts for approximately 1.6 million hospital days, representing $1.5 billion in direct costs to the health system, and $3.3 billion in indirect costs to the Canadian economy annually (CCSA 2010).

While the economic burden of mental illness constitutes more than 15 per cent of the burden of disease in Canada, these illnesses only receive 5.5 to 7.3 per cent of health care dollars (Institute of Health Economics 2008).

The good news is addiction, mental health problems and mental illness can be mitigated and treated cost-effectively, if promotion, prevention and treatment are based on informed practice, provided in the most cost-effective setting, and delivered in a timely manner. By wisely investing our resources, we can reduce lost productivity and social costs.

In order to do this, we require a social environment that supports appropriate identification and treatment of mental illness and addiction. This involves improved public understanding and removal of stereotypes and inaccurate perceptions about the causes of these conditions and the possibilities for prevention and treatment.

Changing the social environment and public understanding of addiction, mental health problems and mental illness will encourage more people to seek treatment. It will also increase public support for programs and initiatives, thus improving the quality of life for everyone in the province.

It is noteworthy that:

- Most mental health problems and mental illnesses can be treated (Health Canada 2002). Cost-effective treatments exist for most disorders and, if correctly applied, could enable most of those affected to become functioning members of society (World Health Organization 2003).
- The onset of most mental health problems and mental illness occurs during adolescence and young adulthood; therefore, early identification and intervention are critical.
- Twenty-five per cent of people who have a mental illness do not receive treatment (National Institute for Mental Health in England 2006). Ensuring that people with addiction, mental health problems and mental illness have access to and feel comfortable using the services they need will go a long way to improving their quality of life and reducing pressures on the health care system.

© 2011 Government of Alberta September 2011

What We Need to Achieve

What We Need to Achieve

Our Vision

Becoming the best: Healthy communities promoting mental well-being, enabled by a comprehensive, coordinated and compassionate addiction and mental health system.

Our vision describes a realistic, credible and inspiring future for all Albertans involved with the addiction and mental health system. It paints a picture of the long-term future to which we aspire. It has five achievable goals:

1. **Improve the health and mental well-being of Albertans in all areas of the province.**

   Albertans, regardless of where they live in the province or their social circumstances, will enjoy the benefits of improved mental well-being and control over the quality of their own lives:

   - Effective health promotion, prevention, and timely intervention and treatment using a chronic disease management approach where appropriate, across the service and age continuum, will reduce risk and enhance the quality of life for Albertans.
   - Priority will be placed on increasing resiliency, enhancing mental well-being, enabling recovery and building community capacity.
   - Currently, residents of some areas of the province have more difficulty accessing treatment and support than others. Eliminating this inequality will help achieve this goal.

2. **Position individuals and families at the centre of high quality, effective and integrated addiction and mental health services and supports, so their needs are met and problems related to addiction and mental health decrease in the province.**

   All Albertans will have ready access to addiction and mental health services where they feel welcomed, engaged in planning their care, and encouraged to take ownership for improving their health:

   - The complex needs of the most marginalized populations such as street-involved youth and the homeless population that also face mental illness are considered throughout the *Strategy*. Initiatives will be further identified through action planning activities.
   - Clients and their families will know what services are available and how to access them. They will be confident that they will receive the right service from the right provider at the right time. As their needs evolve, health services and community supports will continue to be delivered seamlessly.
   - Regardless of their background or life experience, all people affected by addiction, mental health problems and mental illness will be treated with a high degree of respect that acknowledges their value and worth.

3. Improve the capacity of the workforce to effectively address addiction, mental health problems and mental illness.

People working in the addiction and mental health system will be well prepared to deal effectively with both addiction and mental health problems:

- They will be caring, culturally sensitive and competent.
- They will know how to work productively in multi-disciplinary care teams.
- They will have the skills and capacity to use evidence-informed research and practice to continuously improve program and service delivery.

4. Increase public awareness and understanding of addiction, mental health problems and mental illness, thereby reducing stigmatization and barriers to access.

Albertans will increasingly understand that addiction, mental health problems and mental illness should be considered no differently than other illnesses and disorders. Over time, the stigma associated with addiction, mental health problems and mental illness will decrease, and barriers to accessing services will be significantly reduced:

- Language describing addiction, mental health problems and mental illness will become more positive, accepting and respectful.
- Effective public and provider educational initiatives will help address the inaccurate perceptions and negative stereotypes.
- Communities will become actively engaged and will support people affected by addiction, mental health problems and mental illness; and society overall will recognize the value of investing in promotion, prevention, assessment, effective treatment and aftercare supports.

5. Apply informed practice(s) and continually evaluate all policy and service delivery approaches to ensure and demonstrate value. The addiction and mental health system must be accessible, responsive and accountable.

The system will be well-managed and responsive:

- Policy and legislation supporting the desired system will be in place to ensure Albertans are confident in the quality, safety and accessibility of addiction and mental health services.
- Programs and services will be coordinated across government ministries and sectors.
- Priority setting, service planning and approaches to service delivery will be evidence-informed.
- Evaluation and monitoring systems will track the degree to which desired outcomes are being achieved, and this information will be used to continuously improve patient outcomes and system performance. The system will be nimble and will adopt new approaches, as evidence becomes available.

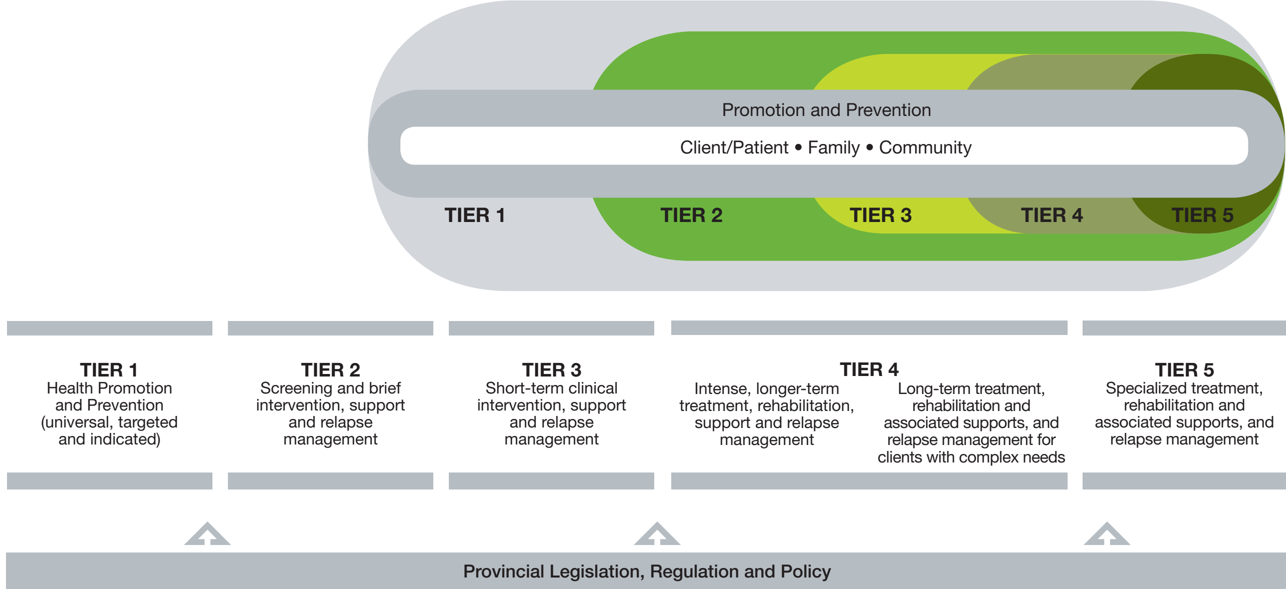
How the Strategy was Developed

How the Strategy was Developed

Integrated Addiction and Mental Health Service Model

The *Strategy* builds on the Alberta Health Services Integrated Addiction and Mental Health Service Model which is adapted from the five-tier model developed in 2007 by the National Treatment Strategy Working Group led by the Canadian Centre on Substance Abuse (CCSA 2007). The five tiers describe the continuum of addiction and mental health services and supports in order of increasing complexity/intensity. It places clients/patients, families and communities at the centre of the model spanning all five tiers. The model is presented as a diagram in Figure 1 below.

FIGURE 1: INTEGRATED ADDICTION AND MENTAL HEALTH SERVICE MODEL



Guiding Principles

The Integrated Addiction and Mental Health Service Model is based on the following guiding principles:

- **Any door is the right door:** In a fully integrated model, any person presenting with an emerging or existing addiction or mental health concern will be considered to be entering at the right door, regardless of the location/ministry/system. Timely access to the most appropriate level of service will be facilitated to ensure continuity of care and to decrease fragmentation between service providers and within system delivery. Coordination of these links is the responsibility of the system, not the individual. In practice, this would mean that screening people for addiction, mental health problems and mental health illness should be routine for as many health providers as possible and there should be ready access to comprehensive assessment services if needed.
- **Availability and Accessibility:** Services in all tiers are available and accessible to individuals and could be facilitated by different means, e.g., telehealth, Web-based technologies and mobile services.
- **Matching:** A person is matched to services of the intensity appropriate to his or her needs and strengths. Matching implies a need for standardized screening and assessment tools, and for processes that allow for each person's informed choice of the type of care that works best for that person (based on culture, language or other factors).
- **Choice and Eligibility:** If more than one service meets a person's needs, the person is able to choose from those for which he or she is eligible. A person is able to receive services within a given tier and across different tiers, as needed over time, though the focus might be in a particular tier at any given time.
- **Flexibility:** A person is referred from a lower tier to a higher tier (stepped up) or from a higher tier to a lower tier (stepped down) as appropriate to that person's needs.
- **Responsiveness:** The type of support each person needs changes over time. In responding to these needs, the goal is to help people move to services in lower tiers and ultimately to be healthy and able to thrive to their full capacity.
- **Coordination:** Services are coordinated at the program and system levels. Providers of distinct services and supports coordinate at the clinical/program level (e.g., through shared service protocols) and at the administrative and organizational levels (e.g., through partnerships and inter-agency agreements).
- **Accountability**: Services are evaluated and performance outcomes and standards monitored to assure the delivery of safe and appropriate care.
- **Information Sharing:** To facilitate service delivery as well as planning, monitoring and evaluation, health information systems make it easy to share clinical information without compromising client or patient privacy.

Approach and Focus

An extensive review of the literature and the directions of other jurisdictions was conducted to inform the development of the *Strategy*. The *Strategy* focuses on addressing the needs of those with lived experience and those affected directly and/or indirectly by addiction, mental health problems and mental illness. The *Strategy* recognizes that there are individuals who have addiction problems only; those who have mental illness only; and those who have both. The needs of those who are at increased risk, including those with complex needs, are also an important consideration.

From a service perspective, the *Strategy* focuses on enhancing prevention and promotion, primary health care and community-based services; as well as improving the effectiveness of acute and specialized tertiary services.

From a population perspective, the *Strategy* focuses on children, youth and families; seniors; First Nations, Métis and Inuit (FNMI) peoples; and at-risk populations. The *Strategy* also addresses the need to improve the seamlessness of transitions that occur as an individual ages, as well as individual access to services across the continuum through integrated case management approaches.

The *Strategy* takes a population health approach with universal, targeted and indicated promotion and prevention initiatives in the recognition that supporting families, schools and community supports and networks is fundamental to improving the mental health of Albertans. The Mental Health Commission of Canada (2009) states that in order to have a comprehensive mental health strategy, there is a need to look at ways of keeping people from becoming mentally ill in the first place and to improve the mental health status of the whole population.

Cultural safety, awareness and competency are recognized as essential to the development and implementation of an effective addiction and mental health strategy. The *Strategy* focuses on ensuring appropriate alignment with the needs of the FNMI populations.

The *Strategy* focuses on providing improved access to quality addiction and mental health services through increased support for primary health care and community-based services while also improving access to specialized services. The *Strategy* recognizes the interdependence among primary health care, community-based services and inpatient beds; the effectiveness of one is dependent on the effectiveness of the others.

The rationale for the overall and transformational direction of the *Strategy* is provided by the World Health Organization in *Economic Aspects of the Mental Health System: Key Messages to Health Planners and Policy-Makers* (2006), which states "…shifting away from currently cost-ineffective structures and practices (including reliance on mental hospital-based services) to a more effective and cost-effective allocation of resources (towards community-based services) implies a potentially major reorganization of the mental health system, not only in terms of strategic policy but also in terms of other dimensions including human resource development and deployment, buildings (primary care and district hospitals), and drug procurement/distribution."

Addiction and Mental Health Framework

An Addiction and Mental Health Framework (the framework) was developed to help illustrate the relationships among the key elements of the *Strategy.* This framework is presented as a diagram in Figure 2. The Provincial Health Vision, Mission and Values at the top of the diagram set the broad directions for health care service delivery in the province. The goals of AHS and AHW (access, quality and sustainability) and AHW policies further define the strategic and policy directions for the provincial health care system.

The *Strategy* is aligned with the broader provincial goals and policies. The *Strategy* establishes five strategic directions, each with specific priorities, key results to be achieved, and supporting initiatives. These strategic directions and priorities are mapped across the five tiers that define the full continuum of addiction and mental health services discussed earlier in the Integrated Addiction and Mental Health Service Model (see Figure 1).

STRATEGIC DIRECTIONS

The five strategic directions are:

1. **Build healthy and resilient communities**
2. **Foster the development of healthy children, youth and families (includes seniors)**
3. **Enhance community-based services, capacity and supports**
4. **Address complex needs**
5. **Enhance assurance**

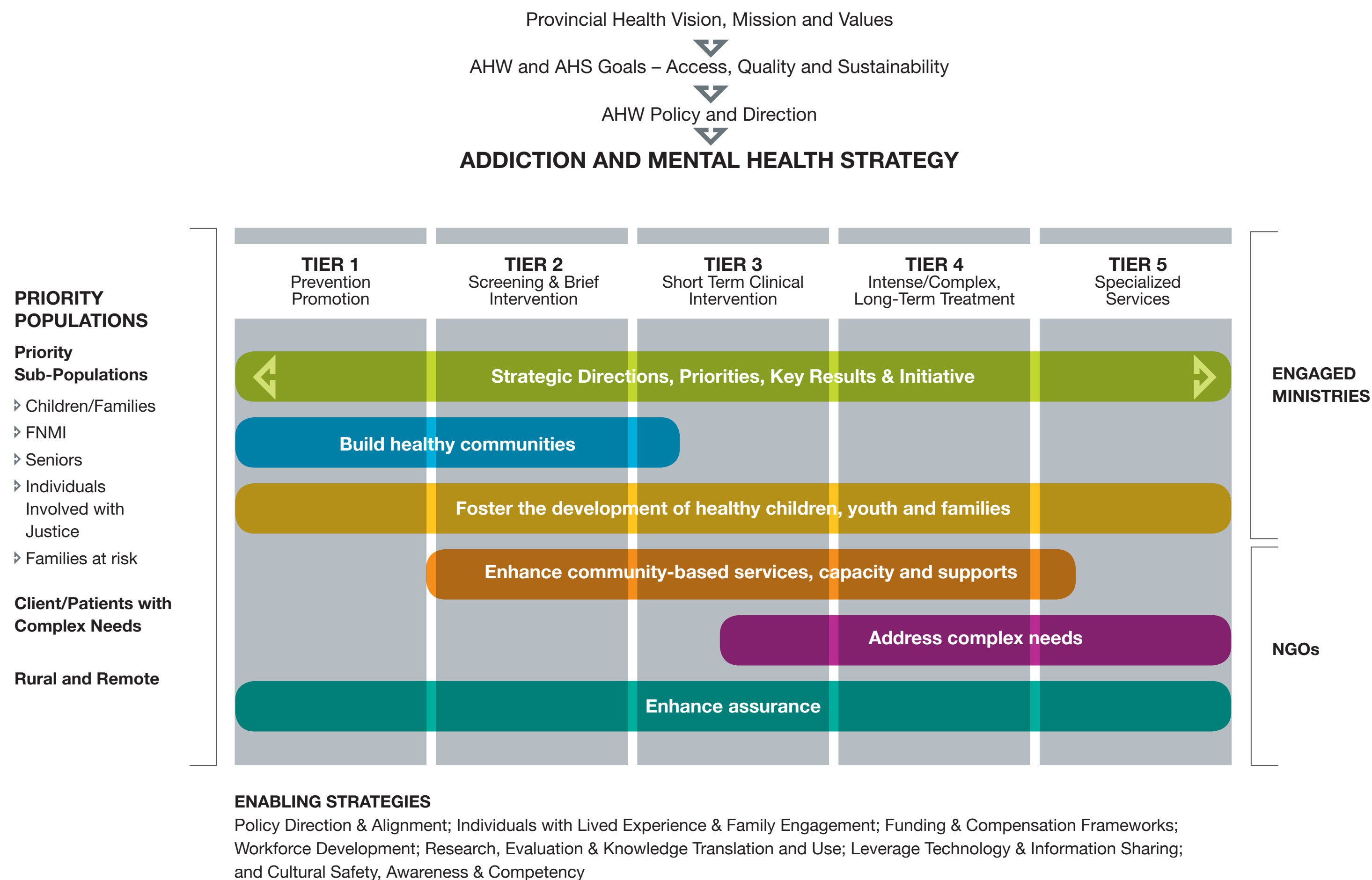
For each strategic direction, major priorities and key results are identified and recommended initiatives are developed. These components are described in greater detail in the next section.

ENABLERS

In addition to these five strategic directions, seven key enablers are identified as being critical to building the organizational capacity and infrastructure required to successfully address the strategic directions and priorities and to achieve the desired results. Enablers, by definition, encompass a set of activities that apply to all of the strategic directions. These are summarized at the base of Figure 2 as enabling strategies and are listed below:

- Policy direction and alignment
- Individuals with lived experience and family engagement
- Funding and compensation frameworks
- Workforce development
- Research, evaluation and knowledge translation and use
- Leverage technology and information sharing
- Cultural safety, awareness and competence

FIGURE 2: ADDICTION AND MENTAL HEALTH FRAMEWORK



The strategy development process also includes the contribution of a First Nations, Métis and Inuit (FNMI) sub-task group, whose role was to provide input to other sub-task groups and review the strategic directions, priorities and initiatives with a view to ensuring appropriate alignment with the needs of the FNMI populations. The suggestions from the FNMI sub-task group encompass these strategic directions and enablers. They are included in this report following the review of the five strategic directions and enablers.

The framework also highlights the importance of addressing the needs of high priority sub-populations, e.g., people with complex needs and people living in rural or remote communities. These are positioned at the left of the framework diagram in Figure 2. Strategies for these groups are embedded in each of the strategic directions and span all five tiers of the service continuum.

The framework illustrates that a range of government ministries with complementary service mandates have been engaged throughout the development process and must continue to be engaged to ensure an effective and coordinated system of services and supports. Implicit in the framework is the need to ensure legislation, policy and programs enable effective service delivery, coordination and optimization of available resources and expertise. In addition, non-government organizations (NGOs) and other service providers are recognized as partners in the delivery of services. They have been actively engaged. They will be engaged further in the implementation of the *Strategy*.

The *Strategy* is in alignment with and/or complementary to provincial strategies/initiatives including, but not limited to:

- Alberta Alcohol Strategy (AHW/AGLC/AHS)
- Alberta Tobacco Reduction Strategy (AHW)
- *Becoming the Best: Alberta's Five-Year Health Action Plan* (AHW & AHS)
- FASD 10-Year Strategic Plan (ACYS)
- Alberta's Health Research and Innovation Strategy (AAET)
- SafeCom Initiatives (Alberta Crime Prevention Framework) (AJAG)
- *Ending Homelessness by 2019* (AHUA)
- *Support for Adults with Complex Service Needs Cross-Ministry Policy Framework* (ASCS)
- *Aging Population Policy Framework* (ASCS)
- Alberta Supports Initiative (ASCS)
- *Active Alberta Policy* (ATPR).

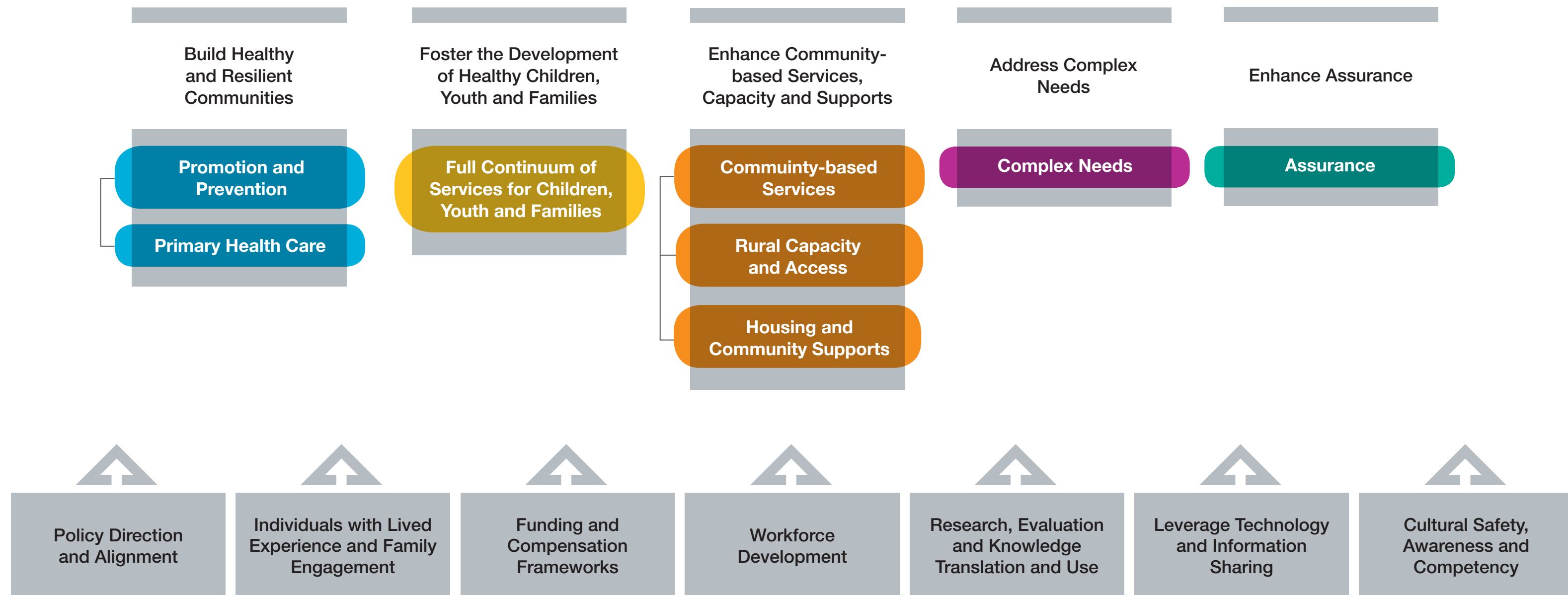
By engaging cross-ministry partners, there is potential for increasing capacity, building synergy and reducing redundancy across these strategies/initiatives since many address common issues.

© 2011 Government of Alberta September 2011

What We Plan to Do

What We Plan to Do

FIGURE 3: STRATEGIC DIRECTIONS AND ENABLERS



1.0 Build Healthy and Resilient Communities

Healthy and resilient families and communities are fundamental building blocks to promoting mental well-being and mitigating the negative effects of addiction, mental health problems and mental illness. The concept of community in this context is broadly defined to include schools, workplaces and places where people live and play. The importance of strong communities cannot be overstated with respect to supporting those individuals with addiction, mental health problems and mental illness and to developing protective factors.

Promotion and prevention include interventions that are directed at the population at large (universal), focused on sub-groups of the population with significantly above-average risks (targeted), and focused on high-risk individuals (indicated). This priority also recognizes that cultural and ethnic differences may require different delivery methods, including tailored promotion and prevention initiatives to meet the unique needs of FNMI communities.

Primary health care is included within this strategic direction because of its needed interdependence with schools, child care centres, housing and community supports.

Primary health care is defined by the World Health Organization in its *1978 Declaration of Alma-Ata* as: "the first level of contact of individuals, the family and community with the health system bringing health care as close as possible to where people live and work, and (it) constitutes the first element of a continuing health care process."

Primary health care is usually the first level of contact with the health system to promote health, prevent illness, care for common illness, and manage ongoing health problems while recognizing the broader determinants of health. Primary health care includes coordinating, integrating, and expanding systems and services to provide more population health, illness prevention and health promotion. Primary health care encourages the best use of all health providers to maximize the potential of all health resources at a cost a country and community can afford, with practical, scientifically sound and socially acceptable methods.

The two major priorities addressed under this strategic direction are Promotion and Prevention, and Primary Health Care.

1.1 Promotion and Prevention

PRIORITY

Create environments where Albertans live, learn, work and play that build protective factors for mental well-being, resilience and health, and reduce risk factors that contribute to addiction, mental health problems and mental illness.

Build Healthy and Resilient Communities

Promotion and Prevention

© 2011 Government of Alberta September 2011

KEY RESULTS

- More Albertans will experience an enhanced or greater sense of mental well-being.
- The percentage of Albertans living with mental health problems and mental illness will be reduced as a proportion of the population.
- The percentage of Albertans living with an addiction will be reduced as a proportion of the population.
- Stigma will decrease and the public's acceptance and understanding of people with addiction, mental health problems and mental illness will increase.

INITIATIVES

Recommended initiatives to advance this priority are outlined and summarized below:

1. **Early childhood, maternal and family health:** Enhance/develop programs and services that promote early childhood, maternal and family health. This includes enhanced prenatal and at-birth screening, ongoing support for parenting, and continued focus on early childhood programs.
2. **Healthy and resilient schools:** Enhance programs for wellness promotion, mental well-being and capacity building in the school environment to support healthy and resilient children and families.
3. **Build capacity and resiliency in populations at risk:** Strengthen services for at-risk and under-served populations including prenatal and early-childhood programming, FNMI-specific programs, home visitation, and support for children with disabilities and fetal alcohol spectrum disorder (FASD).
4. **Business partnerships:** Work with employers to build healthier workplaces through mental health promotion, and addiction prevention and intervention programs and services, e.g., exploring opportunities to build upon existing employee assistance and/or workplace wellness programs.
5. **Healthy living environments for older adults:** Ensure older adult living environments foster mental and physical well-being, including promoting opportunities for older adults to remain socially connected and meaningfully engaged in their communities.
6. **Public acceptance and understanding:** Build on existing work, and enhance initiatives designed to reduce stigmatization and increase public understanding and acceptance of people with addiction, mental health problems and mental illness. This includes exploration of opportunities to translate the science of mental health and addiction in a way that closes the gap between expert and public understanding. These gaps impair a productive understanding and impede the development of informed approaches and solutions.

1.2 Primary Health Care

PRIORITY

Improve the capacity of and access to quality addiction and mental health services within the primary health care environment.

KEY RESULTS

- All Albertans will have access to a quality primary health care system that provides addiction and mental health services and has effective links to other tiers/components of care within the health system, as well as to community supports throughout the province.
- Patients, clients and those defined as family will be active partners in addressing patients' addiction and mental health care needs and improving their mental well-being.
- Access to addiction and mental health care in the primary health care setting will be supported by partners such as nutritionists, pharmacists and school staff, and delivered by primary health care providers including physicians, other professionals and, in some cases, peer support groups.
- Addiction and mental health services will be provided within each primary care network (PCN) based on community needs and resources, at the level appropriate within the primary health care environment. Addiction and mental health services will be provided by knowledgeable primary health care providers.
- A greater percentage of addiction and mental health patients will have an ongoing relationship with a primary health care provider.
- Primary health care services will be delivered in a culturally appropriate, safe and sensitive manner.

INITIATIVES

1. **Access to addiction and mental health services within primary health care:** Improve access to quality addiction and mental health services within the primary health care environment. This includes using a multi-disciplinary, team-based approach; further building the competencies of the addiction and mental health workforce; and implementing tailor-made approaches to address the needs of specific populations such as seniors, FNMI, people in remote areas, people living in the community with severe mental illness, and people living with concurrent disorders. Within the context of the broader primary health care environment, use PCNs as a major service delivery vehicle for addiction and mental health services in rural and remote areas.

 © 2011 Government of Alberta September 2011

2. **Access to alternate levels of care and specialized services:** Improve access to timely psychiatric consultations and other specialized addiction and mental health services, including the use of Telehealth services and/or using family physicians with special interest or training in mental health.
3. **Links to communities and community supports:** Enhance links to partners such as schools, family service agencies, child care centres, housing initiatives, community agencies and peer support groups to increase service continuity and the capacity of the individual to remain in the community.
4. **Supports for self-managed care:** Expand/enhance supports and resources to facilitate self-managed care. This could include creating a province-wide resource system through a personal health portal, providing individuals with the tools and resources to be more aware of what is available, and utilizing and adapting relevant approaches from chronic disease management.

2.0 Foster the Development of Healthy Children, Youth and Families

As previously mentioned, early experiences literally shape how the brain gets built. A strong foundation in a child's early years increases the probability of positive outcomes. A weak foundation increases the odds of later difficulties, including later mental health problems and addiction.

Fostering the development of healthy children, youth and families can help support good mental health in the first place. It means responding appropriately to shore up the foundation for people when they need it by buffering exposure to toxic stress.

This strategic direction focuses on all children, youth and families, including seniors, and recognizes the need to increase capacity and support across the service continuum. Risk will be reduced by creating environments that build individual and family resiliency, and provides access to the services and supports children, youth and families may need.

2.1 Full Continuum of Services for Children, Youth and Families

PRIORITY

Provide all children, youth and their families, including those "at risk" and "in care," with access to the full continuum of services with strong links to community treatment and community supports.

KEY RESULTS

- There will be reduced incidence and severity of addiction, mental health problems and mental illness from generation to generation.
- There will be reduced incidence of the symptoms of dysfunction impacted by addiction and mental health problems and mental illness, such as family violence and other crimes.
- Addiction, mental health problems and mental illness will be detected earlier, and intervention will be started sooner.
- Children, youth and families will be satisfied with the quality of addiction and mental health services.
- Access standards for children's mental health services will be implemented, monitored and met.
- There will be evidence of enhanced collaboration across ministries and service providers where clients are served by more than one ministry and/or service provider.

Foster the Development of Healthy Children, Youth and Families

Full Continuum of Services for Children, Youth and Families

© 2011 Government of Alberta September 2011

INITIATIVES

The recommended initiatives are built on the extensive and previous work documented in *Positive Futures – Optimizing Mental Health for Alberta's Children & Youth – A Framework for Action, 2006-2016* (2006); *Children's Mental Health Plan for Alberta, Three Year Action Plan, 2008-2011* (2008); and the *Policy Framework for Services for Children and Youth with Special and Complex Needs and Their Families, AHS/AADAC Youth Framework,* and *Alberta Children and Youth Initiative*.

1. **Special populations of children, youth and families:** Address the unique needs of special populations (complex needs, significant risk, children in care) by:
   - improving access to community supports for those children, youth and families who are exposed to family members who are suffering from addiction, mental health problems and mental illness;
   - enhancing and building on infant and preschool developmental screening and mental health early intervention programs to provide intervention to families and young children at risk for developing mental health problems;
   - formalizing an integrated case management approach;
   - increasing support and information for families and caregivers of children and youth who have severe and/or complex addiction and mental health needs;
   - improving continuity of care by ensuring all children who have identified addiction, mental health problems and mental illness have a primary health care physician and/or pediatrician; and
   - providing therapeutic, multi-disciplinary, specialized community-based services, day programs, and community-based residential programs across the province for youth with chronic, severely disruptive behaviour caused by addiction, mental health problems and mental illness.
2. **Access to addiction and mental health services:** Implement access standards for children's addiction and mental health services for emergent care (within 24 hours), urgent care (within two weeks) and scheduled visits (within 30 days).
3. **Youth and adolescent mental health:** Enhance youth and adolescent mental health programs, including building effective links to existing youth and adolescent programs.
4. **Service coordination and collaboration:** Improve the coordination of community-based and specialized services and incorporate the key dimensions of access (e.g., culturally safe, awareness, location, and client's ability to access). Enhance and strengthen collaboration and coordination of age-based and service-based transition points (e.g., starting school; junior high to high school; family transitions – different homes; transition to adulthood) and address barriers to information sharing across ministries and addiction and mental health service providers, maintaining a child and family-centred focus.
5. **Culturally effective strategies:** Implement culturally effective strategies at provincial, regional and local levels to address the unique needs of immigrant/refugee infants, children, youth and their families.

3.0 Enhance Community-based Services, Capacity and Supports

This strategic direction focuses on the community-based programs, services and supports required to ensure those with addiction, mental health problems and mental illness are able to live and thrive within the community. The strategic direction and related priorities span all five tiers of the service continuum, and include inpatient services. Three major priorities are addressed under this strategic direction: Community-based Services, Rural Capacity and Access, and Housing and Community Supports.

Enhance Community-based Services, Capacity and Supports

Commuinty-based Services

3.1 Community-based Services

PRIORITY

Improve the quality of life for clients/patients and families by enhancing the capacity of community-based addiction and mental health services and by improving the effectiveness of specialized and inpatient care.

KEY RESULTS

- Individuals with addiction, mental health problems and mental illness will live effectively in their communities supported by an appropriate range of community services, including housing and wraparound care.
- Clients will have timely access to services and increased quality of life and overall functioning.
- An integrated basket of fundamental addiction and mental health services, including a comprehensive crisis response, will be available across the province.
- Non-governmental organizations will be effectively engaged in service planning and delivery.
- Emergency departments, acute and tertiary inpatient services will be used appropriately.
- Clients will be effectively reintegrated into the community after an inpatient admission.
- Timely and equitable access and rapid re-instatement to specialized services will exist across the province.

INITIATIVES

1. **Definition and delivery of "fundamental services," a basket of addiction and mental health services.** This includes establishing service, access and quality standards at the community, zone and

© 2011 Government of Alberta September 2011

provincial levels, and establishing the service delivery approach (local, at regional hubs, at tertiary centres). These standards will reflect local needs by using a community-based population health approach. The roles and responsibilities of service providers will be defined and documented in provider maps.

2. **Community-based services:** Increase the capacity of community-based services by using chronic disease management, and increase the capacity of community-based addiction and mental health teams, including outreach functions and connections to community supports (housing, income support, medication management).
3. **Range of community-based alternatives to support "step-up and step-down" services:** Enhance the range of step-up alternatives to inpatient care to assist in stabilizing clients, including day treatment programs, day hospital programs, and acute home care. Build on existing work and the principles of community inclusion, and develop a range of community step-down alternatives, including residential rehabilitation, to allow for more effective community re-integration of patients from inpatient settings.
4. **Tertiary care framework:** Establish and reach agreement on the definitions, care models and utilization criteria for specialized addiction and mental health services, including those of provincial health facilities. Tertiary care includes specialized inpatient, community residential, and highly specialized clinics for those patients in need of longer term, intense or complex treatment and rehabilitation.

   The establishment of a tertiary care framework is an opportunity to clearly describe what services and supports are provided within the framework, as well as how to effectively and efficiently integrate these services with other components of the addiction and mental health service continuum: primary health care, community and addiction and mental health clinics, and general, acute, inpatient and crisis services.
5. **Integrated case management:** Use integrated case management supported by effective system navigation and information-sharing processes to enhance the delivery of client-centred housing, and addiction and mental health services. This includes developing links to primary health care services; using multi-disciplinary outreach teams focused on supporting people where they live; and effectively addressing key issues, including appropriate access to income support, a range of housing options (primary to tertiary), basic supportive living needs, and services provided at tertiary centres.
6. **Equitable access to specialized services:** Establish protocols to provide equitable access for all Albertans to specialized provincial programs including access to psychiatrists. The effectiveness of the above services depends on a combination of integrated community supports, community-based specialty clinics and inpatient services.

3.2 Rural Capacity and Access

PRIORITY

Improve capacity of and timely access to addiction and mental health services for those Albertans living in rural and/or remote areas.

This priority is focused on ensuring people living in rural and/or remote communities have access to the addiction and mental health services they need. This priority must include a strong focus on building and supporting local community capacity and links to service systems, i.e., coordinated access to wraparound services, either locally or at appropriate service centres.

Access will depend on strong links to psychiatrists and addiction and mental health services, PCNs and other options for multidisciplinary primary health care service. The *Strategy* will capitalize on the opportunity to leverage Telehealth technology to extend service reach. The unique challenges facing addiction and mental health clients in rural communities related to stigma, and the challenges related to attracting and retaining qualified staff also need to be addressed.

While the strategic initiatives proposed should be relevant to all population groups, particular attention should be paid to the following sub-populations:

- FNMI communities;
- children and youth;
- seniors; and
- immigrant sub-populations living in rural communities.

KEY RESULTS

- Clients and families will have access to the addiction and mental health services they need, regardless of where they live: locally, at regional hubs, or at tertiary care centres.
- There will be seamless coordination of client care across the continuum of services, i.e., across the five tiers in the service delivery model.
- The specific services available in rural communities, at regional hubs, and in metropolitan areas will be clearly defined; and the resources required to effectively deliver the services will be in place.
- PCNs will be expected to include addiction and mental health services within their service mandates.

INITIATIVES

1. **Rural community capacity building:** Increase the capacity of rural communities to provide addiction and mental health wraparound services by:
   - continuing to support community partners and NGOs as vehicles for communities to address identified community needs relating to addiction and mental health; and
   - supporting and expanding addiction and mental health community outreach services; eg., extended service hours and capacity.

Enhance Community-based Services, Capacity and Supports

Rural Capacity and Access

© 2011 Government of Alberta September 2011

2. **Rural access to tertiary care services and provincial addiction and mental health services:** Build on existing work and implement an integrated service delivery framework that identifies the various services available locally, at service hubs and at provincial service centres; and facilitate appropriate access for rural residents to these services. This will require clear, provincially focused mandates and protocols for tertiary centres based on client needs. Establish effective after-care links and transitions back to the local community after patients access more specialized services at service hubs or tertiary centres. (See Tertiary Care Framework, Section 3.1, fourth initiative.)
3. **Leverage technology:** Improve access and support service planning, delivery and monitoring in rural communities by leveraging existing technology. This could include enhancing Telehealth and expanding the use of communications technology to extend access to specialized consultation services.
4. **Rural-community mobile outreach teams:** Enhance community-based services through the expansion of Community Mobile Outreach Teams, including the clear delineation of their functions and services.
5. **Transportation policy and plan:** Work with municipalities to decrease barriers to access addiction and mental health services.

3.3 Housing and Community Supports

PRIORITY

Partner with other ministries, stakeholders and service providers to facilitate ready access to a range of housing options and community supports that are matched appropriately to the continuum of needs of individuals impacted by addiction, mental health problems and mental illness.

This priority focuses on matching the continuum of housing options and community support services to meet client need. Emphasis is placed on the importance of adequate housing as a fundamental determinant of health, i.e., the "housing first philosophy." Similarly, since individual choice and self-determination are positively correlated with good client outcomes, a person's fundamental rights and desire to live as independently as possible must be a primary consideration.

This priority builds on and aligns with existing work and plans such as Alberta's strategy "Ending Homelessness in 10 Years" and many of the "Safe Communities" initiatives.

KEY RESULTS

- Clients will have timely access to appropriate housing and community support services delivered in the right locations by the right providers.
- Clients, their families and service providers will have increased clarity and understanding of the range of housing options and community support services available, and the methods to navigate the system to ensure access to these services.
- Clients will be satisfied with the quality of the places in which they live and the supports provided, including a sense of permanence and predictability.
- Clients will be able to live and function to their full capacity within the community.
- The number of homeless people will be substantially reduced.
- Government, other funders, and the public will have increased confidence that they are getting a good return on investments in housing and community supports for clients with addiction, mental health problems and/or mental illness.

INITIATIVES

1. **Housing and supports framework:** Establish and reach agreement on a clear framework outlining supportive housing, treatment and care options, provider roles and funding accountabilities.
2. **Housing and service gaps:** Use the Housing Framework, and map available housing options to identify major housing and service gaps for people in recovery. Increase support in priority areas such as seniors housing, in particular supportive living options; community residential treatment for clients who require higher levels of ongoing support and care; and transitional housing options for individuals, including youth involved with the justice system and correctional services.
3. **Community-based tertiary rehabilitation and services:** Review specialized centres focused on tertiary rehabilitation, concurrent disorders, and psychiatric care services to ensure needs are being met. Expand access to appropriate community residential treatment spaces, e.g., residential treatment homes operated by AHS and/or private housing operators supported by an AHS multi-disciplinary team deployed in residential neighborhoods. Build on existing work and continue to develop sub-acute or step-down units.

© 2011 Government of Alberta September 2011

4.0 Address Complex Needs

People with complex needs require extraordinary services from more than one ministry, and in many cases, from various service sectors and stakeholders. Those who require such services include individuals with complex mental health and health problems and/or severe behavioural problems related to addiction, mental health and mental illness. For these clients, all currently available resources have often been used with limited success; and the fiscal and human resources they require strain the capacity of any one ministry to deliver the required services.

Address Complex Needs

Complex Needs

These service issues/needs may be framed from two very different perspectives. First, the needs of the individual are complex because of the specific nature of their illness(s) and/or circumstance. Second, the needs and/or service issues are made complex due to challenges in the system to respond effectively. This strategic direction attempts to address both perspectives.

Clients with complex needs may have addiction and/or mental health challenges, addiction and behavioural challenges, and health problems with addiction and/or mental health challenges. Examples of groups of clients that are sometimes included within this service priority include:

- people with fetal alcohol spectrum disorder (FASD), developmental disorders, acquired and neurodegenerative brain injury, and autism;
- clients with concurrent disorders – mental health, complex health needs, addiction and severe behavioral challenges;
- children in care and children, as witnesses of family violence, who have complex needs;
- persons involved within the justice system including corrections (e.g., those involved with the Integrated Justice Services Project); and
- seniors with complex health needs and addiction and/or mental health challenges.

4.1 Complex Needs

PRIORITY

Ensure that people with complex service needs have access to a full range of appropriate addiction and mental health services and supports.

KEY RESULTS

- People with complex needs will be able to live and thrive to their full capacity within the community.

- People with complex needs will be matched appropriately with the right level and intensity of care.
- People with complex needs and their families will understand what services are available and know how (or be supported) to navigate the system to get the services they need.
- People with complex needs will have ready access to secondary preventative and treatment services to mitigate harm, including harm reduction services.
- Barriers to accessing a seamless continuum of services will be identified and mitigated.
- Appropriate and timely access to community-based services will reduce pressure and bottlenecks in the health and the justice systems – acute care, addiction and mental health services, continuing care, etc.

INITIATIVES

1. **High priority service gaps:** Identify and mitigate high priority service gaps, specifically community-based, crisis, residential care and day hospital services throughout the province that have a behavioural rehabilitation focus. Improve access to housing options with innovative and versatile environment design to mitigate challenging behaviour and optimize opportunities for people with complex needs to live successfully in a community setting.
2. **Coordinated and shared responsibility:** Establish a clear government framework with a shared responsibility model that includes supporting provincial policy to enable ministries and service sectors to work in an integrated, coordinated manner for the benefit of people with complex needs. Key components include:
   - clear service mandates and roles for various government ministries responsible for providing services to individuals with complex needs;
   - clear definitions and guidelines on who is served and funded under complex service needs initiatives are required. There is, however, a fundamental principle that must inform service planning and delivery, namely that "no one gets left behind";
   - protocols that guide how staff from various ministries work together, including process and funding supports to enable cross-ministry collaboration, planning and service delivery;

- increased clarity regarding roles, responsibilities and accountabilities for funding and implementing cross-ministry initiatives and plans;
- mechanisms and processes to increase the alignment of ministerial and sectoral mandates and programs;
- operational processes and supports required to ensure policy directions can be effectively implemented by front line managers and staff; and
- access to a provincial cross-ministry team that provides timely clarification and resolution of policy and mandate-related issues.

3. **Integrated system case management model:** Formalize and implement an integrated system model of case management for people with complex needs, so various ministry partners, AHS, and service providers involved in the individual's life work together to address the needs of the individual and the family.
4. **Justice and corrections:** Strengthen and implement focused services for people with complex needs to prevent them from entering the justice system and corrections and provide appropriate and prioritized treatment and rehabilitation for those already within the system and those at release.
5. **Continuum of services and community supports for people with complex needs:** Ensure appropriate services are available to support people with complex needs across the continuum from least intrusive to highly specialized.

5.0 Enhance Assurance

Quality and client/patient safety are fundamental building blocks of the overall *Strategy*. This strategic direction has five key components:

- workforce development, monitoring and deployment
- system performance framework
- policy, regulatory and legislative framework
- public confidence and awareness
- financial reporting

5.1 Assurance

PRIORITY

Continue to develop robust and appropriate oversight policies, supporting structures and mechanisms to foster quality and client/patient safety.

KEY RESULTS

- The public will have access to safe, effective and responsive services, programs and practices.
- The public will have high levels of confidence in the safety and quality of the addiction and mental health system.
- Common quality and patient safety standards, evaluation mechanisms and reporting processes will be used to monitor and report on system performance across all service providers.
- Appropriate oversight, accountability, consumer protection, awareness and education mechanisms will be in place.
- Clients and their families will be effectively engaged to provide feedback on the effectiveness of programs and services.
- Addiction and mental health services will be delivered by competent and capable service providers guided by a comprehensive policy and regulatory framework.

INITIATIVES

1. **Workforce development, monitoring and deployment:** Continue to develop and implement a plan designed to ensure addiction and mental health services are delivered by competent and capable service providers. For example:
    - complete the development of a competency and professional development framework for people working in the addiction and mental health fields;

Enhance Assurance

Assurance

© 2011 Government of Alberta September 2011

- use the framework to monitor and inform continuing professional development priorities for all addiction and mental health service providers;
- review the roles of regulated and non-regulated service providers; and
- work with Alberta Advanced Education and Technology (AAET) and educational institutions to ensure programs contain the right level of addiction and mental health content.

2. **System performance framework:** Build on and apply existing quality and patient-safety frameworks across all publicly funded providers of addiction and mental health services. This will involve:
   - working with accrediting, professional and other bodies to continue to improve quality assurance and patient safety standards, processes and procedures for addiction and mental health services. Specific components include adverse event reporting aimed at ongoing risk reduction, adverse event analysis, and effective and responsive complaints processes;
   - implementing a comprehensive system performance framework to monitor, evaluate and report on addiction and mental health outcomes, programs and services, including health status, the determinants of health, and the six dimensions of quality (acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety); and
   - engaging people with lived experience and their support systems in the monitoring and evaluation process at the system, program and service levels.

3. **Policy, regulatory and legislative framework:** Refine and align the policy, regulatory and legislative framework to support overall objectives of the *Strategy* by ensuring policy alignment, common standards, seamless information sharing, and improved public awareness.

4. **Enhance public awareness and confidence:** Build on existing mechanisms to further enhance public awareness and confidence, including public information regarding system performance, such as safety and overall quality.

5. **Financial reporting:** Use effective financial reporting systems to assure funders and the public that resources are appropriately spent in accordance with the *Strategy* overall and that desired outcomes are being achieved, including open, transparent and consistent contractual agreements with reporting and evaluations embedded in all agreements.

First Nations, Metis and Inuit (FNMI)

First Nations, Métis and Inuit (FNMI)

The Government of Alberta, through the *Strategy* will address the unique needs and circumstances of First Nations, Métis, and Inuit (FNMI) populations and communities within each of the five strategic directions and related priorities.

Members of a FNMI sub-task group identified their vision for the addiction and mental health system, the results the *Strategy* should focus on achieving, and specific initiatives that should be embedded within the *Strategy*. These are detailed in the following sections.

Vision: A responsive and accountable addiction and mental health system that is recognized as a provincial and national leader, and actively supports First Nations, Métis and Inuit individuals, families and communities in pursuit of their aspirations for health and well-being.

Each of the five strategic directions within the *Strategy* will achieve better outcomes for FNMI populations. The strategic directions, priorities and initiatives are informed and based on an understanding of the histories, languages, cultures and specific circumstances of FNMI people as well as geographic location, whether in urban, rural or remote communities.

KEY RESULTS

FNMI sub-task group members based several of their key results on information contained within the *Alberta Aboriginal Mental Health Framework* (2005). The *Framework* was developed with extensive engagement of Aboriginal mental health service providers and an Aboriginal wisdom committee.

- Addiction and mental health services will be accessible for FNMI people throughout Alberta and appropriately resourced, commensurate with needs and effective approaches to health service delivery across Alberta.
- Based on common goals, all necessary partners will support the health and well-being for FNMI people in Alberta through a coordinated, holistic approach.
- Respect for the diversity of FNMI populations in Alberta will be demonstrated in the development and implementation of addiction and mental health programs and services for FNMI people.
- Services will reflect community needs and protocols and will include the following qualities:
  - integrated, community-based service delivery;
  - inclusive of culturally-based wellness workers; and
  - capacity-building approaches.

- FNMI people will be engaged in defining priorities for the well-being of FNMI populations in Alberta through research, and in planning, managing and delivering services. The workforce will address the cultural diversity of FNMI people and respond to their unique needs.
- Data collection and information systems will generate more accurate data specific to the health status and needs of FNMI people. Systems will be established to identify, monitor and reduce barriers to the health system and result in more positive health outcomes for FNMI people.

INITIATIVES

- **Policy, program, and service development and delivery:** Enhance service delivery by systematically identifying and addressing gaps in service delivery and by customizing services to meet the needs of FNMI people and communities. Key components include addressing the diversity of FNMI people and communities; incorporating traditional concepts of holism, history, spirituality and relations; and partnering with FNMI organizations for program development and service delivery for addiction, mental health problems and mental illness.
- **Practices to support strategic initiatives:** Seek FNMI engagement in the development and implementation of key strategies and initiatives, and use the FNMI Program Development and Implementation Checklist Tool to ensure consideration of addiction and mental health strategies and initiatives through an FNMI lens.
- **FNMI and non-FNMI human resource capacity:** Establish "cultural safety" for FNMI clients within the health care system to create an environment for effective treatment by hiring more FNMI staff, and by ensuring cultural competence among addiction and mental health care providers. Prioritize strategies for the recruitment, retention and development of the FNMI workforce within the addiction and mental health system.
- **Supportive housing:** Address systemic barriers to supportive housing for both First Nations on-reserve populations and FNMI off-reserve populations.
- **Intergovernmental arrangements:** Consider tripartite or bilateral agreements to improve services and access to services for FNMI populations.
- **Informed practice:** Ensure informed practice for FNMI mental health and addiction services through data collection, identification of best practices for FNMI populations, research, program evaluation and information-sharing strategies.
- **FNMI engagement:** Work with First Nation, Métis and other Aboriginal governments and organizations to develop and implement strategies to achieve key results for FNMI populations in the field of addiction and mental health.

© 2011 Government of Alberta September 2011

Enablers

Enablers

Seven key enablers were identified as being critical to building the organizational capacity and infrastructure required to successfully address the priorities and achieve results.

1. **Policy direction and alignment:** Refine and align provincial government policy, programs and services to ensure they achieve their overall objective(s). Areas of focus include:
   - **Reviewing major provincial policies through an addiction and mental health lens** to facilitate alignment with common policy objectives. Consider developing cross-ministry committees with members from AHW, AHS, Mental Health Patient Advocate, and appropriate ministries to assist with the review of those policies that may have addiction and mental health implications. Specific areas where improved alignment would offer significant benefits include primary health care, housing, safe communities, children in care, continuing care and transition to adulthood.
   - **Establishing a coordinated and integrated framework** for the benefit of patients/clients with addiction, mental health problems and mental illness whereby managers and care providers across ministries and sectors improve the coordination of their work. A clear provincial policy and governance framework will enable such direction and focus. Key components of the framework and model include:
     - **Mandates:** Clear mandates in situations where clients are the shared responsibility of more than one ministry.
     - **People to be served:** Clear definitions and guidelines identifying those patients/clients receiving services and funding. A fundamental principle of service planning and delivery is *"No one gets left behind."*
     - **Protocols:** Protocols to guide how staff from various ministries works together, including process and funding supports to enable cross ministry collaboration, planning and service delivery.
     - **Roles and accountabilities:** Increased clarity regarding roles, responsibilities and accountabilities for funding and implementing cross-ministry initiatives and plans.
     - **Program/service alignment:** Mechanisms and processes to increase ministerial and sectoral mandates and program alignment.
     - **Implementation support:** Processes and supports required to ensure policy directions can be effectively implemented by front line managers and staff, e.g., planning and collaboration skills and tools, clear line-of-sight between policy framework and the operation of multi-disciplinary teams, project management training and tools, and appropriate delegation of authority.
     - **Issue resolution:** Access to a provincial cross-ministry team for timely clarification and resolution of policy and mandate-related issues.

- **Intergovernmental coordination:** Recommended structures to appropriately engage federal, provincial and municipal governments.

2. **Individuals with lived experience and family engagement:** Effective engagement and empowerment of people and families with lived experience are fundamental building blocks to improving mental well-being. Clients/patients and families have a right to be included in making decisions that affect the services they access. To optimize care planning and delivery, clients/patients and family members will be integral members of the care team. Specific action plans include:

   - **Engaging people and families with lived experience in the system,** including program and service planning, monitoring and evaluation. For example, establishing a client and family council may be one approach to connect with individuals with lived experience and their families to benefit from their continued engagement on program planning and evaluation teams.
   - **Identifying opportunities and methods for clients to be proactively involved** in the services they use. The World Health Organization, in *Empowerment in Mental Health-Working Together Toward Leadership* (October 2010), defines empowerment as: "the level of choice, influence and control that users of mental health services can exercise over events in their lives."

3. **Funding and compensation frameworks:** AHW is responsible for providing appropriate funding to best support the needs of the public. AHS is equally responsible to provide services within the funding parameters available that best address service needs. Review funding and compensation models to optimize access to addiction and mental health services and supports, streamline processes, and optimize the use of available resources, thus creating positive outcomes. A range of funding options that address these areas in a compensation framework is essential for successful implementation of the *Strategy.* Different funding models should be reviewed and, if appropriate, implemented. Potential areas where different funding approaches may be more effective include primary health care, clients with complex needs, and wraparound services with supportive housing. Potential actions include:

   - **Considering the development of a financial model** that encourages physicians and other service providers to consult and coordinate care plans for patients with addiction and mental health problems and mental illness.
   - **Working with other ministries to facilitate alignment** of the Government of Alberta and AHS for more coordinated delivery of service.
   - **Strengthening existing work and continuing to develop a cross-ministry funding framework** to align and optimize the effective and efficient use of resources for initiatives that require cross-ministry engagement. This could involve the use of envelope funding approaches to support

housing, work opportunities and other required community supports similar to the approach used for the Safe Communities initiatives.

- **Providing adequate levels of funding** to support service delivery consistent with appropriate standards of care, distributed in an equitable, cost-effective and transparent manner.
- **Ensuring future resources target the areas most in need** with no duplication or financial support where needs have not been appropriately assessed.

4. **Workforce development:** Build on existing work to implement a comprehensive, proactive workforce development action plan. The plan would ensure organizational sustainability by attracting, retaining, training and developing addiction and mental health care service providers. Key components include:
   - **Providing competency-based education** to develop or enhance basic competencies and skills of people working with addiction and mental health clients. This will include defining the competencies required and providing access to competency-based professional development programs.
   - **Strengthening professional communities of practice** by using technology and other means to link health care professionals, particularly those people working in rural and more remote areas.
   - **Improving the level of understanding of addiction, mental health problems and mental illness within the primary health care environment** to address stigma issues and increase primary health care providers' knowledge of how, when and where to access appropriate services. Provide expanded training and education for practitioners in the areas of promotion and prevention.
   - **Exploring the use of other service providers** within the addiction and mental health environment to improve coordination, the application of chronic disease management approaches, community liaison, and promotion and prevention.
   - **Establishing practice standards and guidelines** for the type and level of care offered, including primary health care.
   - **Enhancing partnerships and training opportunities with non-government organizations and community support agencies** by using competency-based models for the training and supervision of all addiction and mental health providers.
   - **Working collaboratively with universities and training institutions** to conduct long-term workforce planning and to design appropriate curricula.

5. **Research, evaluation, and knowledge translation and use:** Enhance and continuously increase knowledge and understanding of the nature and context of addiction and mental health problems for individuals, children and families and apply this knowledge and evidence to inform policy, service planning and delivery, and staff development.

Key components include:

- **Focusing research on addiction, mental health problems and mental illness** to increase support for addiction and mental health programming and practice.
- **Enhancing the use of evidence-informed knowledge and practice** across the full continuum of addiction and mental health services. Build on existing work, and continue to develop improved links, capacity and funding to conduct clinical research and apply these findings. For example:
  - Further develop "communities of practice," and engage all service providers. Develop and train providers to best practice parameters.
  - Create a provincial repository of evaluation studies, results and informed practices.
  - Deploy effective knowledge translation mechanisms and vehicles; e.g., Web-based tools and mechanisms.

(AHS Addiction and Mental Health Integration work. *Mental Health and Addiction Research, Evaluation and Knowledge Translation/Exchange: Working Group Final Report* 2009)

6. **Leverage technology and information sharing** to better support information sharing, policy development, service planning and delivery, and monitoring. Recommended components include:

- **Streamlining and improving information sharing** including electronic health records and electronic medical records.
- **Expanding and enhancing Telehealth.**
- **Improving access to specialists** by expanding the use of communications technology to extend access to specialized consultation services, especially for those who live in rural and remote communities.
- **Expanding the use of mobile devices** and other portable technology devices to support service delivery.
- **Providing Web-based education options** and service delivery vehicles for both clients and staff.
- **Capitalizing on social media** to engage and inform clients/patients, families, the community and other stakeholders.

© 2011 Government of Alberta September 2011

7. **Cultural Safety, Awareness and Competency:** Cultural safety, diversity in its broadest sense, awareness and competency are essential enablers to the development and implementation of an effective addiction and mental health strategy. The *Strategy* needs to address the unique needs of the FNMI populations as well as the increasing cultural diversity in Alberta. Policy and service delivery frameworks need to be accepting and responsive. They need to promote engagement and strengthen existing capacity within diverse communities. While the fundamental components of a specific direction of a service may not change, its effectiveness, including its acceptability to clients and families, is dependent on matching the service delivery approach and service providers to the client to ensure cultural appropriateness.

   The key components include the cultural context within which the service is delivered (e.g., values, perspectives and history); the service delivery approach (e.g., integrating traditional healing); and cultural competence among addiction and mental health care providers.

With respect to the specific needs of FNMI populations, immigrant populations and refugee populations, the following key questions need to be carefully considered as the strategic directions are implemented:

- How will the perspectives of these populations be obtained, and how will governments, communities and organizations be engaged in the development and implementation of research, policy, programs, and services?
- What does data tell us about these populations in relation to the initiative in question?
- What policies, frameworks and legal issues may need to be considered?
- Does the *Strategy* identify specific issues/needs of these populations in relation to the potential initiative?
- Does the initiative reflect cultural sensitivity?

What’s Next?

What's Next?

The Creating Connections: Alberta's Addiction and Mental Health Action Plan 2011-2016 (*Plan*) has been developed along with communication tools to support the implementation of the *Strategy*. The *Plan* includes timelines, measures, and commitments from stakeholders for the work that needs to be accomplished across government ministries, AHS and non-governmental organizations, including grassroots organizations that work directly with at-risk populations.

An initiative of this scope requires the commitment and involvement of many stakeholders. To best support the integrity of the *Strategy*, a cross-ministry committee will continue to provide oversight for the *Strategy* and the *Plan*. Governance will include other government ministries, AHS and other stakeholders. The *Plan* is directly linked to *Becoming the Best: Alberta's 5-Year Health Action Plan*.

Addiction and mental health problems also have important connections with social issues such as housing, poverty and education and with related health issues such as chronic diseases. As such, the *Strategy* recognizes the need for a flexible, coordinated and ever evolving approach that includes all populations.

Only with the help of Albertans can we make certain that we move in the right direction, preventing addiction, mental health problems and mental illness whenever possible and providing the highest quality services whenever needed.

© 2011 Government of Alberta

Appendices

Appendix 1: Engaged Ministries

Government ministries with complementary and supportive mandates were invited to participate in the development of the *Strategy*. The ministries involved include:

Alberta Aboriginal Relations

Advanced Education and Technology

Alberta Children and Youth Services

Alberta Culture and Community Spirit

Alberta Education

Alberta Employment and Immigration

Alberta Finance and Enterprise

Alberta Gaming and Liquor Commission

Alberta Health and Wellness

Alberta Housing and Urban Affairs

Alberta Infrastructure

Alberta Justice and Attorney General, Criminal Justice System

Alberta Justice and Attorney General, Safe Communities

Alberta Municipal Affairs

Alberta Seniors and Community Supports

Alberta Solicitor General and Public Security

Alberta Tourism, Parks and Recreation

Appendix 2: Engaged Stakeholders

Stakeholder groups invited to participate on the Deputy Minister-appointed committee include:

College of Physicians and Surgeons

Primary Care Physician

Mental Health Patient Advocate

Norlien Foundation

Alberta Alliance on Mental Illness and Mental Health

College and Association of Registered Nurses of Alberta

Covenant Health

Mental Health Commission of Canada

Canadian Centre on Substance Abuse

Homeward Trust Fund

Calgary Homelessness Foundation

Alpha House, Calgary

First Nations and Inuit Health Branch

Métis Association

College of Registered Psychiatric Nurses of Alberta

Alberta College of Social Workers

Alberta College of Pharmacists

Alberta College of Occupational Therapists

Consumer Representative – Mental Health

Consumer Representative – Addiction

Consumer Representative – Family

© 2011 Government of Alberta September 2011

Appendix 3: Glossary of Terms

Accountability: The state of being accountable; liability to be called on to render an account; the obligation to bear the consequences for failure to perform as expected.

Addiction: A primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving (Savage et al., 2003). In the context of the *Strategy*, "Addiction" includes the full spectrum of substance use disorders, as well as gambling addiction and other disorders of the brain.

Appropriateness: The use of a resource or service in the most suitable, or efficient manner possible (McGraw-Hill Concise Dictionary of Modern Medicine 2002).

At-risk: More likely or greater potential to experience addiction, mental health problems and mental illness than the general population.

Capacity: The collective resources of individuals and systems (families, groups and communities and organizations) to maximize their potential and cope successfully with daily challenges (The Premier's Council in Support of Alberta Families 2003).

Client-centred: The experience (to the extent the informed, individual consumer desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care.

Community-based health services: A comprehensive range of non-institutional health services developed jointly with the community and including promotive, preventive, primary curative, rehabilitative and community support service strategies which are delivered through integrated, interdisciplinary, inter-sectoral and client-centres service delivery approaches. (Health Canada, *Building a Stronger Foundation: A Framework for Planning and Evaluating Community-based Services in Canada*, 2006)

Community-based: Work that takes place in community settings and involves community members in the design and implementation of services and supports.

Cultural safety: The concept of cultural safety may be viewed as action "that enables safe service to be defined by those who receive the service," which is achieved through relationship building that focuses on increasing the capacities, opportunities, and choices of individuals, groups and communities accessing health care. It recognizes that we are all bearers of culture and we need to be aware of and challenge unequal power relations at the individual, family, community, and societal level.

Determinants of health: Factors that determine whether an individual has good health or poor health. They include income, social status, social support networks, education and literacy, employment/working conditions, social environments. physical environments, personal health practices and coping skills, healthy child development biology and genetic endowment, health services, gender and culture (PHAC).

Equitable: The absence of systematic and potentially remediable differences in one or more aspects of health across socially, demographically, or geographically defined populations or population subgroups (International Society for Equity in Health 2000).

Individuals with lived experience: There is no one term that is universally accepted to refer to people with a lived experience of addiction, mental health problems and illness. In light of a lack of consensus around terms such as 'patient, 'consumer', 'client' and so forth, this document adopts the plain language approach taken by the Senate Committee: *Out of the Shadows at Last* which emphasized that people do in fact "live with" mental health problems and illness and can, with appropriate support, enjoy good mental health and live meaningful lives in their communities.

Harm reduction: Any program or policy designed to reduce harm of substance use without requiring the cessation of substance use. Interventions may be targeted at the individual, the family, community or society.

Mental health: It is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization 2010).

Mental health problems and mental illness: Clinically significant patterns of behaviour or emotions that are associated with some level of distress, suffering or impairment in one or more areas such as school, work, social and family interaction, or the ability to live independently. This document does not attempt to draw a clear distinction between 'problems' and 'illnesses,' or to resolve all the controversies surrounding the choice of terminology. There are many views: some people prefer the phrase 'mental illness' as it emphasizes the seriousness of the conditions experienced by people; others prefer 'mental health problem' because they see it as less stigmatizing; others prefer mental 'disorder' as potentially encompassing both 'problems' and 'illnesses' while also acknowledging the non-medical dimension; others prefer 'mental health issues' as being broader and less connected to a purely 'biomedical approach'; others see their symptoms as 'gifts' rather than 'problems;' and still others would reclaim the term 'madness.' Still, some term needs to be employed consistently to avoid confusion. The phrase "mental health problems and illnesses" was intentionally chosen with a view to being flexible in response to this diversity of opinion and to allow people with a range of views to identify with it to some extent at least. The use of the term 'problem' does not imply in any way that 'people

© 2011 Government of Alberta September 2011

are a problem' but rather that mental health problems and illnesses cause 'problems for many people.' Given the range of views, not everyone will agree with this choice. (Mental Health Commission of Canada 2009).

Metropolitan: Of or constituting a large city or urbanized area, including adjacent suburbs and towns.

Population health: The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Prevention: Action taken to decrease the chance of getting a disease or condition.

Primary health care: The term refers to an approach to health that includes a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and the environment (Health Canada 2004).

Primary care: The element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury, offered in the community and not in hospitals or specialist centres (Health Canada 2004).

Program evaluation: A systematic method for collecting, analyzing, and using information to answer questions about policies and programs.

Promotion: A term that refers to initiatives that aim to promote thoughts, feelings and activities that strengthen well-being in individuals, as well as securing conditions at a community and structural level that are conducive to positive mental health.

Protective factors: Refers to anything that prevents or reduces vulnerability for the development of a disorder. Common protective factors include the availability of social support and the use of healthy coping strategies in response to stress.

Recovery: A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (William Anthony, Director of the Boston Center for Psychiatric Rehabilitation).

Remote: A community is considered remote if it is more than 3.5 hours away from the outskirts of a community which contains a regional hospital and more than 30 minutes away from the outskirts of a community which contains a tertiary care centre (e.g., Jasper and any community north of Manning, with the exception of Fort MacKay). Peerless Lake, Red Earth Creek, Trout Lake and Loon Lake are also considered remote communities because of the road conditions.

Resiliency: The capability of individuals, families, groups and communities to cope with and overcome significant adversity or stress in ways that promote health, wellness and result in an increased ability to constructively respond to future adversity (Resiliency Canada).

© 2011 Government of Alberta September 2011

Risk factors: Factors that do not seem to be a direct cause of the disease but seem to be associated in some way. Having a risk factor for mental illness makes the chances of getting a condition higher but does not always lead to mental illness. Also, the absence of any risk factors does not necessarily guard against mental illness.

Rural: A community is considered rural if it is more than 30 minutes away from the outskirts of a community which contains a tertiary care centre and is less than 3.5 hours away from the outskirts of a community which contains a regional hospital (e.g., Milk River to Lethbridge, Spirit River to Grande Prairie) or a tertiary care centre (e.g., Lac La Biche to Edmonton).

Telehealth: describes a secure technology (often referred to as videoconference) in health care facilities across Alberta that connects healthcare providers with patients in different locations. In a telehealth session, you can see, hear and talk to your health care providers without travelling to where they are. Clinical telehealth enables clinicians to deliver health services, expertise and information in real time over distance, improving access and eliminating barriers to care across Alberta and beyond. Telehealth plays a significant role in providing a patient-focused, quality health service that is accessible and sustainable for all Albertans.

Toxic stress: Chronic, uncontrollable and unpredictable events which produce frequent, prolonged and high level reactions of the body's stress management system.

Underserved population: A group whose demographic, geographic or economic characteristics impede or prevent its access to health care services.

Wellness: A state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization 2010).

© 2011 Government of Alberta September 2011

Appendix 4: Bibliography

Accreditation Canada. 2009. *Qmentum Program 2010. Standards. Acquired Brain Injury Services.*

Addictions Ontario, CHMA, Centre for Addiction and Mental Health & Ontario Federation of Community Mental Health and Addictions Programs. 2007. *Joint Written Submission to the Standing Committee on Finance and Economic Affairs on the 2007 Ontario Budget.*

Alberta. *Children and Youth with Complex Needs Fact Sheet.*

Alberta.1998. *Alberta Children and Youth Initiative.*

Alberta. 2006. *Optimizing Mental Health for Alberta's Youth and Children.*

Alberta. 2007. *Children's Mental Health Plan for Alberta: Three Year Action Plan.*

Alberta. 2008. *Children's Mental Health Plan.*

Alberta. 2008. *FASD – 10 Year Strategic Plan.*

Alberta. 2008. *Health and Wellness Annual Report.*

Alberta. 2009 *Policy Framework for Services for Children and Youth with Special and Complex Needs.*

Alberta. 2010. *Aging Population Framework.*

Alberta. 2010. *Early Child Development ECD Mapping Initiative.*

Alberta. 2010. *Supports for Adults with Complex Service Needs Cross-Ministry Policy Framework Establishing Policy Direction.*

Alberta Alcohol and Drug Abuse Commission. 2005. *Alberta Drug Strategy.*

Alberta Alcohol and Drug Abuse Commission. 2005. *Prevention Strategy. (For Staff use Only).*

Alberta Alcohol and Drug Abuse Commission and Alberta Gaming Commission. 2007. *Alberta Alcohol Strategy.*

Alberta Alcohol and Drug Abuse Commission and Alberta Gaming Commission. 2007. *Developing an Alberta Alcohol Strategy.*

Alberta Alcohol and Drug Abuse Commission and Alberta Health Services. 2009. *The Alberta Tobacco Reduction Strategy.*

Alberta Alcohol and Drug Abuse Commission and Alberta Mental Health Board. 2008. *Mental health and economic burden of mental health problems and illnesses.*

Alberta Education. *Policy Framework for Services for Children and Youth with Special and Complex Needs and their Families.*

Alberta Education. 2010. *Inspiring Education.*

Alberta Education. 2010. *Setting the Direction.*

Alberta Health and Wellness. 2004. *Advancing the Mental Health Agenda: A Provincial Mental Health Plan for Alberta.*

Alberta Health Services & AADAC. 2010. *Youth Framework: Be Your Own Hero.*

Alberta Health Services. *Addiction and Mental Health Integrated Service Delivery Framework.*

Alberta Health Services. *System Capability to Respond to those with Complex Needs - Persons with Disabilities.*

Alberta Health Services. 2005. *Aboriginal Mental Health: A Framework for Alberta.*

Alberta Health Services. 2006. *Costs of Substance Abuse: Alberta in Perspective.*

Alberta Health Services. 2008. *Joint Policy Guidelines for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis.*

Alberta Health Services. 2008. *Partnerships and Collaborations: The Key to Improved Lives for Adults with a Dual Diagnosis. Discussion Paper.*

Alberta Health Services. 2009. *A Community and Rural Health Planning Framework.*

Alberta Health Services. 2009. *Final Report of the Working Group: Addiction and Mental Health Integration.*

Alberta Health Services. 2010. *Addiction and Mental Health Strategic Plan 2009-2011*

Alberta Health Services. 2010. *Provincial Cognitive Impairment Strategy.*

Alberta Health Services Calgary Zone. 2010. *Addiction and Mental Health Continuum of Services.*

Alberta Health Services – Calgary Zone, Calgary and Area Child and Family Services, and Persons with Developmental Disabilities. 2009. *Successful Transitions: Progress Report on the Work of the Implementation Committee.*

Alberta Housing and Urban Affairs. 2009. *Continuum of Housing.*

Alberta Housing and Urban Affairs. 2010. *A Plan for Alberta: Ending Homelessness in 10 years.*

Alberta Justice and Attorney General. *Alberta's Crime Prevention Framework.*

Alberta Justice and Attorney General. *Integrated Justice Services Project.*

Alberta Justice and Attorney General. *Project Charter: Specialized Court Processes: Edmonton Diversion services.*

Alberta Justice and Attorney General. 2005. *Alberta Forensic Psychiatry Program Review.*

 © 2011 Government of Alberta September 2011

Alberta Justice and Attorney General. 2007. *Keeping Communities Safe – Report and Recommendations*.

Alberta Mental Health Board. 2005 *Call to Action: Alberta Suicide Prevention Strategy.*

Alberta Mental Health Board. 2005. *Plan for a Mental Health Research Program for Alberta.*

Alberta Mental Health Board. 2006. *Aboriginal Mental Health- A Framework for Alberta.*

Alberta Mental Health Board and Alberta Health & Wellness. 2007. *Beyond Beds. Part I and II.*

Alberta Mental Health Board. 2008. *On the Integration of Mental Health and Substance Use – Services and System Main Report.*

American Academy of Child and Adolescent Psychiatry. 2008. *The continuum of care for children and adolescents.*

American New Freedom Commission. 2003. *Transforming America's Mental Health Care System*.

AMHB. 1999. *An assessment of routine telepsychiatry services.*

AMHB. 2007. *Background on the Mental Health Performance Monitoring Framework for Alberta's Mental Health System to create the psychologically safe workplace.*

AMHB. 2008. *Performance Monitoring Framework for Alberta's Mental Health System.*

Auditor General of Alberta. 2009. *Annual Report.*

Australia. Council of Australian Governments. 2006. *National Action Plan on Mental Health 2009 – 2014.*

Australia. Council of Australian Governments. 2009. *Fourth National Mental Health Plan 2009 – 2014.*

Australia. Western Australia Department of the Premier and Cabinet. 2007. *People with Exceptionally Complex Needs project. Phase One Report.*

Australian Health Ministry. 2009. *Fourth National Mental Health Plan.*

Australian Institute on Health and Welfare. 2003. *Rural, remote and regional Australia: a study on mortality.*

Australian Ministry of Health and Aging. 2008. *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS.*

Australian National Council on Drugs. 2009. *Strengthening Families Consultation Report.*

B.C. 2007. *Planning guidelines for mental health and addiction services for children, youth and adults with developmental disability.*

B.C. Coastal Health. 2008. *Mental Health and Addictions Framework for Services: Vancouver.*

B.C. Ministry of Health. 2003. *Provincial Strategy to Promote Health Literacy in Mental Health and Addictions.*

B.C. Ministry of Health. 2004. *Every Door is the Right Door. A BC Planning Framework to Address Problematic Substance use and Addiction.*

B.C. Ministry of Health. 2005. *Child and Youth Mental Health Plan.*

B.C. Ministry of Health. 2007. *Continuum of Community Mental Health and Addictions Services.*

B.C. Ministry of Health. 2007. *Enhancing Health Services in Remote and Rural Communities of B.C.*

B.C. Ministry of Health. 2008. *Child and Youth Mental Health Plan Update.*

B.C. Ministry of Health. 2010. *Annual Health Authority Performance Accountability Report.*

B.C. Ministry of Health. 2010. *Healthy Minds, Healthy People: A Ten Year Plan to address Mental Health and Substance use in British Columbia.*

B.C. Provincial Coordinating Committee for Remote and Rural Health Services. 2007. *Enhancing Health Service in Remote and Rural Communities of BC.*

B.C. University of British Columbia. 2006. *Measuring the Performance of Primary Health Care – Existing Capacity and Future Information Needs.*

CAMH. 2002. *Housing Discussion Paper.*

CAMH. 2004. *Culture Counts: Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/Ethnocultural Communities.*

Canadian Alliance for Mental Illness and Mental Health. 2007. *Mental Health Literacy in Canada. Phase 1 Report. Mental Health Literacy Project.*

Canadian Executive Council on Addictions/Canadian Centre on Substance Abuse. 2007. *A Systems Approach to Substance Use in Canada – Recommendations for a National Treatment Strategy.*

Canadian Centre on Substance Abuse. 2010. *Alcohol Screening, Briefing Intervention and Referral ASBIR Reducing Alcohol-related Harm in Canada: Towards a Culture of Moderation.*

Centre for Addiction and Mental Health, Canadian Mental Health Association Ontario and Ontario Federation of Community Mental Health and Addictions Programs. 2005. *A Strong Provincial Focus for the Addictions and Mental Health Sector in Ontario.*

Centre for Addiction and Mental Health. 2003. *Culture Counts: Best Practices in Community Education in Mental Health.*

Centre for Addiction and Mental Health. 2004. *Culture Counts.*

Centre for Addiction and Mental Health. 2009. *Dual Diagnosis Position Paper.*

Centre for Addiction and Mental Health. 2010. *Response to Human Rights Mental Health Strategy for Ontario: Public Consultation Paper.*

© 2011 Government of Alberta September 2011

Canadian Executive Council on Addictions/Canadian Centre on Substance Abuse. 2007. *A Systems Approach to Substance Use in Canada – Recommendations for a National Treatment Strategy.*

Canadian Executive Council on Addictions. 2008. *On the Integration of Mental Health and Substance Use Services and Systems: Main Report.*

Canadian Centre on Substance Abuse. 2010. *Alcohol Screening, Briefing Intervention and Referral SBIR Reducing Alcohol-related Harm in Canada: Towards a Culture of Moderation.*

Canadian Institute for Health Information. 2008. *Improving the Health of Canadians: Mental health, Delinquency and Criminal Activity.*

Canadian Institute for Health Information. 2009. *Exploring Positive Mental Health Initiatives.*

Canadian Mental Health Association, Toronto. 2008. *Hospital Length of Stay and Readmission for Individuals.*

Canadian Mental Health Association, Ontario. 2009 *Rural and Northern Community Issues in Mental Health.*

Canadian Mental Health Association. 2010. *Opening doors in Primary Health Care: Strengthening the Interface between Mental Health and Addiction Services Providers and Primary Health Care.*

Chess, C. 2000. Improving public participation in solving environmental health. Engagement and Quality Health Care: A Review and Analysis of the Current Literature. *Journal of Environmental Health*, Volume 63.

Complex Needs Advisory Committee and Calgary Region Community Board PDD. 2007. *Services for Individuals with Complex Needs in the Calgary Region Phase 1: Developing a Definition of Complex Needs.*

De Costa, R. 2003. Treaty how? *Australian Review of Public Affairs* Vol. 4. No. 1:1-22. Website: http://rdc.blog.yorku.ca/.

Health Canada. 2001. *Accountability and Performance Indicators for Mental Health Services and Supports.*

Health Canada. 2002. *Report on Mental Illness in Canada.*

Health Canada. 2003. *Exploring the Link between Public Involvement/Citizen.*

Health Canada. 2007. *Reducing Alcohol related Harm in Canada: Toward a Culture of Moderation – Recommendations for a National Alcohol Strategy.*

Health Canada. 2010. *About Primary Health Care.*

Health Canada. 2010. *National Alcohol Strategy – Alcohol and Health in Canada: A Summary of Evidence and Guidelines for Low-Risk Drinking.*

Health Evidence Network. 2003. *Evidence-Based Mental Health. Health*

Health Evidence Network. 2003. *What are the arguments for community-based mental health care?*

Health Working Group. 2004. *A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Well-Being.*

Hitsman Brian, Moss Taryn G., Montoya Ivan D.,& George Tony P. 2009. Treatment of Tobacco Dependence in Mental Health and Addictive Disorders. *Can J Psychiatry* 54: 368-378.

Institute for Health Economics & AMHB. 2007. *Mental Health Economic Statistics.*

Institute for Health Economics. 2008. *How Much Should We Spend on Mental Health?*

Institute for Health Economics. 2010. *The Cost of Mental Health and Substance Abuse Services in Canada.*

Joint Action for Children Intersectoral Task Group. 2009. *Children with Autism and their Families in Crisis: Enhancing Prevention, Early Intervention and Responsiveness.*

Lavis, JN, & Shearer J.C. 2010. Issue Brief: Strengthening Primary Healthcare in Canada. *McMaster Health Forum.*

Manitoba Office of the Auditor General. 2003. *Guide to Policy Development.*

Manitoba Provincial Advisory Committee on Mental Health Housing and Related Support Services. 2008. *Housing and Supports for People with Mental Illness.*

McDermott Consulting (Canada). 2008. *Adults with Complex Service Needs: Development of a Framework.*

Mental Health Commission of Canada. 2007. *A Time for Action: Tackling Stigma and Discrimination*

Mental Health *for* Canada.

Commission of Canada. 2008. *Opening Minds.*

Mental Health Commission of Canada. 2009. *Toward Recovery & Well-being: A framework for a mental health strategy.*

National Treatment Strategy Working Group. 2008. *A Systems Approach to Substance Use in Canada. Recommendations for a National Treatment Strategy.*

New Mexico Behavioral Health Purchasing Collaborative. 2010. Consumer, Youth and Family Involvement Standards Problems. *Journal of Environmental Health* 631, 24-27.

New Zealand Ministry of Health. 2005. *Te Tahuhu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan.*

New Zealand Ministry of Health. 2006. *Te Kokiri: The Second Mental Health and Addiction Action Plan 2006–2015.*

© 2011 Government of Alberta September 2011

Newfoundland and Labrador. 2006. *Continuum of Care Framework.*

Newfoundland and Labrador. 2005. *Gambling Prevalence Study. Health and Addiction with Ethno-racial/Ethno-cultural Communities.*

Newfoundland and Labrador, 2001. Primary Care Advisory Committee.

Newfoundland and Labrador. 2006. *Taking Action Against Violence 2006 – 2011.*

Newfoundland and Labrador. 2006. *Working Together for Mental Health.*

Ontario. 2009. *Every Door is the Right Door: A Discussion Paper on Mental Health and Addiction.*

Ontario Legislative Assembly Select Committee on Mental Health and Addictions 2010. *Navigating the journey to wellness: the comprehensive mental health and addictions plan for Ontarians.*

Public Health Agency of Canada. 2008. *Fact Sheet. Mental Health Service Systems*

Public Health Agency of Canada. 2009. *The Family Physician's Role in Mental Health*

Public Health Agency of Canada. 2009. *Family Violence and Homelessness: A Review of the Literature.*

Rush, B., K. Urbanoski, D. Bassani, S. Castel, T.C. Wild, C. Strike, D. Kimberley, J. Somers. 2008. Prevalence of Co-occurring Substance Use and Other Mental Disorders in the Canadian Population. *The Canadian Journal of Psychiatry*. 53 (12): 800-809.Senate of Canada. Kirby & Keon. 2006. *Out Of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*

Senate of Canada. Kirby & Keon. 2006. *Out Of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada.*

Shain, Martin. 2010. *Tracking the perfect Legal Storm. Converging Systems Create Mounting Pressure to Create the Psychologically Safe Workplace Converging*

Statistics Canada. 2002. *Mental Health of Canada's Immigrants.*

Tait, Lynda & Lester, Helen. 2005. Encouraging user involvement in mental health services. *Advances in Psychiatric Treatment* 11:168-175.

TheALex. *Pathways to Housing.*

Thronicroft, Graham and Tansella, Michele. 2005. Growing recognition of the importance of service user involvement in mental health service planning and evaluation. *Epidemiologia e Psychiatric Sociale,*14:1.

U.K. Birmingham and Solihull Mental Health Trust, *Compass Programme.*

U.K. 2010. *New Horizons: A Shared Vision for Mental Health.*

U.K. Department for Work and Pensions. 2008. *Pathways to Work.*

U.K. Ministry of Health. 2001. *The Older Peoples Mental Health Strategy.*

U.K. Ministry of Health. 2004. *From Here to Equality.*

U.K. National Health Service. 2004. *National service Standards for Children, Youth and Maternity Services.*

U.K. National Health Service. 2007. *Standards for Integrated Care Pathways.*

U.K. National Health Service. 2009. *Performance Framework for Mental Health Trusts.*

U.K. National Institute for Mental Health in England: Care Services Improvement Partnership. 2006. *Designing Primary Care Mental Health Services.*

U.K. Sainsbury Centre for Mental Health. 2001. *Introduction to User Involvement.*

U.K. Sainsbury Centre for Mental Health. 2010. *An evaluation of mental health service user involvement in the re-commissioning of day and vocational services.*

U.K. West Midlands Mental Health. 2008. *OUR NHS, OUR FUTURE- Clinical Pathway Report.*

Uniting Care. 2008. *Consumer, Family and Career and Community Participation & Engagement Strategy.*

Van Weeghel, Jaap. 2005. The components of good community care for people with severe mental illnesses: Views of stakeholders in five European countries. *Psychiatric Rehabilitation Journal* 28:3:274-81.

World Health Organization. 1978. *Declaration of Alma-Ata.*

World Health Organization. 1994. *Quality Assurance in Mental Health Care.*

World Health Organization. 2001. *World Health Report. Mental health: new understanding, new hope.*

World Health Organization. 2003. *What are the arguments for community-based mental health care?*

World Health Organization. 2004. *Prevention of Mental Disorders: Effective Interventions and Policy Options.*

World Health Organization. 2006. *Economic Aspects of the Mental Health System: Key Messages to Health Planners and Policy-Makers.*

World Health Organization. 2010. *Empowerment in Mental Health – Working Together Toward Leadership.*

World Health Organization. 2010. *Quality assurance/ monitoring of mental health services by service users and careers.*

 © 2011 Government of Alberta September 2011

Creating Connections: Alberta's Addiction and Mental Health STRATEGY
ISBN 978-0-7785-8321-9 (print)
ISBN 978-0-7785-8322-6 (online)