

Feedback received on the Health Advocate Regulation February 22, 2014 to February 28, 2014

Comment 1

Review of Government's Draft Health Charter and Role of the Advocate

The Whitemud Citizens for Public Health (WCPH) appreciates that provisions for a health charter and an advocate in the Alberta Health Act, taken together, have the potential to engage Albertans in improving their health care system. We could see citizens:

- making life decisions that help prevent disease and lessen the need for acute and chronic care,
- making efficient and effective use of the health care system once we become patients,
- holding the health care system accountable and, thereby, contributing to its improvement.

We also note that the recently proclaimed Act specifies that the “Charter is to guide the actions of health authorities, Boards, operators, health providers, colleges, Albertans, and any other persons specified in the regulations. And that the preamble to the Act specifies that “...the Alberta Health System should be guided, measured, and sustained consistent with the principles of the Canada Health Act”. Yet we are disappointed that very little of these intentions have been communicated by government, or are reflected in the draft charter and role of the advocate circulated for review.

The WCPH strongly recommends therefore that these purposes be clearly communicated to all Albertans so they may become engaged. At present, few are even aware that these provisions in the Act exist or that regulations are being developed which will have an impact for years to come on our health care system. Most unfortunately as well, they are unaware of the potential that each has to improve their health care experience and the health services system as a whole. Without proper engagement, it is highly unlikely ordinary Albertans will commit to the charter and advocate concepts. We recommend, therefore, that the opportunity to respond to the draft regulations be extended by at least six months. This would enable the government to mount a communication campaign that would help ordinary Albertans learn about the potential value, and participate more fully in the building process. As it is now, we question the thoughtfulness of the government's development and implementation plan.

Assuming that government does not extend the time period or marshal the resources for a proper consultation, the WCPH is pleased nonetheless to comment within the abbreviated time available

In their 2012 article, “A Patient Charter of Rights: How to Avoid a Toothless Tiger and Achieve System Improvement” <www.cmay.ca/content/184/14/1583.full>, Colleen Flood and Kathryn May present their findings after researching government-enacted patient charters in 39 jurisdictions. They found that most charters and advocacy roles are already based in common law; however, governments can improve the system most effectively if they truly support “the right of patients to have their complaints investigated by an independent body”. They also determined that very positive effects are achieved if the results of investigations are made public. We strongly agree with their conclusions. And while the Alberta Health Act is already proclaimed and regulations are limited by the Act, we believe that the drafts presented

for review can and should be strengthened to achieve these system improvement goals. We also see ways in which the drafts can be improved to strengthen the role of ordinary Albertans toward these ends .

1. Improving accountability and reporting

- The draft regulation on the role of the advocate should be changed to state that the advocate has the power to investigate complaints. It should also be stipulated that investigations are conducted formally and impartially. The word “review” in the draft is unclear, and suggests a passive role that does not inspire confidence and trust.
- The advocate should also have the power to mediate differences of opinion and settle issues amicably at early stages of complaints whenever possible. For example, it should be stated that the advocate may provide mediation between government and non-government sectors on behalf of a patient when any of the social determinants of health are adversely affecting the patient's health. As many health care services have been “de-listed” and there is no protection in the private sector, the advocate should be able to assist a patient in a grievance regardless of who provides or provided the service.
- It is not clear in the current draft to whom the advocate must report findings and recommendations. It should not be assumed that the advocate provides a report only to the Minister of Health, as the Act states that the advocate “... may submit a report on the matter to the Minister.” Also, the Act states that “... the Health Advocate may exercise any of the powers set out in the regulation”. As the Act is designed to enable rather than limit the role of the advocate, we believe there is no impediment to making clear in the regulations that the advocate in certain instances must report to others as well. Such transparency is critically important for the charter and the advocate to be effective. We strongly recommend, therefore, that in the event that a Minister for political or personal reasons fails to disclose within 30 days a report that has significance to the general public, the advocate must release it to the Media. By requiring such definitive action of the Minister and the Advocate, the regulation removes political pressure that could be brought to bear by others who may be adversely affected by a report. The Media can then play its proper role in a democratic society. As well, we believe the regulations should require that the report be provided to the complainant within a specified period of time, with regular updates until the report is completed. This openness and transparency is necessary to build confidence and trust, not only in the role of the advocate, but the health care system and the government as a whole.

2. Empowering citizens, not just patients

- The WCPH appreciates the creativity and the value of a “Health Charter” as opposed to a “patient charter”. Most other jurisdictions focus only on patient rights, but a “Health Charter” signifies to us that individual Albertans can play an important role in improving the health care system, long before they become patients. So while we agree that the Charter should be focused primarily on patients, we would like to see greater clarity in the regulations regarding our “citizen” roles. These roles extend far beyond

the condition in the draft regulations “when I interact with the health system”. Ensuring safe work environments, driving an automobile with due caution, taking advantage of immunization programs, quitting smoking, eating healthfully, and getting regular exercise are just a few examples. At minimum, we recommend that the draft be changed to include a responsibility to make use of public health programs like immunizations, tobacco reduction and other preventative health measures.

- We also recommend that the draft charter and role of the advocate be amended to encourage Albertans to be constructive critics of service providers, the professions, or the government, particularly when actions or decisions are not in the best interests of maintaining a healthy population.
- We are pleased to see in the draft charter provision for ensuring public policies in areas related to the determinants of health are “healthy policy”. This provision is forward looking and long overdue in government. We see no mention, however, of statements requiring similar behaviour of health authorities, boards, operators, health providers and colleges. We recommend that this provision be broadened to include others and added to the draft statement.
- Consistent with our discovery of the absence of direct statements of responsibilities for health authorities, boards, operators, health providers, and colleges, we recommend as well that the draft be modified to state that all organizations in the health system have a responsibility to inform patients of their rights under the charter. They must be required to make clear to the patient that they will act on the patient’s health needs over all other considerations. At present, we believe this absence of focus on the needs of the patient, in situations where there are competing self-interests, is a serious problem.
- We agree with the provision in the draft statement that a patient should have an “opportunity to raise concerns and receive a timely response” from any of the organizations responsible in some way for his or her health care. We recommend that this provision be strengthened, and stated as a “right to a timely response. If concerns are not addressed to the complainant’s satisfaction within 30 days, the individual may file a complaint with the health advocate. Accordingly, as noted above, we also recommend the strengthening of the powers of the advocate beyond those stated in the draft document.
- We strongly recommend as well that the charter include rights similar to the 2010 Canadian Medical Association (CMA) proposal for a national charter, in particular regarding the relationship between the patient and the health system at large. Specifically, we should have a right to continuity of care between providers, transparency in government decision-making in the delivery of health care services, proactive monitoring of processes, and a commitment to quality improvements.

3. Supporting the principles underlying the Canada Health Act

- The Act properly states that the health care system must be guided by the principles of the Canada Health Act. We recommend therefore that these principles be reflected in the rights of patients in the charter. The charter must state for example that every individual has the right to access health services that his or her health needs require. The service must ensure equitable access without prejudice to financial resources, place of residence, kind of illness, or time of access. The regulation should also state that all insured services provided by hospitals and medical practitioners are covered under the Alberta Health Care Insurance Plan, and that health providers may not attach any additional charges or fees whatsoever.
- We strongly recommend as well that the charter state that government must use every means at its disposal to support and enhance the public health care system, and prohibit any policies or actions that could result in the development of a parallel, competitive system in the marketplace.

Thank you for considering our submission in preparing the final version of the health charter and the regulation regarding the role of the advocate.

Board of Directors

Whitemud Citizens for Public Health

Comment 2

Comments on The Health Advocate Regulations:

- 1) The regulations clearly indicate that reasons for refusing to conduct an investigation must be shared with the complainant (section 5) - which is great! However, it appears that neither the regulations nor the Act requires that the results of an investigation be shared with the complainant. Section 10 of the regulations indicates a report shall be prepared (possibly with recommendations), but it provides no guidance as to who the report should be submitted to, nor does it suggest that the results be shared with the complainant! At a minimum, the report & recommendations should be shared with the person requesting the review or initiating a complaint. Section 5 of the Health Act lays out some guidelines on how the report should be handled, and again there is no mention of sharing the report with the complainant.

I have had experience in trying to initiate a complaint through the Ombudsman for Banking Services and Investments. After discovering they would not share the results of the investigation with me (regardless of whether or not there was a finding of wrongdoing) - I simply didn't bother following through on what i believed to be a very serious transgression of the banking regulations. I was left with the impression that the system was "rigged" in favour of the banks, and I didn't believe any action would be taken even if my complaint was justified. Sharing the results of an investigation with a complainant ensures they understand how the investigation has been handled, and helps to provide closure on the issue - even if the complainant may not agree with the decision!

- 2) Section 5(1)(c)(iii) I feel that the 6 month time frame is too short. It can easily take longer than this if a complainant has attempted to resolve the concern/complaint through regular channels. They may have been misinformed about appropriate processes and they may

need to gather health records (which in my experience can be a somewhat protracted process), or their health situation could have impacted their ability to initiate the process, etc. Why was 6 months chosen, and would at least 12 months be a more appropriate amount of time?

- 3) Under section 4(2)(b) of the Alberta Health Act, the Advocate "may not" review a complaint where "the complaint relates to a matter that is within the jurisdiction of another person or body". This suggests that the Advocate will be referring the complainant to these other resolution processes. Regulation 2(b) appears to reinforce the same concept.
 - The advocate's role in this situation seems to be simply to send the person off to attempt to resolve the issue without any help or support from the Advocate. It also does not include any consideration if the resolution mechanism is designed to be supportive of the person with the concern, nor if the process may be deliberately obstructive or bureaucratic (or if the process meets the guidelines laid out by the HQCA/HQN Patient Concern/resolution guidelines prepared in 2007).
 - I believe that the Advocate's role should include the ability to provide direct support and guidance to assist the person to most effectively navigate the wide variety of resolution processes that currently exist within the system.
 - As well, I would suggest that the Advocate's role be expanded to include the ability to independently review the effectiveness of the various resolution processes, as well as being able to make recommendations to improve these processes and to ensure they follow the HQCA/HQN Patient Concerns/Complaints Resolution guidelines. Complaints must not be treated as "whining" by system users, but rather should be viewed as an opportunity to identify problem areas and improve system effectiveness! Complaints/concerns/feedback should be aggressively encouraged, collected and analyzed similar to the collection of adverse event reporting within the AHS system currently captured by the Reporting and Learning system.

- 4) I would make similar comments about the navigation role identified under regulation 2 (d). The Advocate's role should be expanded to allow providing feedback and recommendations on the effectiveness of the programs and navigation resources that the Advocate will be sending people to use.

Comment 3

Comments on the Proposed Health Advocate Regulation

1. Reporting of Position – The reporting of the Health Advocate is not clearly stated in the Alberta Health Act. Who does the Health Advocate report to, how often and what does the communication / relationship between the Advocate and this person/organization look like? If the intent of the Health Advocate is to provide a 'safety and quality check' for Albertans based on specific complaints of the healthcare system, then ideally the position should report to a committee of the legislature where there is arms length distance from healthcare operations and greater accountability of the findings, recommendations and policy or legislative changes that may be needed to bring about improvements.

2. Public Reporting & Accountability - What reporting to the public and public accountability is expected of the Health Advocate? It appears that only an annual report is required. Is there also a duty of the advocate to communicate to the citizens of Alberta on system

issues that are revealed in a timely manner and on a continuous basis? Again, this strengthens the notion that reporting should be to a committee of the legislature and on an on-going basis.

3. Complaints About Issues Before 6 Months – What is the significance of the six month period or window in which knowledge of an issue of a complaint can be made to the Health Advocate? How important is this timeframe (i.e., 5.1 “the Health Advocate may refuse to conduct a review or cease conducting a review ...”). How will patients/families be informed of and educated on this important timeline?
4. Relationship with and Reviews by Other Health Organizations – What relationship will the Health Advocate have in reviewing situations of complaints related to the Health Charter that are currently the responsibility of other organizations (i.e., Alberta Health Services, professional colleges and regulating bodies etc.)? Is the role of the Health Advocate more of a ‘final and higher reviewer’ of health complaints? Will the role of the Health Advocate change or diminish the responsibilities that these organizations currently have for conducting reviews? Is there a hierarchy of review process that outlines how and where the Health Advocate fits into these processes?
5. Relationship Between the Health Advocate and Ombudsman – What will be the role and relationship between the Health Advocate and the Ombudsman? Will the ombudsman no longer be required in matters pertaining to health care?
6. Relationship Between the Health Advocate and Other Advocates - What is the expectation regarding the relationship between the Health Advocate and other provincial advocates (i.e., Senior’s Advocate / Mental Health Advocate / Youth Advocate)? How will these roles be coordinated? What is the reporting structure for these positions?
7. Relationship Between the Health Advocate and the Health Quality Council of Alberta – Under what circumstances will the Health Advocate undertake reviews of complaints where presently these reviews are being undertaken by the Health Quality Council of Alberta? Will the position of the Health Advocate replace this part of the role of the Health Quality Council in undertaking reviews? Will the Health Advocate and the Health Quality Council work together or as separate entities in helping to ensure the quality and safety of Alberta’s healthcare system?
8. Reporting Back to the Complainant on the Review, Findings, Recommendations on the Complaint – I don’t see any reference made in the Health Charter or accompanying regulations regarding the obligation and duty of the Health Advocate to report back to the complainant on the review, findings and/or recommendations. While it may appear to be more procedural in nature and not seemingly required in the regulations, it really should be specified as it puts the patient/family/citizen complainant at the focus of this process, closes the loop, and in this way enables patients/families/citizens to be full partners in their care.

Comment 4

I am writing on behalf of the Board of Directors of the Alberta Division of the Canadian Mental Health Association (CMHA). CMHA is a non-profit organization dedicated to

promoting mental health, educating the public, advocating for the mentally ill, and providing them with support services.

We wish to commend the Alberta Government for having adopted the Health Charter, and specifically for drawing attention to the needs of those suffering from addictions and mental illness. The office of the Mental Health Patient Advocate has played a pivotal role in addressing problems that have arisen in this area, and we are pleased to have had an excellent working relationship with the Advocate's office. We look forward to continuing this collaboration as we deal with the needs of that part of Alberta's population struggling with addictions or mental illness.

We have one recommendation that we strongly urge you to consider. Up until now the Mental Health Patient Advocate has been responsible only for formal patients (i.e., those who are hospitalized or under a Community Treatment Order). These represent, as you know, only a small percentage of those who try to access health services for the mentally ill in Alberta.

We recommend, therefore, that the Mental Health Patient Advocate be responsible for all those coping with mental illness, because it is precisely the non-formal patients who have most difficulty obtaining the treatment they require.

We appreciate your taking this under consideration, so that all those requiring intervention can have an avenue for resolving difficulties they might encounter.

Sincerely,

Peter G. LeBlanc

Chair, Advocacy and Social Policy Committee
Board of Directors, CMHA Alberta Division

Comment 5

The Central Alberta Council on Aging has the following comments regarding the proposed new health advocate and the draft version of the health charter.

1. The new Health Advocate needs to be selected and appointed by an independent, all party committee, not by the Lieutenant Governor in Council.
2. The new Health Advocate must report directly to the Legislature and not to the Minister of Health. This would insure the independence of the Health Advocate and remove the potential of political interference in his/her role and responsibilities.
3. As the current Alberta Health Act is written, it is impossible for the Health Advocate to actually act as an independent advocate for Albertans in instances where the Health Ministry or Alberta Health Services actions are being questioned.
4. The current Alberta Health Act is full of terminology which is not clearly defined or which is ambiguous in nature. All wording needs to be precise and mean the same thing to everyone reading the Act. A detailed glossary must be provided.

5. Terms like “...the complaint is frivolous or vexatious or is without merit”, as found in section 4(2b), should only be used when it is clear as to how this determination is made and by whom.

Thank you for your attention to our concerns.

Michael O’Hanlon

Board Member

Central Alberta Council on Aging

Comment 6

To Whom It May Concern,

Please consider this email with its attached documents as the formal response to the Health Charter / Advocate Feedback by the Alberta Alliance on Mental Illness and Mental Health (AAMIMH). The AAMIMH is a consortium of organizations both non-profit and professional organizations that speak to government as one around areas of common concern. I have attached for your reference the membership listing of the AAMIMH. You may receive further submissions from individual AAMIMH organizations on issues of specific concern as well.

The AAMIMH has been pleased to see this process coming to fruition. As you may know, the AAMIMH made formal presentation to Government on the proposed Alberta Health Act in which reference also included the establishment of a patient charter. I have attached that presentation entitled: AAMIMH RESPONSE TO THE ADVISORY COMMITTEE TO THE HEALTH ACT CONSULTATION, RE: A FOUNDATION FOR ALBERTA’S HEALTH SYSTEM, presented to the committee at Government House on June 11, 2010.

As you see, the AAMIMH is supportive of the principle of the Health Charter concept.

On the matter of the Health Advocate there are several points that need to be highlighted for your consideration.

- In the proposed health advocate regulation on page 2, Item #2, the Government may wish to consider expanding the additional functions to include informing government of gaps in services that have been identified by the Advocates Office as it goes about conducting its business, as the issues and concerns raised by public that require the involvement of the Advocate will frequently be around areas of deficit (real or perceived) that will become evident.
- On page 2, item 4.2 the government should ensure the Health Advocate is able to initiate and conduct a review where there is reason to believe that an organization / person has failed to act in a manner consistent with the charter.
- It is also crucial that the level of independence and authority be clearly stipulated in the TOR for the Health Advocate Office

Support for these observations can be found in our original response to the Alberta Health Act Advisory Committee – specifically in the last paragraph under report recommendation #1 and in recommendation #4. Therefore this is a reflection of our already agreed statements.

Copied on this email are:

Carol Robertson Baker – Mental Health Patient Advocate

Mary Marshall – Health Advocate

Tom Shand – Chair, AAMIMH

Please feel free to contact me should you have any additional concerns.

Sincerely,

Orrin Lyseng

Executive Director

Alberta Alliance on Mental Illness and Mental Health (AMIMH)

320, 9707-110 Street NW

Edmonton, AB T5K 2L9

W: 780.482.4993

C: 780.977.6043

www.aamimh.ca

AAMIMH RESPONSE TO

THE ADVISORY COMMITTEE TO THE HEALTH ACT CONSULTATION

RE: A FOUNDATION FOR ALBERTA'S HEALTH SYSTEM

GOVERNMENT HOUSE

June 11, 2010

Report Recommendations:

1. ARTICULATE A SET OF PRINCIPLES THAT MUST BE SUSTAINED AND MAINTAINED THROUGHOUT ALBERTA'S HEALTH SYSTEM.

Alberta's health system principles should be as follows:

- Put people and their families at the centre of their health care.
- Be committed to quality and safety.
- Ensure equitable access to timely and appropriate care.
- Enable decision-making using the best available evidence.
- Be focused on wellness and public health.
- Foster a culture of trust and respect.

AAMIMH RESPONSE:

The consultation request by the Minister's Advisory Committee offered example principles as a starting discussion point. It would appear as though the seven principles suggested for the consultation process, and endorsed by the AAMIMH, as well as the AAMIMH recommended eighth principle of confirming the importance of consultation, have been addressed in these four recommendations and principles and subsets.

However it should be noted that the one principle offered for discussion emphasizing the importance of being publicly funded and consistent with the Canada Health Act. is no longer

referenced within these four recommendations, their principles and subsets. This is of concern and we would request that this direct reference be put back in.

The AAMIMH would also like to see the establishment of a body that can advise Alberta Health Services and the Minister on issues of mental health and mental health delivery. We note that at times it is difficult for the needs of the mentally ill and of the mental health of Albertans to be seen as a priority when balanced against such acute physical health care issues such as services for persons in cardiac crisis.

2. LEGISLATE AN ALBERTA HEALTH ACT FOR THE FUTURE.

The Alberta Health Act should have the following key components:

- The principles for health care and services in Alberta outlined in recommendation one.
- Identification of roles, responsibilities and accountabilities for key players in the health system.
- Clear and consistent definitions that apply across all health legislation.
- Provision for an arm's-length entity to ensure use of best available evidence in decision-making.
- Provision for an Alberta patient charter to be developed in consultation with Albertans.
- Consolidation of core health acts that deal with publicly funded services.

AAMIMH RESPONSE:

The elements for consideration in developing a Patient Charter as provided by Alberta Health and Wellness would appear to meet the concerns of the AAMIMH and its member organizations. Of concern is the assigning of responsibility to patient's for their own care when speaking of mental health issues. Person's with mental illness can at times lack insight into their own health and demonstrate what appears as a lack of responsibility for their own health. As such the system, if taking a stringent rule upon holding people accountable for their own health, could be prone to making decisions which are truly unfair to the person with mental illness and their family and professional care providers.

3. ENSURE ONGOING CITIZEN ENGAGEMENT IN THE DEVELOPMENT OF LEGISLATION, REGULATION AND POLICY.

The public and stakeholders must be meaningfully engaged in decision-making throughout the health system. This includes:

- Public involvement in setting priorities
- Developing a transparent process
- Public representation in the ongoing process
- Validating the proposed framework to guide future directions

AAMIMH RESPONSE

The view of the AAMIMH and its member organizations regarding the remaining components of the Alberta Health Act and how they should be reflected within the act are admirable. It should be noted that the establishment of a new "authority body" adds another "player" to the health system. While the intent is to assure accountability and ensure decisions are made that reflect best evidence, without the agreed role by all parties within the health

system of this new body the risk is increased for role confusion and slow movement forward on needed changes to the health system.

While the AAMIMH does appreciate the need for government to move quickly in this current environment of change, the rapid turn around of feedback can make for the case for development of hasty responses that may not be as well thought out as they could be.

The AAMIMH suggests the Alberta Government host yearly, or perhaps every other year meetings, to review and address the items noted above. Annual or bi-annual meetings, with an advance agenda, which not only identifies requests for discussion / input but also profiles some of the impacts of decisions that have been made in the preceding year or two, would allow those attending to be properly prepared for these important consultations.

4. DEVELOP CLEAR DIRECTIONS TO GUIDE LEGISLATIVE, REGULATORY, POLICY AND PROGRAM DELIVERY CHANGES ACROSS THE HEALTH SYSTEM.

The Committee therefore recommends that:

- The Alberta Health Act ensures that health governance bodies are aligned with its principles and intent.
- All other health legislation in Alberta is aligned with the intent and principles contained within the Alberta Health Act.
- Other provincial legislation that impacts the health of Albertans is aligned with the Alberta Health Act.
- A clear guide is developed to align decision-making on legislative, regulatory, policy and program delivery changes throughout the health system.

AAMIMH RESPONSE

The AAMIMH appreciates the complexity that this process entails. As such it will be years in the making. It would seem appropriate therefore that those areas responsible for the execution of responsibilities of the various acts should therefore be working to adherence of the principles laid out even prior to the integration of these separate acts under the over arching Alberta Health Act.

The annual or bi-annual meetings, suggested above could be one way of tracking progress in this regard.

SUMMATION

In summation, the AAMIMH in its presentation on October 20 underscored the importance of the themes set out by the committee which needed to be addressed within the development of an Alberta Health Act. These themes were:

- Optimize the competencies and capacity of all health service providers.
- Ensure access to care and services – and provide them in the most appropriate setting.
- Integrate care across the full continuum of health services
- Ensure decisions based on the best available evidence and the appropriate adoption of technology.
- Provide support for change and improving outcomes.

These themes remain true and it is hoped that the new Alberta Health Act will reflect these valued perspectives.

Finally, four additional points should be emphasized:

- A. Alberta needs more capacity for treatment of mental illness and support to those in need, particularly in the community to reduce the severity of impact of an untreated mental illness and to increase opportunities for recovery and access to psychotherapy,
- B. Alberta needs an overseeing body to ensure mental health does not get lost relative to physical health within the health care system.
- C. Alberta needs to pursue a more holistic approach to mental health with linkages with social determinants of health.
- D. Alberta needs to place an emphasis on promotion of wellness (ie mental health) and prevention.

Orrin Lyseng

Executive Director

AAMIMH

W: (780) 482-4993

C: (780) 977-6043

Comment 7

Advocate Office

While one can see that there should be administrative efficiencies as well as some potential for treating people's issues in a more holistic manner with a combined advocate office; there are also many concerns which must be addressed. In the points below, I would like to share some thoughts on this subject from a mental health perspective.

I believe that the Mental Health Patients Advocate (MHPO) office is doing an excellent job in delivering on its mandate relating to support of those in involuntary care and Community Treatment Orders. Our CMHA office receives virtually no negative feedback from those receiving that service. It is important that the integrity and delivery of that specific service be maintained at existing levels by those with a specific understanding of the legal rights of those they serve.

The mandate noted above only relates to about one per cent of those living with mental illness in our province. With at least one in five Albertans experiencing mental illness, there are more than 700,000 Albertans whose mental health advocacy needs regarding human rights, discrimination, inadequate treatment or access to treatment, are not met by the MHPO. Our office knows this first-hand from the calls that we receive from individuals and families. It is a very expensive and complex process to fight for an individual's mental health rights and there is essentially nobody there to assist the vast majority of Albertans if they have such needs. If a combined advocates office is to offer an advantage I would suggest it must be in being better able to meet the needs of those living with mental illness, outside of that small number of people committed to institutional treatment.

The MHPO has been a respected and prominent voice for speaking to the over-all needs of those living with mental illness (although, as identified above, not in support of individual advocacy outside of the mandated few). It would be a loss to the mental health system if a

combined advocates' office did not allow for this type of expression particular to mental health. Historically, it has been far too easy for the voices of those with mental illness to be ignored or not heard.

Because of the important relationship of social determinants of health (housing, education, social welfare, justice etc) to mental illness (to the extent that perhaps only one third of mental health issues actually fall within the health portfolio); it can be argued that mental health would be better off not isolated but combined with other concerns. The counter argument is that in a combined budget, mental health almost always has got shortchanged.

Those are the main points, which I wished to address. I thank you for providing this forum for input.

Comment 8

Hello

I think that under the Health Advocate document, that section 5 c iii, Re: Refusal to review; that the health advocate may refuse to conduct, review or cease conducting a review ("(iii) the complainant has had knowledge of the issue for more than 6 months before the complaint is received by the Health Advocate") needs to be reviewed and rewritten. There are some circumstances in which a complainant may need more time to make a complaint than 6 months. In cases where there is abuse by a practitioner or other health care worker or episodes of repeated or subtle abuse over the course of years, it may be years before a complainant can come to terms with or feel strong enough to make a complaint. By making a finite time frame of 6 months, AHS may rob the potential complainant of ever being heard.

This needs to be written in a manner that allows a more generous time frame in order for a complainant to make a complaint. In fact there may be circumstances where there should be no time constraint whatsoever imposed.