Alberta Government

Valuing MENTAL HEALTH

Report of the Alberta Mental Health Review Committee 2015

Letter to Albertans

December 2015

On behalf of the Alberta Mental Health Review Committee, I am pleased to present our report – *Valuing Mental Health* – to the Honourable Sarah Hoffman, Minister of Health, for her consideration.

Valuing Mental Health is the culmination of six months of study and analysis, deliberation, and consultation with thousands of Albertans. The recommendations respond to a wide range of needs in both urban and rural communities, among culturally diverse groups including First Nations, Métis, and Inuit people and communities, and among many other stakeholders.

While there are many programs and services that work well within the health system, we have concluded that, for addiction and mental health, the system could and must work better for Albertans – those directly in need, their caregivers and the professionals supporting them.

Like the health care system generally, the addiction and mental health system continues to suffer from a lack of clarity and collaboration between Alberta Health and Alberta Health Services. Ambiguity and confusion contributes to disengagement and dissatisfaction across the health system, and this undermines quality of care.

The system is also undermined by a lack of awareness and understanding of mental health. As with past reports, we heard stories of poor coordination and integration of services; inadequate prevention, promotion and early intervention; and a shortage of quality, affordable housing and related social services. These deficits have resulted in growing demands on first responders, emergency departments and hospitals; growing numbers of homeless people with addiction and mental illnesses; and a recurrence rate that demoralizes both clients and staff. Addiction and mental illness also contribute to high rates of incarceration, where treatment is less available, thus further limiting chances of getting well again.

Perhaps most distressing is the knowledge that most adults with addiction and mental illness show signs and symptoms during childhood, and that we lack resources, trained professionals, timely screening, and comprehensive intervention for children and families who are at risk. This is a profound loss of human potential and a waste of health care dollars. The importance of health determinants such as income, employment, education and housing are clearly significant contributors to mental health and are reflected in the recommendations related to leadership across government departments.

Alberta's addiction and mental health system must serve Albertans better by identifying problems earlier, by providing the right care when and where needed, and by supporting people as they move through life. Although many of our recommendations have been made before, they are as important today as they were then. We are recommending actionable changes that shift the system:

- from one that views individuals, families and caregivers as passive recipients of services to one that is person-centred and works with individuals, families and caregivers to choose a course of treatment that works for them;
- from one focused on episodic illness and injury, to one that is focused on promotion of good mental health, early intervention, and treatment of mental illness as a chronic disease;
- from one in which providers deliver services in isolation, to one that employs more multidisciplinary teams; and
- from one that is fragmented to one that is coordinated and integrated, with flexibility in access, timely sharing of treatment plans, and accountability for evidence-based programs and collaboration.

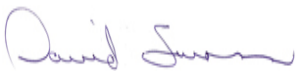
Four priorities need to be addressed:

1. Alberta Health and Alberta Health Services must establish a process to harmonize their respective roles and goals in order to effectively develop an integrated service delivery system for addiction and mental health.
2. Alberta Health, Alberta Health Services, and partners must measure progress towards achieving a person-centred system for addiction and mental health.
3. Primary health care providers must play a stronger role in addiction and mental health, with a greater focus on screening, prevention, early intervention, and continuity of care, to reduce distress, suffering and health care costs.
4. A leadership team must be established to implement this report and prioritize our system, appointed for a term of at least two years, with fresh thinking, coordinated inter-ministerial planning and funding to achieve better access, quality, and efficiency in addiction and mental health services.

Throughout the consultation process it was clear that people across Alberta are uniformly committed to improving services for addiction and mental health. We want to thank the many courageous men, women and children who generously shared their stories of addiction and mental illness with us. They kept us inspired and hopeful.

Finally, I would like to thank the members of the Review Committee for their hard work and dedication to this important undertaking. I would also like to thank the Review Team who supported the Committee's work, and the government ministries, departments, organizations, service providers and professionals that provided us information and support.

Respectfully submitted,



Dr. David Swann
MLA, Calgary-Mountain View
Co-Chair, Alberta Mental Health Review

The Alberta Mental Health Committee

Dr. David Swann, Liberal leader and MLA for Calgary-Mountain View, Co-Chair

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The Alberta Mental Health Review Team

The Review Committee would like to thank the members of the Alberta Mental Health Review Team - Alberta Health, for their support in making this report and recommendations possible.

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[1] Danielle Larivee was Co-Chair from June to October 2015, the time of her appointment as Minister of Municipal Affairs and Minister of Service Alberta. Following this appointment, she continued in an advisory role to the Review Committee.

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The Case for Change

One in five Albertans experience an addiction[2] or a mental illness[3], sometimes both, and the impact can be devastating.[4] This can take a toll not only on the individual, but also on the broader community – family, friends, and colleagues at work and at school.

Throughout this report addiction and mental illness refers to those suffering from:

- addiction issues;
- mental health issues; and
- both addiction and mental health issues at the same time.

While we have come a long way from the days of institutionalizing the mentally ill, our attempts to address these issues over the past 20 to 30 years have fallen short. Over the years, many reports and recommendations have come and gone. There have been many talented professionals and caregivers, and a range of programs and partnerships that held real promise. Yet gaps remain in our system, and Albertans often encounter a system that is overwhelmed, fragmented, and reacting mostly to those in crisis.

Consider this:

- Almost half of Albertans have indicated at least one of their needs was not met when they tried to get help for addiction or mental health[5] issues. The most common complaint was that they could not get counselling.[6]
- Over half of the programs delivered or contracted by Alberta Health Services reported using one or more criteria to refuse client entry, and less than 30 per cent said they connected clients with another appropriate service on refusal.[7]
- More than 60 per cent of people with addiction and mental health issues will not seek the help they need. Stigma is one of the main reasons for this,[8] but the complexity of the system and lack of navigation support are also factors.

[2] Addiction: An inability to consistently abstain; impairment in behavioral control; craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships; and a dysfunctional emotional response. Canadian Centre on Substance Abuse, A National Commitment to Recovery from the Disease of Addiction in Canada; 2015. Available from: http://www.ccsa.ca/.

[3] Mental illness: The full range of patterns of behaviour, thinking or emotions that bring some level of distress, suffering or impairment in areas such as school, work, social and family interactions or the ability to live independently. Mental Health Commission of Canada, Changing Directions, Changing lives: The Mental Health Strategy for Canada; 2012, http://www.cpa.ca/docs/File/Practice/strategy-text-en.pdf.

[4] In 2012 about 20 per cent of Alberta adults experienced an addiction or mental health problem. Wild, TC, Wolfe J, Wang J, Ohinmaa A, Gap Analysis of Public Mental Health and Addictions Programs (GAP-MAP) Final Report, University of Alberta School of Public Health; 2014 February.

[5] Mental health: A state of well-being where individuals realize their potential, can cope with normal stresses of life, work productively, and contribute to their community. Mental Health Commission of Canada, Changing Directions, Changing lives: The Mental Health Strategy for Canada; 2012.

[6] Wild, Gap Analysis of Public Mental Health and Addictions Programs (GAP-MAP) Final Report; 2014.

[7] Ibid.

[8] Mental Health Commission of Canada, Stigma; 2013. Available from: http://www.mentalhealthcommission.ca/English/issues/stigma?page=1

- Mental health promotion and addiction prevention[9] – critical to reducing the incidence and severity of addiction and mental illness – accounts for only 0.1 per cent[10] of costs related to the health care system.

Unfortunately, issues of addiction and mental illness are not always treated with the same urgency as those related to physical health. People with addiction and mental illness often face attitudes of disrespect, fearfulness and, within the health care system itself, judgment. For those providing care, a lack of focused funding, inpatient beds, coordination, and accountability leaves service providers demoralized and exhausted, yet knowing that more could be done. Despite a large and growing demand for addiction and mental health services, including those with developmental disabilities and brain injury, only six per cent[11] of health care spending goes to these services, when the recommended amount is nine[12] to more than 13 per cent[13]. Ultimately, delays or inadequate treatment can impact one's health, further contributing to rising health care costs.

What is the cost of maintaining the status quo? If nothing changes, we need to be prepared for the consequences:

- Those with mental illness will continue to have shorter lives – mental illness can cut 10 to 20 years from a person's life expectancy.[14]
- Those with addiction and mental illness will continue to struggle with housing and homelessness[15] and be at higher risk of entering the criminal justice system.
- There will be more cases of addiction and mental illness, with increased pressures on health, social and justice systems.[16]

Additionally, the status quo will exact a cost from each of us personally, because whether or not we are aware of mental illness, it surely affects someone we know.

This issue cuts across age, ethnicity, politics, and community. The impact that poor mental health can have on the individual, their family, and their community is devastating. People who are suffering need to know that they are not alone, that help is available, and that they will receive it.[17]

It is obvious it is time for action, but designing a system that effectively responds to all addiction and mental health issues is anything but simple. Determined by a complex interplay of social, physical, biological, environmental and situational factors, addiction and mental health issues cover a wide range of conditions from mild to severe. Whether depression, anxiety, Fetal Alcohol

[9] Prevention: The reduction of risk factors and strengthening of protective factors; can occur at any stage from before an illness to preventing an existing illness from becoming worse.
[10] Wild, et el., Gap Analysis of Public Mental Health and Addictions Programs (GAP-MAP) Final Report; 2014.
[11] Ibid.
[12] Mental Health Commission of Canada, Changing Direction, Changing Lives; 2012
[13] In line with the global burden of disease of mental illness, WHO (2011) Mental Health Atlas 2011. http://whqlibdoc.who.int/publications/2011/9799241564359_eng.pdf.
[14] Chesney E, Goodwin GM, & Fazel S, Risks of All-Cause and Suicide Mortality in Mental Disorders: A Meta-Review, World Psychiatry; 2014.
[15] An estimated 25 to 50 per cent of homeless people have a mental illness and up to 70 per cent of those with a severe mental illness also abuse substances. Mental Health Commission of Canada, Annual Report, 2008-2009: Out of the Shadows Forever; 2013.
[16] Mental health issues will be among the leading causes of disability in Canada by 2030. Canadian Institute for Health Information, Return on Investment: Mental Health Promotion and Mental Illness Prevention; 2011.
[17] Excerpt from stakeholder submission (Alberta Mental Health Review, 2015).

Spectrum Disorder, dementia, behavioural disorders, schizophrenia, alcohol abuse, or opioid dependency; all can be better supported in Alberta's addiction and mental health system.

With complex problems come complex solutions, and therefore the recommendations in this report target a number of areas with the underlying intent that access, availability of programming, coordination, and in some cases integration of these services, will be what makes the difference for Albertans struggling with these issues.

As a province, we can take a leadership role and recognize the importance of having a system that is responsive to the needs of Albertans. As individuals, we can make mental health a priority and support others who struggle to attain it. If there is one message to take from this report, it is that nothing will change unless we ourselves change and decide to take action.

The Alberta Addiction and Mental Health Review

One of the first actions Premier Rachel Notley took as Premier of Alberta was to establish the Alberta Mental Health Review Committee (Review Committee). Its mandate was to comprehensively review addiction services, mental health services, and the mental health system in Alberta. The review culminated in the recommendations of this report, *Valuing Mental Health.* The recommendations will assist the Government of Alberta to implement a strategy that strengthens and updates addiction and mental health services for Albertans.

> *"Every Albertan who is hurting in ways no one else can see, and everyone who's been shoved to the margins of society by mental illness, deserves treatment, respect and understanding."*
>
> *Premier Rachel Notley (June 15, 2015)*

The Review Committee approached its work from the perspective that physical and mental health are interconnected – it is difficult to have one without the other. A person's health must be considered holistically and include the physical, mental, emotional and spiritual dimensions of health. The Review Committee's recommendations build on previous reviews and reports, including the most recent government strategy, *Creating Connections: Alberta's Addiction and Mental Health Strategy* (2011). The Review Committee also considered research and best practices from provincial, national and international sources.

In September and October 2015, the Review Committee engaged individuals and stakeholders, including government ministries, non-government organizations, and service providers from across the province, on addiction and mental health. The Review Committee received nearly 2900 responses to an online questionnaire and over 100 written submissions and presentations. It held engagement sessions with professionals and frontline workers; community groups and associations; people who have lived with addiction and/or mental illness; and First Nations, Métis, and Inuit people and communities. The views and information collected from individuals and stakeholders contributed to the Review Committee's recommendations.

During consultations, individuals and families identified solutions, opportunities to build on the good work being done, as well as a range of addiction and mental health challenges such as depression, anxiety, schizophrenia, dementia, alcohol abuse and more, all of which require the attention of the health care system. They also noted that certain groups face additional challenges because of their diversity, including Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) individuals, ethnic populations, and new immigrants. Through discussions, a number of overarching themes and opportunities emerged:

1. Albertans need to be able to access the right care when and where they need it. One way to do this is to increase awareness, among both professionals and individuals, of the addiction and mental health services available. Another way is to help individuals and their families better

navigate the system. The primary health care[18] system – often the first stop for health services – must be supported and challenged to increase its capacity to provide these services, and to more effectively screen, assess, diagnose, treat and refer clients.

2. Once in the system, individuals need to be able to move from one service to another with ease, including when they experience life transitions, or when their circumstances change. Out of this need, a goal emerged: to create a coordinated, integrated system with better collaboration between hospital and community and primary health care services.

3. Promoting acceptance and understanding of issues related to addiction and mental health is key to prevention, early intervention, and reducing the stigma associated with addiction and mental illness. An opportunity exists in schools, communities, workplaces and faith communities to increase understanding of the root causes of mental health and illness.

4. Services need to respond to the unique needs of the First Nations, Métis and Inuit people and communities, and the increasing diversity in our province. Out of this awareness emerged the priority of better meeting the needs of all Albertans, regardless of culture, geography, language, gender, sexual orientation, age, or disability.

5. A shortage of quality, affordable housing and associated supports results in an over-representation of homeless people with addiction or mental illness in hospitals and in the criminal justice system. Government departments responsible for health, human services, justice, and housing must work together to ensure our most vulnerable populations have access to housing and supports they need to stay in their communities.

6. Mental health must be a higher priority for the Government of Alberta as the related human and financial losses are enormous. The primary role of government is to plan, coordinate and fund these services equitably, including services related to collecting data, and monitoring and evaluating system performance.

   Overall, citizens and stakeholders viewed the Alberta Mental Health Review as a sign that addiction and mental health is already a government priority. The recommendations of this report – many already in progress – build on what the Review Committee learned.

[18] Primary health care is place to go for health care or wellness advice and programs, treatment, or diagnose or manage physical and mental health conditions. Alberta Health, Alberta's Primary Health Care Strategy; 2014 January.

Vision, Principles and Outcomes

Coordinated and integrated care is widely considered the best way of delivering services to those who struggle with addiction and mental health issues. The vision, principles and outcomes that follow reinforce this approach and provide the basis for a service delivery model for Alberta.

Vision

Addiction and mental health issues are addressed through the achievement of this vision for our province. This vision will serve as a guide to implementation and ongoing decision-making today and into the future. This long-term vision served as the foundation for the Review Committee's recommendations.

Albertans value mental health as essential to quality and length of life.

Principles

The following principles provided the basis on which the recommendations were developed, and should govern how the recommendations are implemented.

Individuals are seen in a holistic way, where prevention is a priority and early intervention leads to better treatment and recovery.

- A person-and family-centered approach[19] is used to address addiction and mental illness.
- The social determinants of health[20] play a significant role in prevention, treatment, stabilization and recovery from addiction and mental illness.
- The cultural diversity of individuals, caregivers, and families is respected and welcomed in addressing mental health issues.
- Albertans are heard and play an active role in influencing improvements to services.
- Albertans have equitable access to quality services regardless of geography, diversity or economic status.

[19] Providing care that is respectful of and responsive to individual preferences, needs, and values, and ensuring that client values guide all decisions.

[20] Factors in our everyday lives that influence our health e.g., having enough money to meet basic needs; access to safe and affordable housing; meaningful education and employment opportunities; access to healthy food, water, and clean air; nurturing early life experiences; and the design and safety of our communities.

Leadership provides transparent, accountable and adequately resourced services and supports.

- There is a demonstrated commitment by the Alberta Government, Alberta Health Services and non-government organizations to continuous improvement of programs and services.
- All services and supports impacting addiction and mental health are integrated, coordinated and accessible.
- All service providers, including natural supports,[21] work together and are valued for their contribution.
- Albertans can depend on receiving the continuity of care they need regardless of their personal circumstances.

The constitutionally protected rights of First Nations, Métis, and Inuit people and communities are honoured and respected, and they are supported in addressing the addiction and mental health needs of their communities.

Outcomes for a Person-Centred, Integrated Addiction and Mental Health System

Through leadership that achieves the vision and inspires shared commitment and partnership, a coordinated and integrated addiction and mental health system will be established, and the following outcomes will be achieved:

- Albertans have increased ***awareness of how to access quality services*** and supports when they need them.
- Service providers have increased ***communication, understanding and accountability*** for roles and responsibilities in the integrated service delivery system.
- Albertans have increased awareness and confidence that addiction and mental illness is ***preventable, manageable and recoverable, and share responsibility*** for wellness, health and recovery.
- Government departments, non-government organizations and service providers have increased ***accountability for the delivery of cost-effective, integrated services*** that improve the mental health of Albertans.

[21] Natural supports are personal associations and relationships that enhance quality of life for people, including family and peer relationships, friendships, and connections.

A Time for Action: Recommendations

The Review Committee received approximately 3,000 responses in total – stories, opinions, submissions, and recommendations – regarding Alberta's addiction and mental health system. These responses contributed, both directly and indirectly, to the new vision for the system – *that Albertans value mental health as essential to quality and length of life* – and the supporting recommendations.

The recommendations that follow are actionable in nature – all offering significant change and some building on or enabling work already in progress. They reflect the stated principles and lay a sustainable foundation for the future. The recommendations are organized to help individuals, families, caregivers and service providers understand how the new system will work.

I. Finding Your Way: Getting the Help You Need, When and Where You Need It

II. Moving Forward: A Supported Journey

III. Empowering People: Strengthening Our Communities

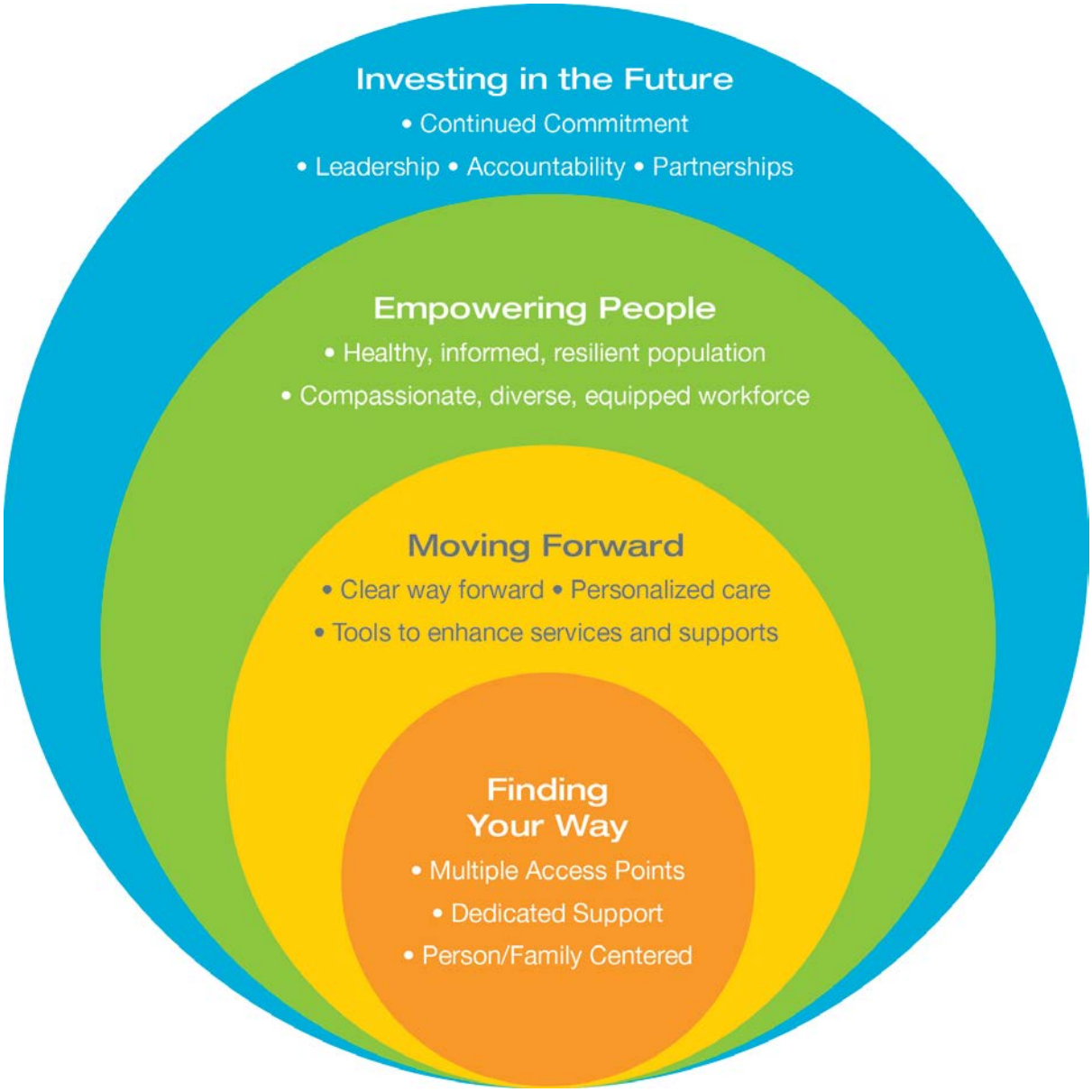
IV. First Nations, Métis, and Inuit People and Communities: Opening Doors to Collaboration

V. Investing in the Future: Partnering for Change

VI. Application to Current Issues: Fentanyl, Suicide

The recommendations in this report are organized with the individual at the centre of the integrated addiction and mental health service delivery system, followed by the services and supports required in their continuum of care (Diagram A).

Diagram A: An integrated addiction and mental health service delivery system



I. Finding Your Way: Getting the Help You Need, When & Where You Need It

- **There are multiple access points across a continuum of services.**
- **Someone is always there to help you find your way.**

For those in need, the only thing that matters is that they are supported and able to access services. They want services in their own community, ideally from someone who speaks their language, and understands their unique needs and culture.

However, the Review Committee heard that addiction and mental health services are not always readily available. Even when they are, individuals may not have the skills to navigate the system – especially when on their own or hampered by addiction or mental illness. As a result, they may not get the care they need.

The challenge is to find a point of entry to services and a path to recovery. This path often requires the development of a long-term supportive relationship rather than short-term or sporadic care. This path can be even more difficult to travel if an individual has both addiction and mental health issues.

"It is traumatizing to only receive treatment when you are in crisis. This invalidates the day-to-day struggles that need addressing."

Excerpt from stakeholder submission (Alberta Mental Health Review, 2015).

A centralized navigation system would help individuals and their loved ones get the help they need. Alberta already has a platform to build on – Health Link. This service is connected to a system of social supports through Alberta Human Services as well as distress lines in Edmonton and Calgary. If combined and enhanced, these programs could support a system of simple navigation that would be well understood by Albertans.

Ideally, those at risk would be identified early through screening services in their own communities. An emphasis on prevention and promotion would foster wellness, early intervention and reduce incidents of addiction and mental illness later in life. It would also reduce the stigma association with these issues and increase understanding of the root causes of mental illness.

Primary health care provides a particular point of entry. Often individuals will turn to their primary health care providers – doctors, nurses and other professionals – for help. With the right supports and further partnerships with the community, these providers could more confidently deliver services earlier to those experiencing addiction and mental health issues, as well as link people to specialized or culturally responsive community-based supports. The approach used in Canterbury, New Zealand, to integrate health and social care could serve as a model to plan and deliver coordinated care across Alberta.[22]

[22] Timmins N, Ham C, The Quest for Integrated Health and Social Care A case study in Canterbury, New Zealand; 2013. Available from: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/quest-integrated-care-new-zealand-timmins-ham-sept13.pdf.

Schools provide another point of entry for addiction and mental health services. Even though the onset of most mental illnesses occurs during adolescence and young adulthood, Alberta children and youth have a hard time getting services, treatment and supports. Transitions between youth and adult services must be improved, and health promotion, prevention, and long-term treatment must be made a priority. Schools, including post-secondary institutions, can help in these efforts.

Another point of access is the criminal justice system – too often a repository for people with addiction and mental health issues. Despite often effective intervention and diversion programs, the justice system does not always have the capacity to help these people. More treatment and supports are needed for those entering the criminal justice system, those in jail or in remand, and those transitioning back to their communities.

At times, individuals end up homeless, in correctional facilities, or hospitals due to the lack of quality, affordable and supportive housing. Homelessness can complicate and amplify the symptoms of addiction and mental illness because it can be difficult to get services without a home. An investment in housing upfront is not only morally sound, but makes financial sense as the costs of reacting to many of the issues associated with homelessness are significant and, in many cases, exceed the cost of housing.

"Many people lose their homes while in treatment. It would be better to help them secure the housing they already have."

Excerpt from stakeholder (Alberta Mental Health, 2015).

Many government departments, jurisdictions and organizations are responsible for housing programs, from the operation of homeless shelters to the development of market-based housing. The path to access the right combination of housing and supports can be difficult and confusing when there are so many levels of government, departments and community organizations responsible for each or both. Government ministries need to work together to address housing, and coordinate to support those with housing needs. For populations such as seniors and people with addiction and mental illness, this is critical.

Generally, accessing addiction and mental health services is challenging, especially in rural and remote areas. Frequently individuals travel long distances to hospital emergency departments, detox or services in other communities to get help – help that is scarce, costly and, at times, ineffective (e.g., no long term follow up). Sadly, some choose not to seek help as a result of these barriers. The capacity of the system should be expanded to include more treatment beds, technology-based services, and home care. As much as possible, individuals should be able to receive services in their homes and in their communities.

The following recommendations will help people get the support they need, when and where they need it.

1. Expand 811 Health Link and further coordinate with 211 and other virtual resources (e.g., Kids Help Phone, Distress Centers) to provide centralized access to system-wide navigation, distress and crisis support for individuals experiencing addiction and mental health issues, their families, caregivers and service providers.

2. Provide dedicated navigators for those who require additional support to access addiction and mental health services across the continuum, as well as:
   a. Position navigators in high volume hospital emergency departments to help individuals access services, to more effectively connect individuals with Alberta Human Services, and to further coordinate support for children, youth and families, and those in government care[23] who are at risk of harming themselves or others.

3. Increase earlier access to addiction and mental health services by requiring primary health care centres, including Primary Care Networks (PCNs) and Family Care Clinics (FCCs),[24] to:
   a. Build capacity and take greater responsibility for early identification and management of addiction and mental health;
   b. Enable access to the most appropriate professional within the multidisciplinary team without necessarily seeing the family physician first (e.g., nurse, social worker or psychologist);
   c. Collaborate with service providers to identify clear pathways of care to guide individuals and professionals in making referrals, accessing services and working in an integrated manner;
   d. Coordinate with the community to provide a continuum of culturally responsive services (reflective of the community's diversity) from prevention, early intervention to specialized care[25] (e.g., Health Link, distress lines, hospitals, non-government organizations, post-secondary institutions); and
   e. Provide culturally responsive addiction and mental health services in primary health care centers in First Nation, Métis and Inuit communities through increased collaboration and partnership with these communities, the federal government and the Government of Alberta.

4. Expand home care to support individuals who identify addiction and mental health as a primary concern.

5. Develop virtual, technology-based solutions targeted for children, youth and families to increase early detection of addiction and mental health issues, promote help-seeking behavior, reduce stigma, and improve mental health literacy.

[23] Intervention services through the *Child, Youth and Family Enhancement Act* are provided when there are concerns that a child or youth is being neglected or abused by a parent or guardian.
[24] There are 42 PCNs and 3 FCCs in Alberta.
[25] Specialized care includes more intensive supports, and when needed, access to inpatient services (e.g., hospitals, Alberta Hospital Edmonton, Centennial Centre for Mental Health and Brain Injury, Claresholm Care Centre.)

6. Improve mental health and educational outcomes for children and youth through:
   a. Providing enriched early childhood education programs;
   b. Enhancing school-based addiction and mental health programs across the province; and
   c. Requiring all programs to coordinate with each other and integrate with the community to provide a continuum of services.[26]

There is an opportunity for further collaboration to build on expertise, expand programs and identify efficiencies between approaches such as Regional Collaborative Service Delivery and Mental Health Capacity Building.

7. Create healthy and supportive post-secondary campus environments through health promotion, addiction and mental health campus services, and community partnerships.

8. Further support Albertans experiencing a crisis related to addiction or mental health by:
   a. Expanding Police and Crisis Teams (PACT)[27] to more communities and include peace officers (versus police) and other professionals (e.g., social workers) trained in mental health and addiction;
   b. Expanding the Provincial Family Violence Treatment Program[28] to more communities;
   c. Expanding diversion programs to more communities to support access to addiction and mental health services to avoid entry into the criminal justice system (e.g., Alberta Health Services Mental Health Diversion Program);
   d. Developing a mental health court model that uses a multidisciplinary team approach to bail, sentencing, fitness hearings, and not-criminally-responsible hearings; and
   e. Expanding Drug Treatment Courts[29] to more communities across Alberta.

9. Increase access to mental health services, and reduce recidivism and use of emergency services for those in contact with the criminal justice system by:
   a. Providing addiction and mental health services in remand and provincial correctional facilities, and more successfully supporting transitions back into the community;
   b. Expanding the Provincial Forensic Mental Health Program,[30] inclusive of transitional housing for those who are not criminally responsible; and
   c. Expanding Corrections Transition Teams[31] and providing more intensive programming to all correctional centers, including centres for young offenders.

As some people who are released from federal correctional facilities (which are the mandate of the Government of Canada) remain in Alberta, the Government of Alberta should work with these federal facilities to ensure Albertans receive the addiction and mental health support they need, especially as individuals transition into the community.

[26] Regional Collaborative Service Delivery is an approach to meet the needs of children, youth and families through coordinated planning (Education, school authorities, Health, Alberta Health Services, Human Services and community partners). Mental Health Capacity Building is an integrated, school based community mental health promotion, prevention, and early intervention program.
[27] The Police and Crisis Team (PACT) primarily involve a police officer and a registered nurse/psychiatric nurse to provide support for people who are in a crisis.
[28] The Provincial Family Violence Treatment Program provides treatment for offenders who have pled guilty through domestic violence courts.
[29] The Drug Treatment Courts (Edmonton, Calgary) provide a pre-sentence justice alternative for drug offenders.
[30] A specialized section of justice programming exists for forensic mental health clients who are mandated for services and require diverse and unique options to address their specific addiction and mental health needs.
[31] Corrections Transition Teams support individuals with addiction and mental health issues in provincial correctional facilities, and assist with transition back into the community.

10. Improve the current use and future planning of housing by the Government of Alberta through collaboration across jurisdictions and departments, and by engaging non-government organizations to:
    a. Increase the availability of quality, affordable housing for Albertans to support their mental wellness;
    b. Increase the availability of permanent supportive housing for those with addiction and mental health issues who have difficulty accessing other forms of housing and supports;
    c. Increase the maintenance of current buildings and repurpose, as appropriate, for future transitional housing, community residential treatment or permanent supportive housing;
    d. Develop capital plans that co-locate or place community facilities with housing for seniors (e.g., building schools next to continuing care, day cares in seniors' lodges, and recreation facilities next to supportive living buildings); and
    e. Prevent homelessness due to addiction or mental illness by:
        i. Providing quality and affordable housing, regardless of individual readiness, with access to wraparound services and harm reduction programs that are person centered;
        ii. Creating a provincial centralized housing and support access program such as Pathways to Housing[32] that can be used by homeless service agencies, Alberta Health Services and affordable housing providers;
        iii. Providing supports to people in social housing programs to build skills that would enable them to move to market housing; and
        iv. Strengthening the *Residential Tenancies Act* to further support individuals with addiction or mental illness to maintain their residence.

[32] Pathways to Housing, currently used by Alberta Health Services and Calgary Homeless Foundation, is a web-based mental health and addictions e-referral tool used to match and place individuals with clinical and community resources in real time.

II. Moving Forward: A Supported Journey

- **Albertans have a clear path forward.**
- **Individual needs shape their care.**
- **Service providers have the tools to adapt services and supports.**

On taking that first step to get help, an individual is ready to access services. But many Albertans described the addiction and mental health system as a patchwork of programs – often fragmented, sometimes duplicated, and with gaps in service that do not consider the chronic nature of many addictions and mental illnesses. As with all chronic diseases, the services and supports for those with addiction and mental health issues are best provided through established relationships, rather than through new relationships every time a service is needed. A system that is welcoming, respectful, compassionate and caring reduces stigma and is an important part of the healing process.

"Even though substance abuse is a significant health issue in Canada, treatment for addiction is often fragmented. Access to treatment and supports for detoxification must be managed in a safe and effective manner, with consideration of the type of substance, the severity of use, and consultation between medical professionals and the client."

Excerpt from stakeholder submission (Alberta Mental Health Review, 2015).

The challenge then is to provide a more coordinated and integrated system that is easily accessible and able to meet the needs of the individuals. The system should provide appropriate screening, a clear path of care, and strong data collection to ensure services are working well. Individuals should perceive that their needs are central, and that they can rely on a system that supports easy navigation[33] and guidance throughout their journey.

To achieve an integrated system, multidisciplinary team members would focus not only on the services they personally provide clients, but coordinate services with one another and with other professionals. Standard care plans for the most common mental illnesses would be developed, aided by navigation tools and resources. Flexible systems would empower individuals to achieve wellness according to their own needs and interests, and ensure no one is left outside the system because of rigid admission or discharge criteria.

"My client was refused a placement at a drug treatment facility because he has schizophrenia, so this limited the help we were trying to find for him."

Excerpt from stakeholder submission (Alberta Mental Health Review, 2015).

Service providers would share health information. Currently, many providers do not know when it is appropriate to do so, or may fear sharing even when legislation clearly states it is in the client's best interest. Furthermore, information must be

[33] Navigators address access to information, care coordination, challenges, and support networks e.g., Current model - Cancer Care through Alberta Health Services.

fully recorded, as people with addiction and mental health issues often have contact with many different providers and programs, all of them needing up-to-date information. Better information sharing would reduce the need for individuals to retell their stories and would improve planning and care management.

Finally, as the system becomes more integrated, coordinated and responsive, additional inpatient services are warranted to ensure individuals are cared for in a safe and effective manner. Currently, the majority of funding for these services goes to mental health, with disproportionately fewer detox and inpatient beds for those with addictions. An increase in the number of beds, inclusion of harm reduction strategies, and removal of inpatient service fees would increase access to inpatient services. As well, expansion of treatment through the *Protection of Children Abusing Drugs Act*[34] would help children, youth and families receive the support and care they need.

The following recommendations support a coordinated and integrated system that will respond to the needs of individuals, their families and caregivers.

11. Provide consistency across all services to support transitions[35] and integrated care planning by the Government of Alberta, Alberta Health Services and non-government organizations using standardized tools that include:
    a. A consistent care plan, with minimum core information and person-centred outcomes shared among service providers, that follows the individual from initial referral through life and situational transitions (e.g., transitioning to seniors) and setbacks; and
    b. Technology-based solutions, such as expansion of electronic health records for assessment, diagnosis, treatment, and continuing care, which supports a multidisciplinary team approach.

12. Provide easier access to a broader range of community-based services by changing the following policies and operational practices, including:
    a. Increasing flexibility in admission (e.g., age) and discharge criteria for programming;
    b. Increasing flexibility, timely access, and decreasing wait times for services across Alberta by providing in-home services and new ways to access therapists and support (e.g., digital therapy; online, virtual and phone counselling); and
    c. Ensuring that addiction and mental health services are not dependent on a person having a home.

Section 35(a) of the Health Information Act allows the disclosure of health information to another custodian for the purpose of:

a. providing health services;
b. providing continuing treatment and care;
c. averting or minimizing risk of harm to the health or safety of a minor or an imminent danger to the health or safety of an adult;
d. where disclosure is authorized or required by an enactment of Alberta of Canada.

[34] The *Protection of Children Abusing Drugs Act* provides specialized services and allows a legal guardian to ask the Court for a protection order; it applies to those under 18 years whose use of alcohol or drugs is likely to cause significant psychological or physical harm to themselves or others.
[35] Transition planning includes age transitions (youth to adulthood to seniors) as well as discharge from facilities (e.g. jails, treatment centres, hospitals).

13. Share information to assist individuals, families, caregivers and professionals to collaborate more effectively by:
    a. Sharing information that is in the individual's best interests as per the current privacy legislation;[36]
    b. Expanding the scope of the *Health Information Act* to include regulated professionals working in areas of addiction and mental health;
    c. Aligning legislation governing information sharing to enable integrated care planning;
    d. Amending privacy legislation to ensure non-government organizations are accountable for information sharing within a multidisciplinary team approach, and
    e. Increasing collaboration and partnership between the Government of Alberta, the federal government, First Nations, Métis and Inuit people and communities, and the Alberta First Nations Information Governance Centre[37] to create community accessible population health data that informs policy and programming decisions.

An example of a health information system that crosses jurisdictions is the Community Health Immunization program from Siksika Health Services (SHS). This program aims to track and share public health events such as the immunization records of children in SHS and Alberta Health's provincial immunization registry. The intent is to decrease duplication and ensure accurate data is used when planning for programs.

14. Increase the ability of children, youth and families in crisis to obtain addiction and mental health support and treatment services by:
    a. Developing and increasing access to medical and social detox through the *Protection of Children Abusing Drugs Act,* and strengthening linkages between mandated treatment and follow-up care; and
    b. Increasing the number of acute care and community transition beds with wraparound services provided in partnership with Alberta Health Services and community agencies.

15. Provide timely access to treatment and ongoing support services regardless of setbacks or stage of recovery by:
    a. Adding 40 detox and specialized inpatient beds to meet demand, with special attention to adapting services to address seniors' needs;
    b. Eliminating the client fee for Alberta Health Services' residential addiction treatment;[38] and
    c. Incorporating harm reduction approaches across the continuum of services to keep individuals healthy and safe.

[36] Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP), Section 40(1); *Health Information Act* (HIA), Section 35; and *Personal Information Protection Act* (PIPA), Section 20, all contain provisions that attempt to strike a balance between authorized information sharing to support service delivery and protection of privacy.
[37] The Centre facilitates the exercise of First Nations jurisdiction and greater ownership, control, access and possession (OCAP™) of First Nations data and information.
[38] Alberta Health Services' residential treatment programs charge room and board fees, which are $40 dollars per day for Alberta residents.

III. Empowering People: Strengthening Our Communities

- **A healthy, informed, and resilient population.**
- **A compassionate, diverse, and properly equipped workforce.**

In recent decades, trends such as mobility of population and intense use of technology have made it difficult to preserve the relationships and communities we have traditionally relied on for support.

For those with addiction and mental health issues, the lack of a good support system can be devastating. It can be frightening to reach out for help and risk being labelled or refused. As a result, many suffer in isolation. Lack of public understanding, inaccurate perceptions, and pervasive stereotypes about addiction and mental illness create perceived and real barriers to help and treatment. How can we respond to their needs with compassion and understanding?

A first step is to invest in public education. If there is greater awareness of the risk and protective factors behind addiction and mental illness, people will be prepared to engage in conversations with greater understanding.

The next step is to increase understanding and awareness of addiction and mental health issues in places that usually provide support, such as health care settings, workplaces, and schools. Students and teachers at all levels should be included. Finally, service providers should have access to better training, developed in partnership with the stakeholder groups, to adequately address these issues.

The following recommendations will strengthen the understanding of the general population and those who work directly with individuals suffering from addiction and mental illness.

16. Create public awareness opportunities and programs to enable people to support their own mental health and the health of those they care about through collaboration between the Government of Alberta and non-government organizations including:
    a. Educating the public on brain development, and risk and protective factors related to addiction and mental illness;[39] and
    b. Supporting individuals to develop skills to engage in conversations that reduce stigma and direct people to help.

Understanding how our early experiences shape brain development is important for prevention, intervention, and treatment of addiction and mental illness. Work by organizations, such as the Alberta Family Wellness Initiative, has contributed to research and knowledge in this field.

[39] Risk factors include adverse childhood experiences, and intergenerational trauma. Protective factors include a support network of friends and family and strong parent/child bonding in the early years.

17. Increase awareness and understanding of addiction and mental illness by teachers, administrators and students in schools and post-secondary institutions by:
    a. Providing tools and resources to educators (kindergarten to grade 12) to incorporate addiction and mental health materials within the current Health and Life Skills and the High School Career and Life Management Programs;
    b. Ensuring that teachers and leaders demonstrate the competencies needed to support student mental health through a review of the Teaching Quality Standard, and the establishment of a School Leader Standard and School Authority Leader Standard;
    c. Incorporating and strengthening mental health competencies in post-secondary courses and programs offered by health and social professional regulatory bodies; and
    d. Promoting approaches to inter-professional practice and education at post-secondary institutions to support students to develop the skills necessary to work in a multidisciplinary team.[40]

> *"The liaison worker took the Ages and Stages training and trained the mental health workers and other people in the community. . . .The Family Centre has partnered with mental health to run a post-natal group for moms…. We have also offered maternal mental health training to staff and community, as well as Nobody's Perfect, which runs out of the community kitchen."*
>
> *Excerpt from stakeholder submission (Alberta Mental Health Review, 2015).*

18. Improve services, optimize efficiencies in providing training, and build relationships through the Government of Alberta, Alberta Health Services, First Nations, Métis and Inuit people and communities, and non-government organizations collaborating to provide training that:
    a. Increases compassion, decreases stigma and reinforces a culture of respect, empathy and acceptance of diversity;
    b. Incorporates client and caregiver experiences, is ongoing and evidence-based;
    c. Establishes consistent training standards and requirements for psychologists and therapists engaged in counselling individuals and families on addiction and mental health issues; and
    d. Strengthens skills and abilities of service providers to:
        i. Identify addiction and mental health issues; work within a multidisciplinary team; navigate and access services; and work within a chronic disease model of treatment that involves follow-up care, harm reduction and successful transitions;
        ii. Increase ability to successfully advocate on behalf of individuals to access services and ensure the best possible care and treatment path; and
        iii. Provide Trauma Informed Care[41].

> If I look into the eyes of another and do not find respect, I begin to curse life.
>
> *Carl Jung*

[40] The Collaborative Practice and Education Framework for Change provides policy direction to support the development of a collaborative workforce in Alberta. Available from: http://www.health.alberta.ca/documents/PHC-FCC-CPE-Framework.pdf.
[41] Trauma Informed Care recognizes the need for an organizational structure and treatment framework that involves professional learning and understanding. It recognizes and responds effectively to the effects of all types of trauma in their sphere of influence.

19. Create efficiencies by providing first responders, police officers, correctional officials and related professionals with a range of options to choose from when working with those experiencing addiction and mental health issues, including:
    a. Expanding the range of trained professionals (peace officers, social workers and psychologists) who can apprehend and convey an individual under involuntary confinement to a designated facility,[42] and
    b. Employing peace officers or other professionals to transfer and supervise individuals in emergency departments and other designated facilities, thus enabling police officers to return to their duties after apprehension and conveyance of individuals.

20. Support individuals with addiction and mental health issues in their workplaces by:
    a. Developing mental health workplace training tools; and
    b. Preventing discrimination and providing support and treatment to employees experiencing addiction or mental health issues by:
        i. Implementing the National Standard for Psychological Health and Safety in the Workplace[43] and addressing workplace bullying and harassment;
        ii. Implementing family friendly standards in the *Employment Standards Code*; and
        iii. Addressing addiction and mental health in the *Occupational Health and Safety Code* to support employees and their employers.

[42] This includes legislative tools, including Form 10, which applies to someone who is not complying with a Community Treatment Order, has a mental disorder, needs to be examined for their own safety or the safety of others, or in cases in which it would be dangerous to wait to receive a judge's warrant.

[43] The Standard is a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors. Canadian Standards Association, National Standard for Psychological Health and Safety in the Workplace; 2013. Available from: http://www.mentalhealthcommission.ca/English/issues/workplace/national-standard.

IV. First Nations, Métis, and Inuit People and Communities: Opening Doors to Collaboration

- **Acknowledge and respect the traditional wisdom and perspectives of First Nations, Métis, and Inuit people and communities.**
- **First Nations, Métis, and Inuit people and communities help lead and develop needed services and supports.**

First Nations, Métis, and Inuit people and communities in Alberta encounter unique circumstances, challenges, needs and opportunities. Many of the addiction and mental health issues faced by Aboriginal populations are rooted in historical and intergenerational trauma, socio-economic inequalities and discrimination. High rates of suicide both provincially and nationally, as well as an over-representation of Aboriginal people in our justice[44] and health care systems are pressing concerns. [45]

"We are all Albertans, and every single Albertan in pursuit of treatment must have access to the same supports and be respected the same, with no exception. Universal rights, universal access, universal treatment."

Excerpt from stakeholder submission (Alberta Mental Health Review, 2015).

Jurisdictional challenges must be overcome to tackle the lack of on-reserve services, and provide continuity of service both on and off reserve. Services must always reflect an understanding of mental wellness that is responsive of the community and offer culturally safe and inclusive environments.

Collaboration between the Government of Alberta, First Nation, Métis and Inuit people and communities and the federal government is necessary to:

- resolve jurisdictional challenges,
- respect Treaty rights to health and ensure continuity of on- and off-reserve care, and
- ensure that services are culturally safe and inclusive.

The recommendation that follows acknowledges that action on this front cannot wait.

[44] Alberta Justice and Solicitor General, Aboriginal People in the Justice System; 2015. Available from: https://justice.alberta.ca/programs_services/aboriginal/Pages/aboriginal_people.aspx.
[45] Alberta Health Services, Aboriginal Health Action Plan 2011-2014; 2012.

21. Through partnership, the Government of Alberta to collaborate with First Nations, Métis, and Inuit people and communities to advocate and appeal to the federal government to better meet the addiction and mental health needs of these communities by:
    a. Establishing a coordinated continuum of addiction and mental health services from prevention to recovery which includes traditional, cultural and clinical approaches by:
        i. Liaising with community champions to address identified priorities and gaps through meaningful, inclusive, and equitable engagement processes and research led by First Nations, Métis, and Inuit people.
        ii. Addressing gaps in federal addiction and mental health funding and services for First Nation and Aboriginal communities including advocating for additional resources for the National Native Alcohol and Drug Abuse Program.
        iii. Implementing recommendations identified by the Alberta Government in response to the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Commission.
        iv. Increasing the availability and access to detox, residential and recovery services both on and off reserve.
    b. Ensuring that children, youth, and adults do not experience denials, delays, or disruptions of services and supports ordinarily available to other Albertans due to jurisdictional disputes through:
        i. The Government of Alberta partnering with the federal government, First Nations, Métis and Inuit people and communities to issue a clear and formal statement endorsing the implementation of Jordan's Principle[46] in Alberta.
    c. Increasing access to information and services to manage the impacts of trauma and multi-generational issues resulting from the Indian Residential Schools.

[46] In cases involving jurisdictional funding disputes, the government of first contact must initially pay for services, and the provincial and federal governments determine later, which one is responsible for costs.

V. Investing in the Future: Partnering for Change

- **Establish an Addiction and Mental Health Implementation Team.**
- **Increase sustainable funding.**
- **Measure performance.**

Currently, there is a lack of clear leadership and clarity regarding the roles and responsibilities in the addiction and mental health system, both of which result in a lack of accountability. Further, the government does not systematically collect the information it needs to inform policy, planning, funding, and evaluation of services. Funding is lower in Alberta than in many other Canadian jurisdictions.

The Government of Alberta must renew its commitment to mental health through appropriate leadership, funding and accountability.

The Review Committee recommends a governance structure in which all government departments work together, with partners, and with the broader community. In doing so, all parties will share accountability to advance the vision, align services, and promote cooperation. Having a reliable, accurate and credible system of information collection and measurement will ensure individuals receive the highest level of service, and that services can be adapted to meet their changing needs over time. This will also help inform how to plan for the future and allocate funds and resources. There should also be a concerted effort to regularly report progress to the public.

The following recommendations promote the creation of partnerships to establish and sustain a high-performing addiction and mental health system for all Albertans. For this purpose, an Addiction and Mental Health Implementation Team should be established. A workshop for service providers, both government and non-government, should be held within six months of the release of this report to enable discussion and clarify decisions and timing of changes recommended in *Valuing Mental Health: Report of the Alberta Mental Health Review Committee.*

22. The Government of Alberta to establish our province as a leader in addiction and mental health by:
    a. Affirming their responsibility to coordinate an unprecedented effort to support the mental health of all Albertans by identifying addiction and mental health as a cross-ministry priority with Alberta Health leading in partnership with Alberta Health Services, Education, Human Services, Aboriginal Relations, and Justice and Solicitor General;
    b. Reflecting this priority in the business plans of government ministries and Alberta Health Services with clear goals and activities targeting the delivery of an integrated addiction and mental health service delivery system in communities;
    c. Establishing an Addiction and Mental Health Implementation Team led by two individuals in Alberta Health with expertise in prevention, health promotion, and treatment, to:
        i. Facilitate a shared investment in success by partnering with community members, non-government organizations and First Nations, Métis, and Inuit people and

communities to advance policies that address societal issues at the root of so many mental health conditions; and

ii. Coordinate implementation of *Valuing Mental Health: Report of the Alberta Mental Health Review Committee.*

23. Increase provincial government funding for addiction and mental health services including:
    a. Establishing targets that align funding with population needs to ensure programming will meet the mental health needs of Albertans;[47] [48]
    b. Establishing targets that shift service delivery to support increased prevention, promotion and early intervention;
    c. Choosing pilot projects based on feasibility in scaling regionally or provincially;
    d. Funding evidence-based services at a level that supports sustainability and continuous improvement;[49] and
    e. In the absence of any other organization committed to suicide prevention provincially, renew and evaluate the funding for at least two years to a dedicated resource, such as the Centre for Suicide Prevention.

"Different organizations and ministries have different funding envelopes, which creates silos. A shared mental health and addictions funding pot would force coordination of services and deter duplication."

Excerpt from stakeholder submission (Alberta Mental Health Review, 2015).

24. Government of Alberta, Alberta Health Services, individuals, caregivers and service providers to collaborate in measuring and evaluating shared outcomes for programs that include:
    a. Integrated care planning.
    b. Meeting community need.
    c. Person-centred approach.
    d. Value for money.
    e. Prevention and social determinants of health.

25. Increase the Government of Alberta's accountability to develop a community-based integrated addiction and mental health service delivery system throughout Alberta by:
    a. Hosting a workshop on implementation within six months of the release of *Valuing Mental Health: Report of the Alberta Mental Health Review Committee* to support mobilization for change among service providers, government and non-government organizations and departments; and
    b. Publicly reporting the implementation of *Valuing Mental Health* on a quarterly basis.

[47] Whiteford HA, Degenhardt L, et al. Global Burden of Disease Attributable to Mental and Substance Use Disorders: Findings from the Global Burden of Disease Study, The Lancet; 2010.
[48] World Health Organization (2011) Mental Health Atlas 2011. http://whqlibdoc.who.int/publications/2011/9799241564359_eng.pdf.

VII. Application to Current Issues

- **Apply lessons learned from past experiences.**

Each challenge our province experiences, provides an opportunity to learn and take future action that can prevent, better respond to or lessen the impact of future crises. This reinforces the Government of Alberta's commitment to the continuous improvement of our service delivery system, and needs to be considered as Alberta faces the current crises of fentanyl overdoses and suicide. The following recommendations apply past learning to preventative plans and present crises.

26. Strengthen the Government of Alberta's response to crisis situations and include psychological and social recovery in the Provincial Emergency Response Plan by:
    a. Clearly identifying roles and responsibilities related to psychological, social and medical responses, and realistic recovery times; and
    b. Establishing clear guidelines including accountability for funding and monitoring of allocated funds following a major event or disaster.

Fentanyl

Fentanyl is an opioid drug that is 100 times more potent than morphine. In recent years, its unlawful availability and misuse have increased in Alberta. In 2011, the Alberta Medical Examiner's office reported six fentanyl-related deaths in Alberta. By 2014, that number had jumped to 120. In the first nine months of 2015, there had been 213 deaths, almost one death per day.[50] This situation should be reviewed and actioned further by Alberta Health and Alberta Health Services. These preventable deaths require coordinated health response and systematic change to the approach used by the Government of Alberta to address similar crises.

The Government of Alberta has taken the following actions, which align with the recommendations in this report:

a. A Fentanyl Response Team was formed that includes frontline service providers, communities, First Nations and Métis representatives, and health experts. Chaired by the Deputy Minister of Health, the team meets regularly to help guide provincial actions. The Response Team is an example of a dedicated team, championed by the Minister of Health and Deputy Minister, with relevant representation from stakeholders (recommendation 22).
b. Alberta Health has increased the availability of naloxone kits to prevent deaths from overdose. Naloxone availability to a broader range of health professionals and community service providers is a demonstration of harm reduction that saves lives (recommendation 15).

Additional immediate, intermediate and longer-term action is needed by the Government of Alberta to prevent fentanyl overdoses and manage recovery from opioid addiction. The Review Committee developed recommendations that focus on this issue.

[50] Alberta Health News Release: Alberta expands access to life-saving naloxone http://alberta.ca/release.cfm?xID=38993AFF8296F-9F3E-6E4B-F863520D09D034AE; 2015 December.

Immediate action

27. Increase access to harm reduction tools at the community level including on reserve by:
    a. Providing naloxone kits to emergency medical teams, police and law enforcement, outreach workers, registered nurses and concerned friends and family;
    b. Increasing access to needle exchange programs; and
    c. Promoting the practice of rescue breathing to professionals and community members to prevent deaths where naloxone is not available or inappropriate.

28. Provide training and education to professionals and the public through:
    a. Funding a public awareness campaign, training and education for:
        i. Primary health care doctors and other health care providers, as appropriate, in the administration of suboxone and methadone.
        ii. Community members, including caregivers, in the support of those who may misuse opioids.
        iii. School-based programs for secondary and post-secondary students, including basic facts on fentanyl and opioids to increase awareness of risk.

29. Through partnership, the Government of Alberta and Alberta Health Services to collaborate with First Nations, Métis, and Inuit people to advocate and appeal to the federal government to work together to develop a comprehensive opiate addictions action plan to meet the needs of these communities that includes:
    a. A needs assessment to determine the type of drug issues on reserves, overdose rates, mortality, type of health resources in place, and subsequent gap analysis;
    b. Improved access to opioid dependency treatment services, and a change of abstinence-only admission to care policy;
    c. Access to harm reduction tools on reserve; and
    d. Detox and rehabilitation to the First Nations, Métis and Inuit population through a chronic disease management model.

30. Provide integrated services to more effectively manage the mental health needs of individuals, families and communities struggling with trauma and the effects of fentanyl addiction and deaths.

Intermediate action

31. Modernize and enhance current addiction recovery services to meet population needs including:
    a. Developing recovery services to reflect current evidence, supporting harm reduction and mitigating the mortality risks associated with abstinence-only approaches;
    b. Ensuring that detox and residential or community-based rehabilitation are capable of providing mental health and addiction support in a medical and social model;
    c. Ensuring that care plans are based on chronic disease management, multidisciplinary in approach, and encompass the social and medical needs of the person; and
    d. Improving access to comprehensive pain management programs including non-pharmacologic interventions to reflect the evidence that chronic opioid therapy is not required and can be harmful in most chronic pain conditions.

Long-term action

32. Review activities related to the fentanyl crisis to create a process of prevention and activation of an early coordinated response in future crisis situations including:
    a. Creating reliable, agreed upon pathways of crisis service activation that can be called upon, and disseminated to all relevant stakeholders including First Nations and Aboriginal communities; and
    b. Working with other provinces and the federal government to develop a long-term action plan for addressing addiction issues on reserve and prescription misuse across Canada.

As a mother I wish she could have been put somewhere to keep her safe. That is all I wanted – was to keep her safe. I often thought that if she would have had someone to talk to – an hour a week when she could have developed a trust with someone who listened to her – that would have helped.

Excerpt from stakeholder submission (Alberta Mental Health Review, 2015).

Suicide

Alberta continues to have one of the highest suicide rates in Canada, with more than 500 Albertans dying from suicide each year.[51] This statistic highlights the urgency of taking action to improve the mental health of Albertans and providing support to those who are struggling. The Government of Alberta was a leader in suicide prevention nationally in the 1980s and has an opportunity to lead again through the Government of Alberta coordinating efforts with Alberta Health Services, the Centre for Suicide Prevention and other community agencies such as the Canadian Mental Health Association. To take action on this issue, the lack of direction and cuts to public funding since 2013 has seriously weakened this vital work. In addition, lessons learned from the fentanyl crisis to mobilize stakeholders can be applied to suicide prevention.

The recommendations made throughout this report can be applied specifically to suicide prevention. In doing so, the government can better support those at risk and improve overall coordination of services. For example, the Government of Alberta should:

- Increase the availability and access to timely and appropriate services for those at risk of suicide, and support for those affected (Recommendation 1-8).
- Provide training and education to service providers as well as the general public to increase capacity to identify and support those who may be at risk of suicide (Recommendations 16-20).
- Collaborate and partner with First Nations, Métis, and Inuit people and communities, and the federal government to prevent suicide in communities (Recommendation 21).
- Improve the collection, analysis and dissemination of data on suicide, and use current data and population trends to influence provincial planning (Recommendation 24).
- Identify suicide prevention as a priority, and sustain funding and leadership through mandating the Addiction and Mental Health Implementation Team to coordinate activities and interventions across Alberta to support individuals, families and communities in addressing this issue (Recommendation 22-25).

[51] Injury Prevention Centre, Suicides in Alberta; 2015, Available from: http://injurypreventioncentre.ca/documents/infographs/IPC%20Suicide%20infographic%202015.pdf.

Conclusion

Our health care system comprises thousands of caring and competent professionals, committed to providing wonderful care to those in need. However, a consistent standard of training and evaluation is needed for counselling professionals. Quality of mental illness interventions is inconsistent, and with the growing number and complexity of addiction and mental health challenges, many professionals are struggling to keep up. Most working in the addiction and mental health system know the system can, and must, change.

Today, in Alberta, we have an opportunity to improve lives by offering hope and a commitment to action. The Alberta Mental Health Review Committee recommends the following next steps to the Government of Alberta:

- Adopt and implement the recommendations of this report;
- Establish clear leadership and accountability for implementation, including clarity of roles and responsibilities;
- Develop and implement a plan that builds on the principles and outcomes identified in this report and establishes performance measures, specific activities to operationalize the recommendations and a change management strategy;
- Engage individuals, clients, caregivers, community organizations, government ministries and departments, and First Nations, Métis, and Inuit people and communities in planning, decision-making and implementation; and
- Publicly release and report on progress.

At the same time, no strategy will ever be enough to address the growing emotional challenges across the ages and stages of life. All of us, in our daily family and work life, must take action for change, and responsibility for our social and psychological environments. We can all nurture wellbeing. We can all have open honest, healing conversations with others, especially during times of distress. We are all connected in a hundred different ways each day and have the capacity to generate warmth, care and hope, or indifference, judgement, and disappointment.

Our mental health, as life itself, can be fragile and fleeting. We must value it accordingly.

What is life? It is a flash of firefly in the night. It is a breath of a buffalo in the wintertime. It is as the little shadow that runs across the grass and loses itself in the sunset.

Chief Crowfoot

Appendix A: Summary of Recommendations and Targeted Implementation Timelines

#	Recommendations at a glance	Projected implementation date by
1.	Provide centralized access to system-wide navigation information, distress and crisis support.	Immediate
2.	Provide dedicated navigators across the continuum of services as well as in emergency departments.	3 months
3.	Increase earlier access to addiction and mental health services through primary care centers.	1 year
4.	Expand home care to support those who identify addiction and mental health as a primary concern.	8 months
5.	Develop virtual, technology-based solutions for children, youth and families.	1 year
6.	Improve mental health and educational outcomes for children and youth by enhancing school-based addiction and mental programs across the province.	1 year
7.	Create healthy and supportive campus environments through health promotion programming and enhancements to addiction and mental health campus services.	1 year
8.	Support Albertans in crisis by expanding programs to more communities including Police and Crisis Teams, Provincial Family Violence Treatment Programs, diversion programs and drug treatment courts, and by developing mental health court models.	1 to 2 years

9.	Increase access to mental health services, and reduce recidivism and use of emergency departments for those in contact with the criminal justice system.	1 year
10.	Improve current use and future planning of housing and prevent homelessness due to addiction and mental illness.	1-4 years
11.	Develop standardized tools including a consistent care plan shared among service providers. Develop technology-based solutions to support a multi-disciplinary team approach.	8 months Ongoing over 4 years
12.	Change policies and operational practices to include flexible admission and discharge criteria, provide new ways to access therapists, and provide services regardless of whether a person has a home.	1 year
13.	Share information to assist individuals, families, caregivers and professionals to collaborate more effectively.	Immediate to 2 years
14.	Support children, youth and families in crisis by providing medical and social detox, and acute care and community transition beds.	1 to 3 years
15.	Provide timely access to treatment and ongoing support by adding 40 detox and specialized inpatient beds, eliminating client fees, and incorporating harm reduction approaches.	1-4 years
16.	Create public awareness opportunities and programs to support people in their own mental health and those they care about by educating the public, developing skills and reducing stigma.	Immediate and ongoing
17.	Increase awareness and understanding of addiction and mental illness by teachers, administrators and students in schools and post-secondary institutions.	1-2 years
18.	Provide training that increases compassion and decreases stigma, fosters multi-disciplinary team work, incorporates client/caregiver experiences, and strengthens service provider skills and abilities.	Ongoing

19.	Create efficiencies by providing first responders, police officers, correctional officials and others with a broader range of options and tools to choose from when working with those experiencing addiction and mental health issues.	6 months
20.	Support individuals with addiction and mental health issues in their workplaces.	6 months to 2 years
21.	Support First Nations, Métis, and Inuit people and communities by establishing a continuum of addiction and mental health services, ensuring service provision is not disrupted by jurisdictional disputes, and increasing access to services to manage the impact of Indian Residential Schools on mental health.	Ongoing with established annual benchmarks
22.	Establish Alberta as a leader in addiction and mental health by prioritizing this issue, delivering an integrated service delivery system, and establishing an Implementation Team.	Immediate to 4 years
23.	Increase funding for addiction and mental health including establishing targets that reflect the population needs and shift delivery to prevention, promotion and early intervention.	1-4 years
24.	Measure and evaluate shared outcomes for programs and services.	1-3 years
25.	Increase accountability by hosting a workshop on the implementation of the recommendations and committing to quarterly public reporting.	6 months for workshop Quarterly public reporting
26.	Strengthen the Emergency Preparedness Plan by including psychological and social recovery.	18 months
27.	Address fentanyl through recommendations #28 to #32.	Ongoing