Improved Addiction and Mental Health Services in Edmonton

Planning for Action

Introduction

On January 19th 2015 addiction mental health professionals from the Canadian Mental Health Association, the City of Edmonton, the Government of Alberta, Alberta Health Services and not for profit agencies gathered to develop an action plan. The goal of the plan is to lay out how they could collectively and individually improve the experiences and services for individuals and families experiencing mental health challenges in the Capital Region.

As a foundation for formulating the plan there were a number of presentations:

1. The Gap Analysis of Publically Funded Mental Health and Addiction Programs (GAP MAP) analysis from Dr. Cam Wild, University of Alberta
2. The visions and strategies for mental health and addictions services in Alberta Health on a provincial level from Chief Officer of Addiction and Mental Health, Dr. Michael Trew
3. The work of the Child and Youth Advocate and the Mental Health Patient Advocate in improving mental health services for children and youth with complex needs from Mental Health Patient Advocate, Carol Robertson Baker – together with the work of United Way's Pathways out of Poverty initiative tackling gaps in mental health/ counselling services in Edmonton through a collaboration with the City of Edmonton presented by United Way Director, Jean Dalton
4. Addiction and mental health in Edmonton from Executive Director, Addiction and Mental Health, Mark Snaterse

Presentation highlights

A common theme running through all presentations was that a fundamental shift in the delivery of services is required – to a **needs based planning approach**: ensuring that we have the right services for the right people, in the right combination of programs and resources, available at the right time.

What we know from the GAP MAP:

1. Existing services are not adequate for the needs of Albertans.
2. Almost half of Alberta adults who met criteria of addiction and mental health problems didn't get any or enough services in the GAP analysis survey.
3. The existing focus is on critical care: equal attention needs to be paid to community supports and prevention.

What kinds of unmet needs are most urgent?

1. Counselling and harm reduction services.
2. Information: the need for information encompasses a wide spectrum. Both the public and front line professionals need to know about the services that exist.
3. Prevention: more broadly, good information would foster an improved understanding of mental health and mental illness in prevention efforts.

Why don't Albertans get care?

1. For some it's a preference for self-management.
2. Others can't afford it – they are not covered for counselling services.
3. Accessibility (people simply don't know where to go) is an overwhelming issue for many.

What do we need to do?

Transition from an expensive system focused on inpatient, residential and crisis services to one that balances acute care with prevention and community services:

1. Improve use of technology: internet screening, treatment or follow-up – particularly for less severe cases. Some suggestions were:
    - Build on www.myhealthalberta.com – a provincial hub of medical information
    - Share patient records through an electronic medical record: we need to move on from being overly concerned with confidentiality
2. Address demand for talk therapy: how to provide skill-based psycho-therapy that's easy to access and inexpensive? Through primary care?
3. Increase resources dedicated to prevention, promotion and primary care.
4. Address variations in cost of providing acute inpatient care – and geographical differences.
5. Address the need for paediatric care.
6. Integrate effective support services with other healthcare systems.
7. Standardise nomenclature in order to effectively aggregate information that can foster a culture of measurement – measurement of outcomes not just of actions.

Planning discussions

Using the presentations as a spring-board for action, conference participants focused their discussions on the priority gap for individuals and families that they can address; the actions that it will take to address that gap; and who should take the lead in making it happen. The following recommendations are by no means comprehensive: They do, however, reflect what the group proposed. It should also be noted that there were no recommendations specific to addiction.

Key themes that emerged were the need for:

1. Effective, clearly defined navigation services
2. A common language with common measurements of outcomes
3. Primary care, particularly community screening
4. Multidisciplinary teams configured according to the needs of the person and family
5. Creative use of technology to forge and maintain connections between the person, their family and their care team
6. Centralised source of up to date information for both the public and frontline professionals

Proposing action

Recommendation 1

Improve access to care and transitions through care

Strategies

1. System **navigators** who are able to address language, cultural and literacy barriers as cultural brokers.
    a. Navigators do more than send people in the right direction; they create efficiencies by ensuring that services are optimized.
    b. The role needs to be tightly defined – and may not always be a person.
    c. Technology could also play a role: a navigator app.

    Examples to consider:
    - *The Fraser Health Authority in BC has a good tool: myHEALTHPLAN.*
    - *AHS workers in schools as hubs to function as navigators*
2. Provide **access beyond regular, 'business' hours.**
3. **Every door is the right door** to a pathway of care with the appropriate services and 'warm hand-offs' so that each person remains connected until the next engagement occurs – recognizing that people move in and out of care.
4. **Immediate response times** are essential for a person who has decided to seek help.
5. The **transitio**n back into community care after in-patient care must be **seamless:** no one is discharged without a plan.

"When a kid leaves detox there is nowhere for them to go. They need to be transitioned into housing – not homelessness."

Outcome

There is a defined acceptable time for a person to receive care after articulating a need; gaps in service become unacceptable; transition protocols exist.

Recommendation 2
Provide the right level of care: enhance community supports and screening

Ensure that community supports are in place to provide people with the level of care they need, so that those in acute beds are there because they need to be.

"We need to move from a medically based system to a recovery based system focused on the needs of the people using the system. We need a shift in culture."

Strategies

1. **Consistent screening** in the community: in schools, PCNs, public health centres and community agencies.
2. **Primary care**: some **family physicians** aren't comfortable with addiction and mental health, particularly with children and youth, and require **further training and awareness** in this area for both screening and treatment.
3. A **single screening tool** ensures that everyone is using the same language in defining the care that's needed.
   Example to consider:
   - *Calgary has developed a single screening tool that everyone uses.*
4. There is a need for **more self-help and day programs**: counselling should be embedded in Primary Care Networks.
5. **Peer support groups** have proven effective: there is potential to expand their role.
   Example to consider:
   The Calgary Counselling Centre incorporates peer support workers as part of the team and has been tracking outcomes.
6. **School based supports** must be consistent: there are too many isolated programs.
7. Involve **family members** as important members of the team, particularly in collecting and sharing information.
   Example to consider:
   - *The Mental Health Act in Victoria, Australia enshrines the rights of families*
8. **Community mental health beds** overseen by a mental health organisation.
   Example to consider:
   - *Lethbridge CMHA runs a 24 hour staffed community stabilization program for clients in crisis.*

Outcome

Community based resources catch those struggling with mental health, and services are available to meet each individual's needs.

Recommendation 3
Integrate services between ministries and with agencies

Strategies

1. Successful integration starts at the **leadership level**: a cross-sectoral/ cross-government (health, education, human services, justice) leadership group would strategically implement integration through the system.
2. Each mental health professional has a responsibility to convene collaboration and **build bridges.**
3. Develop a **common agenda** with agreed upon nomenclature that places **individuals and families at the centre**: each action is in support of individuals and families – not to satisfy system requirements.
4. The **multidisciplinary team fits the person's needs**: not everyone requires a psychiatrist; a team may involve a teacher, a dietician, a psychologist, for example. Each team member is empowered to work to their full scope of practice.
   Examples to consider
   - *Each PCN could have a Mental Health Practitioner.*
   - *Teachers might be trained to screen for mental health issues and prepared for brief interventions.*
5. Move beyond a location based model so that a person's information and needs follow that person wherever they go: **electronic medical records.**
6. Ensure **consistency** across the province.
7. **Social determinants of health** as central to mental health, such as housing supports, speak to the need for government integration.

Outcome

Multidisciplinary teams develop integrated pathways of care.

Recommendation 4

Effectively disseminate mental health information as a key component of prevention

Strategies

1. Build a business case for **promotion and prevention**.
   Example to consider:
   - *Housing is central to mental health. The Housing First model demonstrates success.*
2. Develop educational tools that **empower families** with the knowledge that they need in order to become effective caregivers – involve them in the planning process.

"Family members often espouse the notion that the best possible care happens in a hospital: this is an education gap."

3. Teach children at an early age what good mental health looks like, how to recognize mental health issues and thereby destigmatize their occurrence.
   Examples to consider:
   - *EMPATHY*
   - *MHCB projects*
4. Build on **established resources such as 211, myhealthalberta** and **Health Link** to ensure they are effective in a mental health context and that they complement and link to each other.
5. Develop a **central database** of services and dedicate resources to keeping it updated.
6. **Promote** the consolidated database so that Albertans know it exists.
   Example to consider
   - *Expand CMHA Alberta page for links to information, programs, and resources*

Outcome

Mental health becomes as much part of people's lives as physical health; each Edmontonian, and every care provider has ready access to information about the mental health services they need.

Recommendation 5
Mobilize research

Strategies

1. **Measure impacts** of services though a standard questionnaire: family centred care may sound like it makes sense, but do we have the data to back up the assumption?
2. Disseminate best practices so that we **connect the pockets of great work** and avoid duplication of services.

"Nobody really knows about the good work that is happening: we need to figure out how to translate that work for the public."

Outcome

Services delivered are evidence-based; systemic changes that are proposed are a result of documented best practices.

Who is responsible for action

- An integrated leadership group including government departments (Justice, Health, Human Services, Education), the City of Edmonton and community based organisations
- Edmonton Chamber of Voluntary Organizations
- United Way funded partners
- Physician champions
- Agency champions

"We need the 'right' body to carry the agenda with partners: a neutral body that is responsible for merging strategies and systems."