Mental Health/Counselling Services in Edmonton: A Continuum of Support

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United Way
Alberta Capital Region

THE CITY OF Edmonton

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Introduction

Working in partnership, the City of Edmonton, United Way of the Alberta Capital Region and related community organizations have begun discussions on what is needed to build a more seamless and comprehensive community based mental health system, where people and families have access to appropriate services in a timely manner. Responding to issues and ideas raised by community partner organizations, the first step was to bring together a core group of experts from funded agencies and government. Their discussions form the vision and foundations outlined in this white paper.

Both the United Way and the City of Edmonton have begun initiatives to tackle the root causes of poverty for vulnerable people, including those struggling with mental health issues and mental illness. United Way of the Alberta Capital Region has launched a bold new vision and plan for tackling poverty. *Pathways out of Poverty* aims to address the underlying issues behind poverty with long-term, strategic solutions, involving United Way`s partner agencies and orders of government working collaboratively with businesses and the wider community to impact our region`s complex issues in a meaningful way.

Pathways out of Poverty is built on three pillars: education, income and wellness. Under the wellness pillar there are 4 desired outcomes – one of which involves decreasing barriers to community-based mental health supports.

The City of Edmonton is also working on a Poverty Elimination Initiative. The foundational framework for this initiative identifies Edmontonians experiencing mental health issues as one sector of the population living with poverty. It acknowledges that improving societal and systemic approaches to supporting people with mental health issues is foundational to tackling poverty.

Establishing Parameters

The scope of the conversation that launched this white paper began broadly, but during discussions the partners began to focus in on some tangible actions, given their appetite for enhanced services. Indeed, everyone involved responded to the invitation to envision a better future with enthusiasm, eager to build on the good work already under way.

What do we mean by mental health? In this white paper it is used as an umbrella term to cover both illness and wellbeing. In discussions, it emerged that our collective responsibility for tending to our neighbours', friends' and colleagues' mental wellbeing is viewed as

equally important as our societal responsibility to treat those who are mentally ill. That implies encouraging the development of formal and informal support systems within neighbourhoods, while recognising that a comprehensive, accessible formal system with appropriate, sufficient and affordable treatment modalities must be in place for those that need it. The Mental Health Commission of Canada defines mental health like this: “Mental health is different from the absence of mental illness, and is integral to our overall health. Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community.”

We also use the words ‘services’ and ‘treatment’ in this white paper. By services we mean the broad continuum of support that is available. By treatment we mean specific medical interventions as required. Services are offered by community based groups: those could be non-profit agencies operating in the community or Alberta Health Services’ programs offered in a non-hospital setting.

The Current State

Unfortunately we still live in a society that is only slowly beginning to accept mental health as legitimate a concern as physical health; where stigma is still a barrier for people living with mental health issues and illness. Each person’s feeling of isolation and helplessness is further exacerbated by a system that can fail to deliver the community response and supports required. In making a move from institutional care to community care over the last several decades, we have failed to put the necessary resources into doing either very well. Fundamentally that means we are failing each person suffering from a mental illness and each family impacted by their loved one’s illness. Many of us who suffer from a mental illness, who do not enjoy robust mental health, or who are family members of someone in pain are overwhelmed by the journey involved. People often reach out for help only to find that that help is elusive; they are not always treated with dignity and respect; and they often have to reach rock bottom, leaving behind a trail of devastated, exhausted family members, before receiving the services they need.

The reality is that there are simply too many gaps for people to fall through.

Addressing Gaps in the Mental Health Continuum

Prevention → Intake → Assessment → Referral and interventions → Short term → Medium term → Long term → Postvention

Prevention

Many agencies currently provide services spanning a spectrum in prevention - from community awareness, education and promotion, to walk-in and short term counselling, to family/ caregiver supports, to the 24/7 distress line.

However, enhanced prevention is seen as key to building an effective mental health system, where agencies and community members come together and become strategic, unified, in focusing prevention energies.

Intake

Several agencies provide intake services. However, there is a real need to see intake services use common tools and language, to ensure consistency between organisations and professionals.

Assessment, referral and interventions

In moving on through the continuum identified, existing services begin to diminish. Assessment and referral are carried out by only a handful of agencies using a variety of risk assessment tools. There is a clear need for Edmontonians to have better access to assessment, and then to be referred seamlessly and quickly on to services if required. There is also a need for community or hospital care to be available should intervention be necessary. The process has to be more responsive and easier for clients to navigate. They should only have to tell their story once for their needs to be met by a collaborative group of service providers.

Short, medium, long term care

While several agencies offer short term counselling for clients, there are gaps, particularly for medium and long term care:

- many people need financial assistance for more than three counselling sessions
- medium term care is not readily available
- long term follow up is lacking
- there is no single definition of what long term care looks like, consistent for all agencies, services and clients
- there is a shortage of recovery based programs for people living with chronic and persistent mental illness who also can have mental health
- there are few evening and weekend programs

Postvention

Families and loved ones of those who have survived a suicide attempt or died by suicide need very specific supports, but the gaps that exist in the system for them are similar to those that exist across the continuum:

- clients don`t have the flexibility they need to return to services if required
- community based services should be available on an `as needed` basis
- there should be a greater emphasis on maintenance

At present there are some suicide bereavement supports, for example, available through the counselling services of several agencies. However, there is a need for much more flexibility in this area.

Envisaging the Future: Overview

We know we can meet the needs of those requiring mental health or counselling supports more effectively. We have the resources in our community, the expertise and examples of programs that work, to come together and deliver solutions. In doing so there is the potential to create:

1. A system that puts clients and their families at the centre. They are supported by a way finder, readily able to access a continuum of services through any one of a number of doors according to their needs (including diverse cultural needs) and are offered choice: choices of services from intake through short, medium and long term care to maintenance services, all within a flexible framework that allows people to return to care whenever they need to.
2. A system that is accessible, responsive, coordinated, multi-disciplinary – where care-workers are valued and have ready access to the training, resources and information they need; that fosters collaboration with each other and relevant professionals.
3. A system that incorporates both prevention and treatment; where professionals such as family physicians and teachers receive the training and information they need about mental health and mental illness to identify problems early on - and the general public is well informed about mental health and recovery.

Envisaging the Future: The Details

Focusing on Prevention

> ***"We should shift from being a City of Champions to being a City of Listeners"***

- **Universal screening:** mental health must become as important as physical health so that we all get regular mental health check-ups as part of a primary health system. GP's, for example, could receive more in-depth training to better recognise symptoms of mental health problems and know how to access the system of supports. Or a trained mental health professional, part of a clinic's or lab's healthcare team, provides an annual mental health screen using a mental wellbeing risk assessment tool.
- **The public conversation**: public awareness about mental health and mental illness – and how to stay mentally healthy – must become part of the mainstream dialogue. Mental health is as important as physical health and nutrition. One way to promote dialogue could be through a social marketing campaign for mental wellbeing that demonstrates the social return on investment.
- **Begin early:** children in early learning environments and schools should learn the language around feelings and symptoms, and practice positive mental wellness.
- **Building supportive communities**: we should encourage in a deliberate, strategic way informal community supports that help people with difficult life transitions (a birth, divorce, death, or from child to adult). Community leaders who receive Mental Health First Aid training, for example, could become the backbone of a community that cares. At the same time, those community members who take the time to listen should not be held accountable or liable for anything that results.
- **Mental Health First Aid**: employers should offer Mental Health First Aid and ASIST (Applied Suicide Intervention Skills Training) to human resource specialists, counsellors, supervisors, teachers and others working with children and adolescents. Mental Health First Aid should be provided by trained professionals.

Reframing Treatment

While an informally supportive community may help those struggling to overcome difficult, life-changing events, there are others whose mental illness requires that they receive treatment through a formal system. They need the right services delivered by the right professionals in a timely fashion. How to ensure that happens?

> ***"We're not doing a great job on mental wellness, but where we're really missing the boat is with people who are ill."***

Client Centred:

- Client centred means acknowledging that clients come with a multitude of complex personal issues that may make them irritable, uncooperative, or afraid. All can expect to be treated with the same degree of compassion and respect.
- Client centred means that each client is cared for by a team of professionals based on his or her needs – which could mean involving several agencies collaborating in one team. It also implies a greater transparency between the medical system and community support services. And it means that each person receives the appropriate skilled resource at their first encounter with the system – so that we don't see police officers attending to people with mental health needs in emergency departments.
- Through a common intake process, involving quality assessment and triaging, we avoid re-victimisation: each client only tells their story once.
- A centralized referral system ensures that all support workers know the services that exist for clients.
- Timeliness: ability to access help immediately is crucial, such as 24/7 support via telephone, or for assessment for risk and referral if necessary, followed by in person support within 48 hours for further assessment.
- Maintenance services: ensuring that the right community-based services are in place, along with other needs, such as supportive housing.

> ***"In my experience young offenders with mental health problems are given a world of supports and collaborative therapy. The issue is that this is only set up for kids in conflict with the law and not prior. If a youth ages out or commits a crime after he turns 18 he will be sent straight to the adult system where there is substantially less support. Oddly I'm suggesting looking inside Alberta's youth corrections system for ideas for the community at large. I travel a fair amount to train and promote our system and it's remarkable how surprised people are by how progressive this system is."***

Barrier free continuum of services that reflect our diverse communities

- A full continuum of services, including counselling, psychiatry and addiction services, reflecting the diversity of our population should be available in our neighbourhoods, so that community connections are fostered.

- Choice is key. Clients should be able to choose from a range of professional service providers, including therapists and psychiatrists, and from a range of service options. There should also be choice around where or how clients and their families access services.
- Services, therapy, treatment should not be barriered by economics, diagnosis or previous use of the system.
- Assessment must be done right to begin to foster trust. There is no single cookie cutter approach: a refugee or PTSD sufferer, for example, might need very different approaches from someone who is ill with severe depression.
- Services should be holistic - addressing, for instance, the housing issues, violence or poverty that people endure.
- Smooth transitions between higher or lower intensity services – or child to adult systems – are essential.

Looking after caregivers

- Capacity within families can be encouraged by educating caregivers and loved ones as part of a conference of care. Caregiver support must be available 24/7 via telephone. It would also be helpful for caregivers to have access to mental health services in hospital while visiting their loved one.

Ongoing training and support for service providers

- Care-workers are under stress often because of unreasonable caseloads: they need support in using best practices acquired through research, training, conferences and effective evaluations. They should be paid well, and then held accountable for their work. And they should be able to expect reasonable client load or caseloads.
- Enhanced opportunities for sharing information and collaboration contribute to a seamless system.
- A database that supports a team approach to case management is important and ensures that everyone is aware of the range of services out there for clients.

Achieving the Vision

There are encouraging efforts already under way: innovative programs that are working well, and excellent research provided by the Norlien Foundation, among others. There is ample evidence to support what needs to be done.

Furthermore, the Government of Alberta is two years into a strategy providing provincial direction for mental health and addiction services. It makes sense to build on the momentum established by this work, complementing initiatives under way and utilising the framework already laid out.

Creating Connections: Alberta's Addiction and Mental Health Strategy

From a service perspective, the GOA Strategy focuses on enhancing prevention and promotion, primary health care and community-based services; as well as improving the effectiveness of acute and specialized tertiary services. There are 5 goals:

1. Improve the health and mental well-being of Albertans in all areas of the province.
2. Position individuals and families at the centre of high quality, effective and integrated addiction and mental health services and supports, so their needs are met and problems related to addiction and mental health decrease in the province.
3. Improve the capacity of the workforce to effectively address addiction, mental health problems and mental illness.
4. Increase public awareness and understanding of addiction, mental health problems and mental illness, thereby reducing stigmatization and barriers to access.
5. Apply informed practice(s) and continually evaluate all policy and service delivery approaches to ensure and demonstrate value. The addiction and mental health system must be accessible, responsive and accountable.

And 5 strategic directions:

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

There are a number of priorities under each strategic direction.

Alberta's Addiction and Mental Health Strategy mirrors the vision outlined by United Way partners. In order to align City of Edmonton (COE), United Way and community stakeholder efforts with this important work, we have used the same framework for the Edmonton specific ideas that emerged from our funded partner consultation.

Focusing Efforts: Suggestions for Immediate Action

Before embarking on the actions suggested below, the recommendation is to develop common, precise definitions for terminology (such as 'way-finding', 'assessment tool') for clarity of purpose.

Short Term (2 years) and on

Build healthy and resilient communities – focus on prevention

1. **Augment programs for early childhood, maternal and family health intervention – developing resilience**

   Neuroscience tells us that the building blocks for sound mental health are put in place from the very beginning of a child's life. We know that positive interactions with a primary caregiver are precisely the kinds of building blocks a child needs to grow into a healthy adult. But some vulnerable mothers and fathers just aren't able to build healthy relationships with their babies without help: they may be on their own with no family support, living in poverty dedicating all of their energy to making ends meet, addicted, or victims of trauma.

   Focusing on supporting parents and babies in their earliest months is a good investment. There are multiple points at which a vulnerable mom or dad can be identified, and the right wrap around services put in place to help them become effective parents for their new baby. There are examples of programs that exist, or have been successful in the past but the funding for which was cut, that we can build on.

   For example, the Health for 2 program could be augmented. Or Health for 3 could be created to incorporate new dads. Parent Link Centres also offer programs which could be expanded. What About Us is another program that has worked well in the past to educate families on what happens to their children when there is violence in the home – the facts about toxic stress. Funding for this program has been cut, creating another problematic system gap.

   Supporting new parents is key in establishing new familial patterns of mental health, in early childhood nurturing.

2. **Expand Mental Health First Aid:**

   Mental Health First Aid is a tool that can be used not only to identify mental illness but also to promote mental health more broadly. It should also be tailored for the

different groups taking Mental Health First Aid, with additional modules that can be added for professionals working in the mental health field.

   a. Make training mandatory for certain professionals with regular renewal requirements.
   b. Build into Occupational Health and Safety
   c. Offer community leaders (sports coaches for example) Mental Health First Aid training in conjunction with regular First Aid.
   d. Consider combining both First Aids into one.
   e. Ensure Mental Health First Aid is affordable.

3. **Invest in prevention in school:** consider the Ontario and Halifax models to incorporate mental health in a meaningful way into the curriculum and in schools, reflecting developments in social philosophy.

Foster the development of healthy children, youth and families (includes seniors) with a full continuum of services for children, youth and families

1. **Gap analysis/ impact assessment:** use the University of Alberta Gap Analysis drafted by Dr. Cam Wild as a tool to prioritize necessary community-based services. Evaluate which community based services have a real impact, including an SROI analysis, to ensure Outcomes Based Service Delivery.
2. **Immigrant and refugees** require distinct services, better cultural conversations and a trauma informed approach.
3. **Further invest in the 24/7 phone line** with regularly updated information to support families with properly trained staff. Ensure that clients are able to access staff who speak their language. The Distress Line should respond to community needs.
4. **Ensure 24/7 accessibility** with sustainable funding.

Enhance community-based services, capacity and supports

1. **Connect each client and their family with a way-finder**. The way-finder could be a paid professional, a volunteer or a natural resource, but would need system navigation training (perhaps with a manual) and would be able to respond to the complexity of each client's needs. For example, *the Wellness Network* recently launched by Alberta Health Services offers online way-finding services.
2. **Develop a common assessment/ screening/ intake tool, common language and protocols** to be used by all service providers and allied professionals. Consider

using the Health database, or Netcare, as a model, modified for the sharing of key mental health information.

3. **Develop a portal to link databases for referrals.** This could be through an intranet or an app for service providers. The Today Family Violence Centre, for example, offers a model of centralisation through one portal.
4. Create opportunities to **deliberately foster collaborative relationships** between service providers.
5. **Enhance staff training curriculum** (particularly on diversity). Staff require training that gives them highly specialised skills, and also addresses high ethical standards and decision making skills.

Longer Term (4 years)

Address complex needs

1. **Ensure** each family is supported by a **multidisciplinary/ multi-agency team.**
2. **Increase capacity within addiction services**: that means more capacity within detox and treatment, and providing services for as long as they are needed, transitioning into the next phase on a recovery continuum.
3. Ensure clients have the **longer term follow-up** they need through supportive and professional counselling.
4. **More inpatient facilities** for people with chronic mental health issues, and **dual diagnosis treatment facilities**, are needed together with longer term treatment options.

Enhance assurance

1. **Continuous assessment:** consider creating a 'secret shopper' approach to report back in a meaningful way on where the gaps are.
2. **Consider a zero-based budgeting approach** using level of impact to assess which services to invest in.

Build Healthy and Resilient Communities

1. **Develop a social media campaign** on mental health that:
    a. Connects people to one place where they can find help – their door into the system

b. Focuses on deconstructing stigma and building community partners for mental health with a fresh mental health narrative that puts mental health on a par with physical health
c. Encourages community leagues, faith congregations, sports groups to join the conversation.

2. **Integrate physical and mental health interventions.**
   The ultimate goal is that mental health is deemed as important as, and inextricably linked with, physical health. That implies that mental health checks and balances are used whenever a person interacts with the health system.

Conclusion

Pathways out of Poverty envisages ready access to community based mental health supports for those that need them. The hard work that the City of Edmonton, the United Way and funded partners are embarking on in making that vision become a reality is not happening within a vacuum. The Government of Alberta is committed to ending child poverty within five years, and overall poverty within 10, as part of its Social Policy Framework which recognises the importance of creating opportunities for vulnerable Albertans and dealing holistically with issues such as mental health problems.

Furthermore, the connection between mental illness, drug addiction and homelessness is now increasingly acknowledged across the country, as communities strive to do more than treat the symptoms of mental illness, recognising that each of us has the right to aspire to live with mental wellness and that a holistic approach to supporting mental health and wellbeing will ultimately be more successful. The importance of mental wellness extends into the workplace. Employers and business leaders are all too aware of the costs of mental health issues: in any given week, half a million employed Canadians are unable to work due to mental health problems (CAMH: mental illness and addiction statistics).

The need to do things differently, more effectively, with better outcomes for clients and their families is pressing. The timing could not be more auspicious for action. Key to success, however, will be maintaining momentum, providing leadership for action.

Appendix 1

List of Discussion Participants

Allan Undheim – United Way of the Alberta Capital Region

Belinda Leighton – Catholic Social Services

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Clare Gallant – Edmonton John Howard Society

David Berger – Boyle Street Community Services

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Deb Morrison – M.A.P.S Alberta Capital Region

Ione Challborn – Canadian Mental Health Association – Edmonton Region

Jennifer Thomson – Walk-In Counselling Society of Edmonton

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Karin Linschoten – Multicultural Health Brokers Co-operative Ltd.

Zedingle Ghebremusse – City of Edmonton

Lianna Chondo – City of Edmonton

Margie Marvin – City of Edmonton

Ruby Thadi – City of Edmonton

Lule Begashaw – Edmonton Mennonite Centre for Newcomers

Nancy McCalder – The Support Network

Rhonda Holloway – Child and Family Services Region 6

Rod Rode – The Family Centre

Bill Smiley - The Family Centre

Tamara Gartner – Institute for Sexual Minority Studies and Services, University of Alberta

Barb Spencer – E4C

David Prodan – E4C

Sundari Devam – E4C

Guy Coulombe – Canadian Paraplegic Association (Alberta)

Karen Smith – Canadian Paraplegic Association (Alberta)

Liz Grigg – Office of the Child and Youth Advocate

Margie Poirier – Community Partnerships Services and Supports, Alberta Human Services

Marlen Walker – YWCA Counselling Centre

Natasha Nicholson – Schizophrenia Society of Alberta

Val Cudmore – Candora Society

Toby Rabinovitz – Options Sexual Health Association

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