BALANCING THE SYSTEM

THE ROLE OF COMMUNITY IN MENTAL HEALTH

Community Mental Health Services Planning Committee

Calgary

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Community In Mental Health

Situation Critical

As we gather to discuss the state of mental health services late in the year 2000, one community representative is mourning the deaths of two people over the past week. The failure of our mental health system to support these two people and others like them is at the heart of the discussion. Each community person at the table has a story to tell, all with the same resounding message. Our mental health system is not working. And although some progress has been made over the past three years, ***much remains to be done.***

The community is here to help. The issue belongs to us all. The needs are complex and multi-layered. Those factors which determine our health status often extend beyond the reach of our mental health system. We need systems and services that are flexible and inclusive. We need communication, cooperation, collaboration and strong partnerships among service providers.

Community brings many strengths to our mental health system: holistic perspectives, flexible mandates, the voice of consumers and families, innovative ideas, the ability to respond quickly to shifting needs, high quality cost effective service delivery, access to a broad range of community resources, and advocacy.

We need to rebuild and strengthen mental health system partnerships between regional authorities and community service providers. Let's work together to build a strong mental health system that works for us all.

The intent of this document is to open a dialogue among major stakeholders in the mental health system. The document provides information which could be used as a blueprint for planning and as a resource for community members and practitioners.

This report focuses on mental health services for adults.

Section I: Community In Mental Health discusses the role of community in the mental health service system.

Section II: Progress and Continuing Needs in Community Mental Health reviews the progress made since 1997, identifies the continuing needs for service development and provides recommendations for strengthening community mental health services.

Section I Community In Mental Health

1.0 Introduction

In 1997 representatives from community agencies and consumer groups came together with AMHB and CRHA to develop a comprehensive plan for mental health services in the Calgary region, the Integrated Mental Health Services Plan. Although progress has been made in addressing priorities over the past three years, **much remains to be done.** This paper reviews our progress, successes and continuing needs from a community perspective. In particular, the paper focuses on progress made on the following recommendation, which has special relevance for **community organizations**[i].

> *Enrich existing community based service for outreach, rehabilitation and supported housing.*
> - *To ensure access to ongoing services in the community*
> - *To prevent unnecessary reliance on hospital in-patient care*
> - *To reduce wait lists for services*

Historically much of the priority for development in the mental health service system has been given to medical/treatment services. Less attention has been given to the range of supports required by individuals to sustain a healthy life within their communities.

Research indicates that the state of our personal health is determined to only a minority extent (about 25%) by the traditional health care system. Genetics play a part (about 15%) as do environmental factors (about 10%). The most significant factors are "socioeconomic" determinants – family, friends, work, homes, income and so on. A successful mental health system must therefore assist ill and disabled Albertans to meet their socioeconomic needs.[1]

Mental health programs which help people cope with the problems of daily living are a critical part of a comprehensive mental health system. For many Albertans who have a serious mental illness, this community support is limited or non-existent.[2] For example, the Calgary Homeless Foundation estimates that in "1999 an estimated 2,000 individuals using emergency shelters had most likely experienced a mental illness requiring treatment."[3]

The consumer voice verifies the importance of community support services. In a recent 1999 province wide consultation, consumers identified the five areas of most importance to them.[4] These included help managing illness; housing; employment; leisure and social activities; and help with daily living.

[i] Reference to community agencies includes all those not for profit, non-government organizations (NGO's) who are not a government department and are not part of a regional authority such as Alberta Mental Health Board, Calgary Regional Health Authority, Services for Persons with Developmental Disabilities.

2.0 Your Community Partner

Canada's voluntary sector plays a crucial and complex role in our society. Its enormous breadth and diversity, and its unique contributions afford it a singular knowledge and expertise. It is a vital pillar in our society, working alongside the public and private sectors to make Canada a more humane, caring and prosperous nation. [5]

In June 2000, the Government of Canada announced measures to confirm and reinforce the government's commitment to building a stronger relationship with Canada's voluntary sector. The central message is one of recognizing our interdependence and that the challenges ahead require a commitment to work together to help position Canadian society for the benefit of all Canadians.

Community agencies are close to the grass roots action, providing insight into the day-to-day challenges faced by mental health consumers. Their close links with consumers afford them an opportunity to act as advocates. And their more flexible mandates allow them to provide holistic services to meet a broad range of personal needs. Voluntary organizations have acted as an "early warning system" on a broad range of issues and have enriched the public debate. Non-profit, voluntary associations can focus on long-term approaches to problems in ways that governments cannot.[6]

Community agencies offer a vital link to the interest and support of the broader Calgary community. Community agencies can help tap into community resources that enrich the entire service system. The Calgary community has demonstrated their respect for the work of community agencies through their support of United Way and of individual agency campaigns such as the successful Project Dignity spearheaded by the Potential Place consumer organization.

3.0 The Challenge of Governance in the Mental Health System

In the last six years the challenge of governance within the mental health system has been amplified by the amount of change seen within the AMHB governing body, including:

- 3 different Ministers
- 3 different governing mandates and structures
- 5 different Chief Executive Officers (provincial)
- numerous changes in administration personnel

The unsettled governance situation has created uncertainty and anxiety at the community level as systems and service philosophies are constantly shifting.

Since 1997 the Mental Health system in Calgary has struggled with the dual challenge of rationalizing CRHA and AMHB systems, and keeping up with new service development. Most of the attention has been focused inward within CRHA and AMHB, with little communication or collaboration with community stakeholders. As a result, community

agencies and consumers are feeling that their interests and ideas are not reflected in any meaningful way in recent business planning processes or documents. The AMHB/ CRHA/Community partnership has been affected and is perceived to be weakened. **Community would like to rebuild the partnership and take an active role in future development of the mental health service system.**

There are some structures in place that support community involvement in mental health systems planning. One achievement since 1995 has been the development of the **Regional Mental Health Advisory Committee** reporting to the AMHB Board. The Regional Mental Health Advisory Committee is intended to provide advice and advocacy, with equal representation from consumers, family members, community and service providers. RMHAC provides a broad generic view of mental health services from a community perspective. It does not replace the detailed system tracking and monitoring provided through the Community Mental Health Services Planning Committee.

The **Community Mental Health Services Planning Committee** is a service planning group with representation from AMHB, CRHA, PDD, consumer groups, those agencies funded through AMHB and broader community agency representation from those who serve mental health clients outside the formal mental health system (e.g. shelter organizations, United Way, etc.). This committee was intimately involved in the consultations and planning for community services reflected in the 1997 plan. Committee members bring first-hand experience and knowledge of emerging trends, service demand, and innovative programming ideas to the planning process, which cannot be replaced by the generic perspectives represented through RMHAC. Recent structural changes within the regional mental health system suggest a renewed role for the Community Mental Health Services Planning Committee at the program advisory level.

4.0 What Are The Current Issues Facing Community Mental Health

The Alberta Mental Health Board and community agree that "there is increasing pressure for an integrated, multi-service approach within the mental health system. There is an increase in the number of mental health clients entering the system and this clientele is presenting with increasingly complex and acute problems that often require an integrated or multi-service approach to care." The joint AMHB/CRHA 2000 business plan summarizes the situation by saying that "what has changed from then (1997) until now is the degree of urgency: more clients with increasingly complex and acute mental health problems are in critical need of care, and there is increasing uncertainty that appropriate and timely care can be provided." [7]

Those individuals who are unable to access service through AMHB/CRHA programs due to capacity limitations, turn to community agencies for help. Many of the community agencies serving mental health clients are not specialized mental health programs, but generic community services such as emergency shelters. Community agencies who typically find themselves dealing with this overflow of individuals needing to access

mental health services would like the opportunity to be included in defining needs and planning service development for an improved mental health service system.

Community is feeling an urgent need for additional resources to provide even minimal support to individuals with mental health issues, in order to prevent deterioration in health which leads to crisis and increased demand for acute care services. Support for basic needs such as access to adequate affordable housing, medication, and basic socialization opportunities are critical to maintain stable healthy functioning in the community.

Research suggests that "the biggest single obstacle faced by comprehensive community initiatives is the excruciatingly poor fit between their funding needs on the one hand, and the amounts of money available to them and the terms on which they can get it on the other."[8]

A number of themes have emerged which reflect the major issues facing community mental health. The themes include:

- **system financing**: the need for adequate financial support for a strong community mental health system
- **service access**: the need for improved and equitable access to appropriate mental health services in the community
- **service planning and systems coordination**: an approach which includes community
- **service philosophy**: a community mental health system based on a commitment to address the broader health determinants

4.1 System Financing

There have been significant new investments in the mental health service system in Calgary. Most of the recent financial investment has been targeted to new program development to address some specific service gaps and priorities identified in the 1997 plan.

There has been little ongoing investment to sustain operation of existing core programs (e.g. operational costs such as heating/electricity are rising; comparatively poorly funded evaluation components; wages and benefits have not kept pace)

There has been little infusion of dollars to ensure that existing core programs keep pace with population growth and increasing service demand.

New service developments have focused in areas of "case-finding" (e.g. ACT and Mobile Crisis) placing additional burden on existing systems as these typically complex cases are referred on to access community programs and services.

A number of new and innovative mental health service pilot projects are being sponsored through community fundraising efforts. AMHB funding commitment for these innovative services is required to ensure long term sustainability.

4.2 Service Access

Access to mental health services continues to be a major concern for consumers and those who advocate on their behalf. A 1999 consumer consultation identified "access to acute care in a crisis" as particularly problematic.[9] The Calgary Assertive Community Treatment team supervisor admits that many community agencies no longer refer to ACT because with an active waiting list of 33 and a projected uptake of 2 new clients per month, the service is effectively blocked. Even when services are available, personal characteristics and logistics such as transportation may create barriers. CUPS and Calgary Drop-In Center maintain that existing services such as mental health clinics and outreach have not worked well for the population they serve. Salvation Army reports that two hours per week of mental health outreach services does not adequately address the needs of their client group. CUPS and Calgary Drop-In Centre have experienced success with their new Shared Care model which provides a consistent full time on-site mental health presence, based on a "going to where the clients are" philosophy.

Use of narrowly defined eligibility criteria (e.g. Axis I diagnosis) and tightening of mandates (e.g. PDD) create additional access barriers. Those individuals with dual diagnosis such as combined mental health and mental disability or drug/alcohol addiction have particular difficulty accessing mental health services.

Increased flexibility and innovation is required to successfully address a broad range of complex mental health needs and reduce barriers to service access.

4.3 Service Planning and Systems Coordination

A recent review of seven inner city assessment and planning documents generated from 1995 to 2000 suggest that issues in the primary health care and mental health system have not changed significantly.

Calgary needs to create a process whereby the community and other relevant stakeholders can continuously be involved in prioritizing needs, planning and delivering services.[10] The program advisory function identified in the new regional structure has potential to encourage a more collaborative process.

Consumers need to be recognized for the vital role they play in monitoring and providing feedback on service quality and effectiveness. The national document "A Framework for Population Health" states that "representatives of populations living in disadvantaged circumstances and experiencing significant health disparities will be essential partners in initiatives to address their unique needs."[11]

Cooperation, collaboration and integration within the health sector, and across sectors such as health/justice/education/community is needed for seamless, coordinated services.[12] Shared Care and Cooperative Care models which address needs from a more holistic perspective have demonstrated success in the community. There is a need for more service integration and enhanced linkages between the health/mental health system and the community.

Attention to discharge planning and continuity of care for individuals transitioning from hospital/treatment facilities to the community is a critical need. The AMHB/CRHA 2000 joint business plan acknowledges the need to "place greater emphasis on linkages with community agencies outside the AMHB/CRHA."

Collaboration with community for the development of integrated information system(s) is needed. Supporting the information system requirements of service providers for more efficient services, better information sharing and for evaluation is important.

4.4 Service Philosophy

There is a need to ground mental health system development in a philosophical definition of health that is clearly based on an understanding of the broad health determinants framework. In a 1999 consumer consultation, most of the identified "priorities" fall within these broader health determinant areas. Identified priority service needs include counseling/outreach, peer support/advocacy, respite/transition housing, social/leisure services, employment services, housing, information, finances, life skills.[13]

There is a need to improve partnerships between AMHB/CRHA, community agencies and other sectors to address the broader determinants of health. "The health sector cannot act alone, because most of the determinants of health fall outside its purview." [14] AMHB/CRHA could "adopt a leadership role in the Calgary Region by examining, promoting and bringing together the various sectors concerned with the broader determinants of health of individuals and communities."[15]

5.0 What Community Is Asking For

5.1 A clear inclusive process for collaborative planning and implementation of new developments in the mental health system which includes AMHB; CRHA; funded agencies; consumers; and other interested community agencies and funders. Commitment to a service philosophy which views NGO funded agencies as full partners in the planning, implementation and delivery of mental health services.

5.2 An open and fair tendering process which encourages NGO community involvement in the development of new services within the mental health system.

5.3 A process for open cross-sectoral dialogue among government departments, local authorities, funders, planners, and NGO community agencies regarding implications for broader community supports for those struggling with mental health issues. Attention to mandate changes among government departments, where those changes have implications for the mental health service system.

5.4 Improved timely access to acute care treatment when needed.

5.5 Improved discharge planning and linkages with community services that support individuals in their transition from acute care to community.

5.6 Adequate financial support to ensure that existing services are able to maintain service quality in the face of increasing base operating expenses. Financial support for necessary expansion of existing services to accommodate increasing demand.

5.7 A plan for fair compensation of personnel across the mental health system including community based funded agency programs.

5.8 Inclusion of funded agencies in the planning and access to technical support for development of information systems across the mental health service system

5.9 Evidence of a service development approach that is clearly rooted in determinants of health philosophy.

5.10 AMHB attention to service gaps and development needs as described in Section II of this document.

5.11Additional funds from AMHB to support a number of the new innovative programs piloted through community donations, as described in Section II of this document.

Section II
Progress and Continuing Needs in Community Mental Health

Over 90,000 Calgarians have a diagnosed mental illness.[16]

6.0 What Has Been Accomplished Since 1997

In 1997 the Integrated Mental Health and Psychiatric Services Plan[ii] recommended: *"Over a three year period, implement the priority recommendations produced by the working groups and stakeholder consultations and plan future development of services to respond to the growing and changing populations in Region 4. This will include provision for new resources to support current and growing needs."*[17]

Progress has been made on the overall plan. Since 1997 the Calgary Region has received a significant amount of new dollars for development of new mental health services to address priority service gaps. These newly funded developments include the following:

6.1 New Investments by AMHB in the Calgary Region 1997 – 2000

Investments in Adult Mental Health		
CRHA	System Improvements: Case Management/ Coordination Functions, Integration, Access Seniors Crisis Integration Services	 $957,334 $428,575 $193,864
AMHB	Assertive Community Treatment Team	$565,000
CMHA	2 ILS Workers (funded through CRHA)	$ 80,000
Langin Place	Residential Support	$100,000
Potential Place	Day Activity and Social Rehabilitation	$100,000
Total Investment in Adult Services 1997 – 2000		**$2,424,773**

Very little (11.5%) of the new investment in adult services has been allocated to NGO community agencies.

[ii] Integrated Mental Health Services Plan. A report of the Joint Mental Health Program Design and Coordinating Committee and the Regional Mental Health Advisory Committee April 1997. Jointly sponsored by Calgary Regional Health Authority and Provincial Mental Health Advisory Board and including input from over 500 stakeholders.

Investments in Children's Mental Health		
CRHA	Eating Disorders Collaborative Care Access/linkage programs Info./education for youth/families Student Health Initiative	$1,025,000 $ 450,000 $ 67,100 $ 88,751 $ 425,000
AMHB	Adolescent Day Treatment Student Health Initiative Steinhauer fund – 6.5 positions to community agencies and ACH	$ 650,000 $ 425,000 $ 455,000
Total Children's Mental Health Investment 1997 – 2000		**$3,585,851**

6.2 Sustaining Investments 1997 – 2000

In 1998, funded agencies received 3.5% increase in their contract funding and in 1999 they received 3% increase on manpower budgets only. These sustaining investments have barely covered the budget losses resulting from 5% funding cuts in 1995. The level of sustaining investment has done little to help community agencies address rising operational costs, population growth and increasing service demand.

6.3 Potential Investments

Construction of the Salvation Army's new facility, Center of Hope is underway, including 20 beds set aside for a mental health crisis stabilization service and an additional 10 beds available for a mental health diversion project. The Salvation Army has been in negotiation for several years with AMHB for funding in the amount of **$800,000 for 20 crisis stabilization beds** and **$500,000 for the 10 diversion beds.** Approval for the funding has not yet been confirmed. If funded, the diversion project will be the first demonstration of this service model in Canada. The diversion project is intended to keep individuals with mental health issues out of the criminal justice system.

7.0 Some Innovative/New Service Developments Outside AMHB Funding

Thanks to the support and commitment of the Calgary community, exciting and innovative new services are being developed and demonstrated outside the AMHB funding stream. Due to the limited resources available through AMHB, the community has been forced to develop other partnerships to address the critical service gaps that still exist within the mental health system. The first three new service developments described are specifically targeted for individuals with mental health issues. The last three are generic services which will can be accessed by anyone, but will enhance the mental health service system.

7.1 Calgary Urban Projects Society (CUPS) Shared Care Model

Thanks to the support of United Way of Calgary and Alberta Health and Wellness, the Calgary Urban Projects Society has implemented a new on-site mental health service based on a shared care model. The shared care model builds upon CUPS existing collaborative primary health care delivery to offer the additional services and expertise of a mental health worker, a social worker and a psychiatrist. In addition, psychiatric medications are made available to clients who otherwise have difficulty accessing them. CUPS also provides at least one day per week of on-site service at the Calgary Drop-In Center. The service allows for increased flexibility in dealing with a range of mental health disorders including those outside the Axis I criterion used by AMHB service providers. Both CUPS and the Calgary Drop-In Center are finding the service extremely helpful. Prior to the new service, AMHB provided two hours per week of a mental health/outreach worker service and averaged 7 client contacts per month. Within a few months of start-up, client contacts with the CUPS mental health workers has increased dramatically to **184 contacts per month.**

7.2 Calgary Association of Self Help – Writer's Club/Art Studio/Gallery

The Writer's Club/Art Studio Project is an innovative new rehabilitation program, which assists people to develop their skills in the visual and literary arts. Over the past two years the project has received 239 referrals and **served 130 individuals**. As of April 2000, an additional **45 individuals were waiting** to access the service. The first three-year demonstration of the project has been financed through **community donations of approximately $332,000**.

7.3 Potential Place Clubhouse

Although the Clubhouse concept has existed since 1948, Potential Place provides a new service model to Calgary. The organization is partially funded through AMHB, but also has been successful in raising **$1.5 million dollars** through their Project Dignity campaign. These community investment dollars have allowed the agency to develop a consumer operated education and employment program which offers pre-employment skills, supported employment and flexible employment options for members.

7.4 Calgary Homeless Foundation

New funding has recently been made available from the federal government to address the housing crisis in the Calgary Region. Each of the major emergency shelter providers are in the process of expanding their capacity through re-development of their existing facilities. The community has rallied to support the Calgary Homeless Foundation in the collaborative development of a community plan to identify and address housing needs.

New initiatives targeted to some of the immediate needs for access to affordable housing are the housing registry and the emergency fund.

Housing Registry: The Calgary Homeless Foundation is currently developing a comprehensive housing registry database with includes links to specialized housing options (e.g. Horizon Housing, Accessible Housing Society) for specific populations. Access to the new generic housing registry will be through local community centers and family resource centers.

Emergency Fund: Last year the Calgary Homeless Foundation was able to provide a small emergency housing fund through the generosity of an anonymous donor. The fund provided groups such as Calgary Urban Project Society, Salvation Army, Mustard Seed and Calgary Drop-In Centre with emergency housing dollars to assist with one-time housing crisis situations such as inability to cover utility or rent expenses. This fund has been highly successful in helping individuals bridge unforeseen crisis situations in order to maintain stable housing. This year Calgary Urban Project Society, the Red Cross, and Canadian Mental Health Association have requested that the Calgary Homeless Foundation find renewed resources for the emergency fund and that Alberta Mental Health Board provide a mental health worker to provide short term support to those individuals at risk of losing their housing.

Individual Support for Transitional Housing: The Calgary Homeless Foundation in partnership with the Salvation Army has helped to stabilize several individuals in transitional housing. It is generally felt that this type of support service should be provided through Alberta Mental Health Board.

7.5 Mustard Seed – Creative Center

The Mustard Seed has recently opened the Creative Center, a program that encourages flexible self-directed employment options based on a variety of entrepreneurial ideas generated through the skills and talents of users. The project is a revenue-generating small business operated in the community economic development tradition. Revenue earned is shared among participants. In the first month of operation, the Creative Center provided employment opportunities for seven individuals.

7.6 Transportation Support

The City of Calgary has been supporting the transportation needs of mental health consumers at Calgary Urban Projects Society, the Calgary Drop-In Center, the Salvation Army, Mustard Seed and Calgary Association of Self Help through contribution of transit tickets to these organizations. This arrangement is intended to address this service gap on a short-term two-year basis only, during which time community agencies are expected to negotiate long term support through current funders.

8.0 Continuing Community Needs and Service Gaps

8.1 Housing[iii]

In 1999, an estimated **2,000** individuals using emergency shelters had most likely experienced a mental illness requiring treatment. Among those experiencing these kinds of problems, approximately 100 individuals were senior citizens, 1,400 were adults, and 500 were youths between 14 and 25 years of age.

Emergency Shelter: currently **3 respite beds** for women at Mary Dover House with support from Assertive Community Team. Canadian Mental Health Association operates **2 respite beds** at Marguerite House. An additional 20 crisis beds and 10 diversion beds are being planned through Salvation Army.

Transitional Housing: currently **62** transitional units in group-home settings provided by Horizon Housing Society and private group home operators. There is a need to **double the current supply** with funding support services as well.

Low-Cost Housing: A total of **217** beds currently available in low-income rental apartments (Horizon Housing Society and Community Lamda), shared accommodation in private rental houses (CHOOSE) and AMHB approved homes. There is a need to **triple the supply** to meet demand, but support service funding must also be made available.

In addition to concerns about the supply of affordable housing, the quality of care provided within private personal care homes has been raised as an issue. The Community Mental Health Services Planning Committee has struck a subcommittee to study the issue of service quality and to develop strategies to ensure that appropriate care standards are maintained.

Recommendations

8.1.1 Short Term Targets for Housing Development

Type of Housing	Existing Capacity	Occupancy Rate	Additional Demand	Targets for Development
Emergency	5	100%	25	25 units with support
Transitional	62	100%	125	60 units with support
Low-cost	217	100%	600	125 units with support

[iii] Statistics and projected needs for housing taken directly from the Calgary Homeless Foundation study entitled Housing Our Homeless. March 23, 2000. p. 14, 15.

8.1.2 Support Staff Requirements to support housing development targets include:

- Four residential support workers to support 60 transitional units
- Five ILS workers to support/coordinate 125 support/rent supplement low-cost units. (ILS: Independent Living Support)

8.1.2 Longer Term Development Projections: The Calgary Homeless Foundation report further recommends **an additional 125 low-cost housing units** be developed over the next three years through a combination of Private Landlord Rent Supplement, re-development or new construction.

8.2 Outreach and Support Services

Assertive Community Treatment (ACT): Since 1999 the most significant addition to outreach and support services has been the introduction of the Assertive Community Treatment Team. The ACT team was intended to serve 60 to 80 individuals with severe and or persistent mental illness. After the first year of operation the team has been able to accommodate **26 individuals**. In order to ensure the appropriate level and intensity of critical clients, caseload expansion is targeted at 2 additional clients per month. Demand for this service is described as "overwhelming". During the early stages of development the team completed **153 assessments** and have at least **33 clients waiting** for service. The community has "given up" on making referrals because the program is operating at capacity and uptake for those waiting will be slow at approximately 2 new clients per month. Introduction of the ACT service has brought to light the extent of the needs of a very under-served population with severe mental illnesses. Community agencies, families and the ACT team estimate a **need for at least 3 additional ACT teams** to address existing community demand. Far too many individuals who could benefit from ACT have no access to the services that would allow them to live successfully with quality of life in our community.

ILS Outreach and Support Services: Since 1997 ILS services have been expanded by 2 short term ILS workers (1 seconded and 1 new) through Alberta Mental Health Board clinics and 2 ILS workers through Canadian Mental Health Association (funded by Calgary Regional Health Authority) for skill development for basic living and family support. These changes added support service for about 80 clients. Last year Canadian Mental Health Association (CMHA) was able to serve an additional 96 clients by modifying their program to offer group rather than individual services. Group services are not considered the ideal service model and CMHA would like to return to more individualized services should funding come available. In spite of the additional clients serviced through the expansion efforts described above, there still remain 37 clients who were not served and 18 clients who are on the waiting list.

Existing ILS outreach and support services are primarily targeted to adults with mental health issues. However, there are a variety of support needs for dependents who are directly impacted by a family member's mental health issues.

Support needs may include situations in which a parent caring for young children is affected, or an adult who is the primary care-provider for elderly parents becomes ill. There is a need for flexible, customized support services that can address a broad range of situation-specific family support needs.

Recommendation

In order to meet service demand, outreach support services require an estimated expansion of

8.2.1 Three additional workers to continue group work and training in community supports
8.2.2 One leisure recreation aide
8.2.3 One individual ILS staff position
8.2.4 Three additional Assertive Community Treatment teams

8.3 Social Rehabilitation and Social Recreation/Support Programs

Although social rehabilitation and social recreation/support options have increased slightly due to the newly funded Potential Place Clubhouse, existing programs have been working over-capacity to address service needs. In 1999, structured rehabilitation programs at Calgary Association of Self Help (CASH) and Calgary Alternative Support Society turned away 130 individuals and listed an additional 183 individuals on waiting lists. Both the Resource Activity Centers at CASH and Potential Place are operating at approximately double their funded capacity. CASH which is funded to serve 400 clients, actually serves 861 clients with an average user rate of 750 clients per month. Potential Place which is funded to serve 60 clients provides service on average to 100 members per month.

Recommendation

In order to meet current service demand and support innovative service development, social rehabilitation and day activity programs require the following additional resources:

8.3.1 Four additional full time workers to manage current caseloads at the CASH Resource Activity Center

8.3.2 AMHB funding to develop additional programs to address the rehabilitation needs of the current target group (based on consumer feedback)

8.3.3 AMHB funding for the Writers Club/Art Studio/Gallery Project now successfully demonstrated through private donations. The project currently costs $150,000 per year to operate.

8.4 Employment Preparation & Placement

The area of employment preparation and placement services has been primarily funded through contracts with Persons with Developmental Disabilities, Human Resources and Development Canada (HRDC) and private funding sources. Since the restructuring of HRDC services under the auspices of Alberta Human Resources and Employment, nine employment contracts with agencies serving disabled people have been discontinued. A new employment service, Champions, operated by Canadian Paraplegic Association and designed by a consortium of agencies will replace the previous contracted services for disabled individuals. This service is targeted primarily to the **employment-ready** individual.

Other changes in AISH regulations are intended to make it easier for people with disabilities to enter the workforce. There is still a need for service options such as **pre-employment** preparation and **supported employment**.

Recommendation

8.4.1 Monitor and review the effectiveness of the new Champions program in addressing the employment needs of those individuals with severe and persistent mental health issues

8.4.2 Develop a plan to address service gaps for those individuals not adequately served by the new and/or existing employment services. Ensure that there are flexible pre-employment programs that will address the specific needs of those individuals with severe and persistent mental health issues who don't currently fit within "employment ready" service criteria.

8.4.3 Consumers and community agencies need more information on the AISH regulation changes.

8.5 Services for Dual Diagnosed

Dual diagnosis concerns are reflected in those individuals who present complex needs that include mental health issues in conjunction with a developmental disability, drug/alcohol addiction, organic brain injury or other chronic physical health issues such as epilepsy, multiple sclerosis, etc.

The Dual Diagnosis Committee reports that in the current mental health system individuals with **combined mental health/developmental disabilities** have **virtually no access** to community mental health services. Research shows that individuals with developmental disabilities have four to five times the incidence of mental health disorders as would be seen in the general population.

Those individuals dealing with **addictions and mental health** issues also have difficulty accessing appropriate services. The AMHB 2000 – 2003 Business Plan

indicates that " twenty percent of those admitted to AMHB acute psychiatry services have a concurrent disorder."[18] The Salvation Army estimates that as many as 80% of those individuals involved in their addictions programs are also struggling with mental health issues.

Tightening of service mandates within each service sector (AMHB, PDD, CRHA, AHR&E) has resulted in a service system more focused on exclusion than on inclusion. Those individuals with complex issues that cross over service mandate boundaries find it extremely difficult or impossible to access appropriate services to address their needs.

Recommendation

8.5.1 There is a need for more flexibility and more permeable boundaries across service systems such that systems become more inclusive and open to individuals struggling with mental health issues.

8.5.2 The developmentally disabled and other individuals with Axis II diagnoses need better access to community mental health supports, acute care treatment and ongoing medication management.

8.5.3 Those individuals with mental health needs due to a general medical condition require improved service access across the entire spectrum of mental health services.

8.6 Transition Support From Acute Care to Community

The experience of leaving acute care services in mental health is often an abrupt and poorly planned re-entry to community. It is not uncommon for individuals leaving acute care to be discharged from hospital to a mattress on the floor at the Mustard Seed, Salvation Army or Calgary Drop-In Center. This type of transition from hospital to community does not facilitate healthy recovery or stabilization. Stronger linkages between acute care, community based treatment and other essential community services such as housing need to be developed. Individual support during the transition period to connect people with basic needs such as appropriate housing, transportation, medication, and community rehabilitation programs is essential.

8.6.1 Improve communication and linkages between mental health acute care and community services, including those essential community services such as transitional and emergency housing which may not be specifically identified as a mental health program.

8.6.2 Increase the number of workers dedicated to providing individual support for transition from acute care to community.

8.7 Human Resources

Human resource issues exist across the mental health service system, affecting:

- Ability to attract qualified staff
- Ability to retain staff after costly recruitment and training
- Ability to provide consistent service to client groups
- Ability to maintain effective staff teams

Fair Compensation is a major issue within funded agencies. In comparison to AMHB and CRHA rates, **discrepancies can range from 30% to 50%** for similar positions. As new services are developed and staff hired at current market value, the compensation gap widens even further.

Recommendation

8.7.1 Develop a clear plan with targeted timelines to address the issue of fair compensation.

8.8 Sustaining Existing Programs

Since 1997, funded agencies have received no financial support to address increasing operating costs for existing programs. A 5% reduction in contract funding in 1995 has been barely offset by a 3.5% increase in contract funding in 1998 and the 3% increase in manpower funding received in 1999. This year heating costs will double. Other utility rates have been gradually increasing. Rent/lease rates are experiencing increasing pressure in Calgary's heated economy. Simple maintenance of existing programs is becoming increasingly difficult for funded agencies.

Recommendation

8.8.1 Review funded agency operational costs and develop a clear plan to address increasing costs in order to maintain healthy community programs and services.

8.8.2 Consider implementing multiyear contracts to increase program stability and sustainability.

8.9 Information Services – Technology Support

One area of the 1997 plan which has not yet been addressed is the recommendation to "enhance MHCID to function as the core clinical information system for mental health until the CRHA information technology service brings the rest of the system on-line."

All parties agree that a coordinated, integrated information system does not yet exist. The existing MHCID system is not available to funded agencies. A separate information system is being developed for inner city shelter clients in cooperation with the City of Calgary. Current information collection is fragmented.

Funded agencies are technologically behind government/hospitals and need to improve their systems and train their staff. Lack of access to computers and the expense of internet service act as barriers for consumers to access service information posted on websites.

Recommendation

8.9.1 Involve funded agencies in the planning for Electronic Shared Integrated Client Information systems.

8.9.2 Provide adequate AMHB funds to assist agencies to upgrade their computer technology and address ongoing computer support needs.

8.9.3 Provide human resource support to implement and maintain the information system, and to train staff.

8.10 Projections for Growth and Changing Mandates

The projected needs described above are based on existing service demand and waiting lists. They do not take into consideration Calgary's rapidly growing population, or potential service gaps which may be created as other service providers, authorities or government departments narrow their mandates.

Recommendation

8.10.1 Continue to monitor growth pressures through documentation of service demand and waiting lists.

8.10.2 Work closely with NGO community agencies to plan for adequate service development to keep pace with increasing demand.

Section III Appendix

The following statistical information is not intended to represent a comprehensive community needs assessment. Statistical data presented here provides a sample of the service demand and unmet need experienced by some of the major funded community agencies specializing in services for adults with mental health issues.

Capacity Trends for Social Rehabilitation, Outreach and Support Services

Service Type	Capacity 1993	Capacity 2000	Change	Explanation + increased spaces; (-) decreased spaces
Social Rehabilitation (offered at CASH; CASS; CMHA Life Skills)	145	156	11	+15 AMHB funded CASS +32 spaces Writer'sClub/Art Studio (-32) AMHB funded CMHA Life Skills (-2) AMHB funded CASH activities of daily living program
Social Recreation & Support	400	460	60	+ 60 AMHB funded Potential Place # served at CASH is 750 clients/month # served at PP is 100 clients/month
Employment Preparation & Placement	140	39	(101) * capacity implications of Champions unknown	(-41) Calgary Vocational Services (-60) Creative Employment Service CASH + new spaces opened under Champions employment service Cnd. Paraplegic Assoc. (funded by A.H.R.&E.)
Outreach and Support	219	285	66 *possible addition of 34 spaces within ACT capacity	(-144) outreach support through Community Friends, DSM, Chrysalis, CASS +184 through CMHA ILS and Marguerite House + 26 Assertive Community Treatment (currently operating at 26 – maximum capacity 60 to 80)
Residential Services * Stats for CMHA/ AMHB/Lamda only See Calgary Homeless Foundation stats for complete update.	214	231	17	-8 CASH Westhill -6 transitional program +6 AMHB approved homes +25 CMHA

* Capacity refers to funded spaces. One space often serves more than one individual.

Service Demand Trends for Structured Rehabilitation Spaces

The following table illustrates capacity and service demand experienced by Calgary Association of Self Help and the Calgary Alternative Support Services. Note that each funded space serves more than one client. Based on program occupancy calculations provided by the agencies, these services are utilized to maximum capacity (100%+) and there are a considerable number of clients who are currently not served. Based on a quick analysis of the figures presented here, it can be noted that while the structured rehabilitation spaces have increased by 27% over the past seven years (from 113 to 156 funded spaces), the number of clients waiting for service has increased 130% (from 79 to 183).

Structured Rehabilitation Statistics from CASH and CASS (not including 32 Life Skills spaces at CMHA)						
Year	**Funded Spaces**	**# Served**	**# Waiting**	**# Not Served**	**Program Occupancy**	**Wait Period**
99/00	156	276	183	130	101%	3.8 months
98/99	156	284	130	149	101%	3.6 months
97/98	123	175	107	81	112%	7.7 months
96/97	118	171	127	152	104%	4.5 months
95/96	103	146	139	82	101%	6 months
94/95	113	169	79	73	-	4.9 months

Service Demand Trends for Employment Services

The following table illustrates use of funded spaces for employment services at Calgary Association of Self Help and Calgary Vocational Services. Note that as of Sept. 2000, 101 of these funded spaces for employment services are no longer operational within these funded agencies, leaving just **39 active service spaces specially targeted to individuals with mental health issues**. A new service offered through Calgary Paraplegic Association has been funded to provide service to employment-ready individuals with any type of disability.

Employment Service Statistics for CASH and Calgary Vocational Services				
Year	**Total Spaces**	**# Registered**	**Wait List**	**Program Occupancy**
99/00	140*	360	11	99%
98/99	140	332	33	100%
97/98	140	346	38	109%
96/97	140	364	40	100%
95/96	140	393	11	105%
94/95	140	401	11	-
93/94	140	380	6	-

(*prior to service reduction of 101 spaces in Sept. 2000; potential impact of the new Champions program opened Oct. 2000 is unkown)

Service Demand Trends for Social Recreation and Support

The following table illustrates the heavy use of day activity services in the community. In spite of the addition of 60 funded spaces in 1999 at Potential Place which estimates an average monthly user rate of 100 different clients, existing funded spaces at CASH continue to be oversubscribed at 861 registered clients and program occupancy of 183% in 1999/2000.

Service Statistics for Social Recreation and Support CASH Resource Activity Center and Potential Place			
	Funded Spaces	**# Served**	**Program Occupancy***
99/00	460	961	183%
98/99	400	802	163%
97/98	400	764	146%
96/97	400	695	141%
95/96	400	674	135%
94/95	400	636	120%
93/94	400	632	127%

* Program Occupancy statistics are for CASH only

Mental Health Facts[19] - Canadian Mental Health Association

- Over 90,000 Calgarians have a diagnosed mental illness. Most are able to live happy, healthy lives and manage their illness through medication, therapy and a good support system.
- Mental illness does not discriminate. It affects all races, incomes and social classes.
- One third of Calgary's homeless are living with severe and persistent mental illness.
- One in five Calgarian will, at some point in their lives, be affected by mental illness, whether through their own diagnosis or that of a friend or family member. This statistic becomes one in three if you include drug and alcohol abuse.
- Stigma is probably the number one barrier to recovery for many living with mental health issues.
- In Canada, the cost of mental disabilities is tagged at $8 billion, but Health Canada says the extent of the problem is underestimated.
- Mental health related issues are costing business in the North America free trade area $60 billion US annually to pay for the consequences of depression alone.
- Employer disability insurance rates will be driven until 2005 by stress related and psychiatric disorders. This is why employers need to be pro-active in doing positive wellness related activities for their employees as well as being more in tune with the stresses and pressures of these employees.
- Mental anxiety and stress were cited by Canadian workers in 1997 as reasons for growing levels of absenteeism, more often than physical illness.
- Depression represents 14 per cent of all disabilities in Canada, greater than the world average.

Community Mental Health Services Planning Committee Representatives

Alberta Hospital Ponoka
Alberta Human Resources and Employment
Alberta Mental Health Board
Bridging the Gap
Calgary Alternative Support Services
Calgary Association of Self Help
Calgary Mental Health Consumers Network
Calgary Regional Health Authority
Calgary Vocational Services
Canadian Mental Health Association
Catholic Family Services
City of Calgary
Lamda
Organization for Bipolar Affective Disorder
Peter Lougheed Centre
Salvation Army
Schizophrenia Society/Potential Place
Services for Persons with Developmental Disabilities
United Way of Calgary
Youville Residence

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