



Community Mental Health Action Plan

**Update to the Community Mental Health
Action Plan Implementation Project**
November 2017

Introduction

On October 4, 2017 members from across the mental health services community including representatives from the City of Edmonton, elected officials from the Government of Alberta, service providers, and others gathered in Edmonton to share their expertise and knowledge on mental health.

Members of the mental health community from the Edmonton Region as well as across the province heard updates on the progress made in the first year of the plan's implementation, and had a range of discussions where they reflected on the progress that has been made, and provided input, knowledge, and expertise about specific areas of the Action Plan goals to better inform the course of action the implementation teams are taking. Participants were also asked to make commitments to help further specific pieces of work. It was emphasised that this year's event was taking extra care to ensure that those people with lived experiences in the mental healthcare system, and their families are heard. In addition to featuring several stories of people with lived experience, partners from MAPS Alberta presented a series of 'journey maps' that provide an example of what we will do in the future for people within the mental healthcare system.

“We are committed to ensuring the voices of lived experience are heard.” - Dean McKellar

The forum was a day of openness, honesty, and sharing. Early in the day, two presenters reflected on the power of story, the importance of being present, and the critical need to truly understand the experiences of people who are suffering. It began with an acknowledgement that the day's proceedings were taking place on Treaty 6 lands. Participants also heard from a number of presenters, beginning with MLA David Shepherd, who provided greetings on behalf of the Government of Alberta. In addition to speaking as an elected official, he used his address to speak candidly about his own mental health journey and underscored the need to end the stigma around mental health. Allies in government like MLA Shepherd are critical if we are to realize the system change that is needed to improve mental healthcare in Alberta.

“We need to let people know that help is available and it is OK to seek it.” - MLA David Shepherd

Emma Daisy and Lyle Tootosis spoke about the Star Program, a unique, indigenous-focused mental health program at Edmonton's Jasper Place High School. They discussed the impact the program has made on their lives and the lives of other students at the school.

Participants also heard from Jenny Kain, Director of Family and Community Supports at the City of Edmonton. She reminded those in attendance that mental health is not only a healthcare issue, but that it also needs to be a part of government planning processes, which must holistically examine what it means to be connected, supported, included and engaged in one's

own life, one's own neighbourhood and one's community. How we plan and build our cities and neighbourhoods can make a tremendous difference to our wellness.

*“There is clear recognition of the role mental health, in its broadest definition, plays in our community’s well-being.” –
Jenny Kain*

As well, Associate Minister Brandy Payne, who has been deeply involved in the implementation of the Valuing Mental Health report, provided greetings and encouragement on behalf of the province. She highlighted the government’s recent commitments to mental health funding, including \$15 million to fund the recommendations of the *Valuing Mental Health Review Report* and the \$1.5 million community grant that is supporting this Edmonton-based work.

Associate Minister Payne described the people in attendance as inspiring community advocates and ambassadors who provide a critical link to local community concerns and play a huge role in building a health care system that meets the needs of Albertans. She referred to the proverb *“If you want to go fast – go alone. If you want to go far – go together”*, and said that the community champions gathered at the session were the embodiment of a group committed to ambitiously moving the Action Plan forward.

*“Working together we can make it easier for Albertans to get the help they need when they need it most.” - Associate
Minister Payne*

System Integration

After an inspirational opening, the agenda saw each of the Plan’s three areas of focus - system integration, service delivery and evidence foundation – receive an update, and also provided an opportunity for participants to discuss ideas related to each. The first topic for update, reflection and discussion was the system integration focus area.

Over the past year, the system integration leadership team has been diligently focused on drilling down on the goals of the focus area, building relationships to enable change, and strengthening the connections between programs and services within the mental healthcare system. In particular, they highlighted several pieces of work, including:

- Progress made on building relationships and prioritizing work on the system integration goals since the launch of the plan. These relationships have prioritized understanding information sharing – finding out how information is shared, where gaps exist, and the opportunities to improve it.

- A case is being written to improve sharing of information and will be circulated to partners within the system once complete.
- The Office of the Information and Privacy Commissioner has been approached with the intention of setting a meeting to discuss legislation and barriers to information sharing within the mental health system.

The leadership teams also provided participants with some news about recent progress that has been made on the implementation front. They were able to reveal that 211 has received additional funds and will be expanded to provide information about mental health services across Alberta. The roll-out will be done in coordination with other digital resources like 811. This is particularly big news because it will now mean that two high needs populations - First Nations and Metis communities, and post-secondary education campuses – will have access to more information about mental health supports. Work on the roll-out of the 211 expansion is underway, and will include the development of training packages for service providers on how best to use 211 to its full potential.

Additionally, the team said they are seeking a meeting with the Office of the Information and Privacy Commissioner to determine where what the exact legislative barriers to information sharing are, and how they might be dealt with. It may be possible that, with the right processes and agreements in place, some currently perceived impediments can be erased. Over the next six months, the leadership team will be building a visual for mental health practitioners on how to share information within the existing legislative framework.

Discussion

Two questions were posed to participants in the system integration focus area discussion, they were:

1. What are some of the challenges you face with information sharing; and
2. What are you currently doing to deal with information sharing challenges?

While each question received hundreds of individual responses, several common themes emerged. For the challenges faced within the system, themes included:

A lack of resources: Many comments received from participants indicated that a general lack of resources is a barrier to information sharing. This issue is manifested in three ways. The first is a lack of time available to dedicate to drafting information sharing MOUs or to develop specific systems and processes for sharing information. Second, in rural communities it can be a lack of access to the internet or other reliable communications infrastructure. And thirdly, it can also be a lack of access to language translation resources, especially in Indigenous communities, where languages other than English are common.

Concern about their level of knowledge: Many participants indicated that either they, or their colleagues lacked sufficient knowledge of the rules and regulations governing the sharing of client information. Being unsure or even fearful because of a lack of

knowledge can lead to a hesitancy or unwillingness to share information it can also affect the ability of mental health practitioners to properly inform clients about what can and can't be shared.

“Sometimes we feel we are so busy focusing on liability that the focus on the participant is lost.”

Concern about complicated consent forms: There was significant concern around the limitations and barriers that patient consent forms pose to information sharing within the system. While the forms ostensibly are about making information sharing easier, several issues were raised about them by participants. Particularly, there was concern the forms were unable to address several common scenarios like:

- Clients who are under 18 but essentially independent from their legal guardians may have difficulty acquiring the required signatures.
- Family members or caregivers may not be able to act on behalf of the people they are providing care to. They may also be denied access to information despite being the primary caregiver.
- Newcomers, people who speak English as a second language and many other clients find the complicated wording of the forms difficult to understand. It requires significant time to adequately explain. One person said they spend up to 70 percent of their time assisting clients with filling out forms.

“As frontline workers, we get clients to sign numerous consents. Many times, it is necessary to have clients sign consents again as every agency has their own. This is a barrier to service.”

Awareness of the impact that client experience has on information sharing: Many comments received talked about how clients' past experiences can shape their willingness to share information. Clients who have had negative experiences won't always give consent to share. Furthermore, clients sometimes can change their mind and revoke consent that had been previously given.

Despite the challenges that remain, many answers were received with regard to how people are currently working to improve information sharing within the mental healthcare system. The themes that emerged from these responses were:

Relationships matter: By far the most referenced point was that relationships and trust are key to improving information sharing. This applies both to relationships between service providers and between providers and their clients. Between service providers, strong relationships and trust can help alleviate some of the hesitancy that exists around sharing information. They can only do this where all parties trust each other

completely. There was an underlying desire for more opportunities to address system issues through collaboration between system partners.

Knowledge is important: Given the lack of clarity about rules and regulations governing information sharing, many participants said their organizations have organized formal training for staff to help them build the knowledge they need. This, combined with other tools (checklists, online information, etc.) helps build an awareness of what information can be shared and with whom.

Formalized processes are important: While there were issues identified with consent forms, participants felt they were still generally a useful tool for creating a formal set of rules and processes that helps all parties understand what information is being shared. Where possible, forms should be simpler. It was also suggested that forms (like information sharing consent forms) be standardized across the system.

Service Delivery

As before, the leadership team provided a short update on their efforts to help frame the conversation on service delivery. The team said for the past year their focus has been on the focus area's fourth goal – supporting seamless navigation for patients, their families and caregivers. As part of this work, the team partnered with the Alberta Health Services Wellness Network to consult community partners on what they thought is required to improve navigation.

What they heard was that there is a need to change the mindset about system navigation. They also heard there is also a need to create navigation competencies within the system. When this is accomplished, it will mean that the conversation would shift to: "I can help you find the answer" from "It's not my job to do this."

This is a change that will require concerted effort, especially from leaders in the mental health care field. To help, the leadership team is developing a toolkit that will be available to anyone interested. It will provide information on how to make decisions and find information about navigating the system. This toolkit will also be paired with a training program, which is still under development. The goal is to build capacity among professions and allies (like caregivers, system champions, etc.) to "train the trainer," ultimately spreading the program across the province. These will both be paired with a matrix on mental health training options that will help organizations determine which types and what level of training courses they need. Together, these efforts will support people to navigate the complexity of the mental health system and find the support they need.

Discussion

During the discussion on the service delivery focus area, participants were asked to list the promising practices that could help connect people with the support they need, and then to describe exactly what those practices would actually look like.

Once again, the discussion generated hundreds of ideas. Commonly mentioned practices included:

Using community-based resources: Many responses emphasised the importance of community-based resources as a way to improve access and navigation of the system. There was a recognition that people who need mental health services can face barriers of access to the system simply from having to physically go to a clinic. Placing resources in the spaces where people who need services frequent, like schools, social service agencies, and community gathering places can help break down this barrier and build trust with the service providers. It is important that each community or demographic being served be approached in a way that meets their unique needs – for example, Indigenous communities may need a different model of community-based resourcing than newcomers to Canada or families with children in schools may need.

“With vulnerable clients needing assistance to address mental health issues, addictions, suicide ideation and fall out from engaging in survival crimes, take the services to where they feel safe and comfortable. This is true recognition (of need) and (creative) accommodation in service provision.”

Develop a central intake service: A person’s initial point of contact with the system was deemed to be critical. Some participants suggested that a central intake service that could both streamline the process of navigation, but also break down access barriers would be invaluable. They said the system should be accessible by phone, online or walk in, and be available 24/7.

Empowering caregivers: Given how heavily some people rely on their caregivers, participants recognized the importance of providing an additional level of information to family and friends who are the support system for those with mental health challenges, so they can better assist and advocate for the person they are caring for.

Improve the hand off process: Many different participants made reference to improving the process for transitioning clients between agencies. While answers ranged from simply following up to ensure connections were made, all the way to physically taking clients to appointments, the responses all said that more needs to be done to ensure clients were *actually able to access the services they were referred to*.

“There should be an in-person meeting between service providers and the client to help them build trust with the new provider. This should preferably occur in a location where the client is already comfortable.”

- **Leverage ‘non-traditional allies’:** As the way people seek out information changes, the mental health system must adapt the way it reaches out to the public. Participants said that leveraging non-traditional outlets like social media influencers can be a great way to get the message out about mental health. They noted that more and more, people are talking about their mental health online. Giving social media influencers the tools they need to respond to inquiries could improve system navigation and build valuable community alliances.

Evidence Foundation

Before the final conversation on evidence foundation, the leadership team provided an update on their work over the past year. They said their current efforts are directed at three goals:

- Ensuring the Action Plan is connected to the best data and evidence available.
- Disseminating evidence among the community and the public.
- Developing an evaluation framework.
- Development of a business case (this is being led by the Calgary Council for Addiction and Mental Health)

To date, the largest focus has been on the distribution and dissemination of the Action Plan itself, and conducting a survey to help gauge interest in the Plan. So far, more than 1600 people within the Edmonton-region mental health system have received a copy of the Action Plan, 283 of whom responded to the survey. Of these respondents, 96 percent indicated the Action Plan is relevant to their work, and nearly 66 percent have shared the Action Plan within their organization. Going forward, the team is collaborating with the other leadership teams to find priority areas for research and evaluation.

The team also emphasised the importance of evidence-based work. No longer is it possible to operate on even the most well-intentioned hunches. Decisions and new directions in policy and legislation must be grounded in a body of knowledge that is effectively gathered and disseminated. They ended by noting that how we think about evidence needs to adjust. It cannot continue to leave out the patient experience. Stories from our clients about their experiences have to be considered as a critical data source and evaluated in any evidence foundation.

Discussion

Participants were asked the following question:

“Knowledge translation is key to broad based understanding – what have you found useful in moving people from understanding to action?”

Themes from the responses received include:

Talk about it: People were clear that discussing mental health issues (in language that is appropriate for the specific audience) is key to moving people from understanding to action. They said discussion is a particularly useful tool when it includes stories about lived experiences. Personalizing the issue can make it more ‘real’ to people and can help break down stigma and spur action.

“Sharing my personal experiences can help break down stigma and add a sense of genuineness to my client work, normalizing certain experiences.”

Be clear on the call to action: When moving people from simply understanding to actually taking action, participants said that it is incredibly important to be clear on what exactly you are asking them to take action on.

Find system champions: Participants also said that it was important to identify champions and advocates who can engage people and move them to action. These champions are needed at all levels – from government, to leadership within the mental health services sector, to community members. Champions can build relationships, and support the difficult work needed to make real system change.

“In our community, engaging the community and moving them to action is facilitated by highlighting champions who stand behind important initiatives.”

Presentations

Given the subject and the audience, it was important that the day be punctuated throughout with humanity and humour – essential ingredients in a day focussed not just on building a plan, but on building a better future. This injection of joy and humanity included a performance from Justin Khuong, from the Sarah McLachlan School of Music. After his musical interlude, Justin spoke about the power of music to shape our mental well-being, and how the creative process is used by the School to help youth enrolled in its program.

The group also heard from Kieran Block, a teacher, ice hockey and sledge hockey player, who discussed his recent autobiography *The Ups and Downs of Almost Dying*. Kieran gave testimony

from the heart about his own journey from significant adversity back to a healthy engaged life. After a cliff jumping incident, he was left without the use of his legs. His loss of identity and his struggles with mental health and addiction during that crisis were as hard as the loss of his mobility.

He reminded us that when our normal support systems aren't in place, it's so extraordinarily hard to make meaning of a day. However, with help, even seemingly insurmountable odds can be overcome.


Conclusion

Along with being inspired by the personal stories of so many different speakers, participants provided the leadership team of the *Community Mental Health Action Plan* with a vast array of good ideas: things that work, things to think about and things to watch out for. It was practical, focused and solution oriented advice aimed at building not just a better system, but a better future for all Edmontonians. As has been the case throughout the development of the *Plan*, the discussion throughout the day deepened the understanding of the issues being addressed. Participants brought their realities to the table, and pushed for greater wisdom, shared insight and collective courage. Together, they illustrated what will be needed to ensure real system change happens and that the Action Plan become a living blueprint for healthier people in more compassionate communities.

Appendix 1: Participant Commitments

Before leaving the event, participants were asked to fill in a commitment card (an example of which has been included below) outlining how they intend to support the ongoing work of implementing the Action Plan.

Commitment Card

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|  | <p>Community Mental Health Action Plan</p> | <h1>Commitment Card</h1> |
| Name: | Phone Number: | |
| Organization: | Email Address: | |
| <p>If you would like to make a commitment to support any of the following, please check the boxes! We will add your name to our contact list and connect with you. Thank you for your support!</p> | | |
| Provide feedback on the 211 inclusion application form. | <input type="checkbox"/> | |
| Join a task group to support work on: | | |
| • development of a navigation toolkit | <input type="checkbox"/> | |
| • development of training to support the navigation toolkit | <input type="checkbox"/> | |
| • become an early adopter of navigation tools and training to provide feedback | <input type="checkbox"/> | |
| Be a part of a living repository of experts on evidence in any of the areas listed in the Action Plan (i.e. navigation, information sharing, etc.). | <input type="checkbox"/> | |
| Help connect 211 to regional partners that can spearhead data collection in their communities. | <input type="checkbox"/> | |
| <p>If you have a personal or organizational commitment that is not listed above, please write it in the space below.</p> | | |
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