

Building Mental Health Crisis Response Capacity in Rural Alberta



Alberta Centre for Sustainable Rural Communities

ACSRC Report Series #02-10

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Authors

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Abstract

Mental health problems can have significant effects on overall physical health, but they are often overlooked and receive less attention than other health issues. However, they can affect educational achievement, work productivity, relationships, etc., and those who experience these problems are at a higher risk of marginalization in their communities. Although approximately one in three Canadians will experience a mental health problem at some point in their lives, there is currently a lack of adequate care and follow-up in the health care system, prompting the need for a mental health crisis response program. Although a high percentage of Albertans interpret their mental health as “very good” or “excellent”, there is a discrepancy between those living in urban and rural areas, which had a significantly lower rate of mental wellness.

As a result, the Alberta Centre for Sustainable Rural Communities (ACSRC) conducted a networking event to discuss the issues surrounding mental health in rural Alberta and prepare a program to handle these issues effectively. The goal of this event was to begin to assess and design a rural Albertan Mental Health Crisis Response program, and was the first of its kind to link university researchers and those with expertise in crisis response programming. It was used as a preliminary information session to collect base information on mental health problems in rural Alberta, and to initiate broader processes of design and collaboration.

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Building Mental Health Crisis Response Capacity in Rural Alberta Networking Event Purpose and Outcomes

Purpose

The purpose of the event was to bring together researchers from the University of Alberta, representatives of the CMHA for East Central Alberta, and representatives from the hospitals and health service units from the 14 counties that compose District 5 (Edmonton East) to discuss the challenges of mental health crisis response in rural Alberta, and to begin to assess and design a rural Albertan Mental Health Crisis Response program.

Approximately one in three Canadians will experience a mental health problem at some point in their life. Despite that mental health receives less attention than other health issues, it is a key component of overall physical health and quality of life that can have a profound effect on the trajectory of one's life such as educational achievement, work productivity, forming healthy relationships and decreasing the chances of developing substance related abuses. Moreover, those suffering from mental illness can be marginalized in their communities, and receive inadequate care and follow-up in the health care system. Thus, not only do challenges remain in eliminating the stigma associated with mental health problems and increasing awareness, but more importantly, there is a need to ensure that people get the proper treatment and support they need.

In 2005, the Canadian Community Health Survey included an assessment of individual's perceived mental health status. Approximately 73.4% of Albertans reported that their mental health was either "very good" or "excellent". At a provincial level, this aggregate level of self-reported mental wellbeing looks impressive. However, inspection of the Alberta regional map and age demographic highlights some key issues needing to be addressed. First, rural areas such as the East Central health region, has a significantly lower rate of mental wellness compared to the provincial average. Second, when inspecting physician claims for mental health visits, the average rate over 3-years of claims for distinct individuals estimates that a little over 35% of Albertans visited a physician for mental health related problems, which continues to increase substantially for adults over the age of 55. This trend likely reflects the type of services available in various regions of the province and how these services are delivered – not services provided by physicians and other funded agencies is reflected by higher rates for physician claims. However, in rural areas patients may be more likely to use mental health clinics and hospitals, or seek no help at all.

This event will bring together researchers from the University of Alberta, representatives of the CMHA for East Central Alberta and representatives from the hospitals and health service units from the 14 counties that compose District 5 (Edmonton East). The primary purpose of this event

is so scope, assess and begin the design of a rural Albertan Mental Health Crisis Response program that links university-based researchers, the CMHA, “first response” care givers such as paramedics, police, fire-fighters and hospital/health care providers and administrators. At this time, rural counties and communities in Alberta are seeing a significant decline in the Availability of mental health services, despite increasing demand and prevalence of mental health incidents and concerns. While interventions such as the Access and Early Intervention Community Crisis Response Team Rural do exist, there has not, to date, been an explicit attempt to develop, implement and evaluate a joint University-Community intervention of program that is focused specifically on building capacity within rural communities to respond to, and minimize the negative effects of, mental health crises.

In order to ensure the successful delivery and sustainability of mental health services, there is a need to develop a community-based intervention. This approach involves a systematic and structural model for crisis assessment and intervention that integrated community resources such as law enforcement and healthcare facilities to facilitate planning for effective brief treatment in outpatient clinics, community mental health centers, and counseling centers. This meeting will encourage the communities to assess the needs of their communities and assess the current resources available so that gaps in service delivery and mental health care can be identified. Drawing upon existing models of crisis intervention (e.g., Crisis Intervention Team model), we will assist the community stakeholders make sense of their resulting needs-resources analyses so that they can tailor a crisis intervention that taps into existing and underused resources that best suits their communities’ needs.

This event was the first event of its kind in the region to link university researchers and expertise with crisis response programming. The purpose of this event, therefore, was to conduct a preliminary information session, collect base information on needs, gaps and opportunities, and to initiate a broader process of design and collaboration within District 5. Following this meeting, the broader collective will pursue a program of both design and fund-raising, focusing specifically on resources such as the Community Initiatives Program.

Outcomes

The outcomes of this event are as follows:

1. Building connections with “first-response” caregivers in District 5 in order to begin to make changes to the mental health crisis response strategy for the District.
2. To discuss the challenges and possibilities for mental health crisis response in rural Alberta, in order to begin to develop a series of protocols and programs.
3. To assess and design a rural Alberta Mental Health Crisis Response program based on the discussions that were had during the day-long event.
4. To help District 5 communities build capacity in the area of mental health crisis response by beginning to assess and design a rural Alberta Mental Health Crisis Response program.

The event outcomes are significant to rural developments because mental health crisis response is at the forefront of issues in capacity abilities for rural communities. By addressing this issues and trying to find a solution that will provide benefits and resources for the rural communities in District 5, capacity in the area of mental health crisis response is increasing.

Mental health practitioners, patients (existing and potential), emergency services and response (policy, fire, paramedic), health care (emergency room), victim services and FCSS are all direct or indirect beneficiaries of this meeting, as it is leading to the design and implementation of a crisis response program for District 5.

Lloydminster Emergency Response and Alberta Health Services is a renewed collaborator/partner with Canadian Mental Health Association and the University of Alberta in this initiative. Their collaboration will be to contribute to the design, implementation, and possible Lloydminster-based branch of a District 5 CRT initiative.

Building Mental Health Crisis Response Capacity in Rural Alberta
Alberta Centre for Sustainable Rural Communities (ACSRC)
Canadian Mental Health Association (CMHA) – East Central Office
Viking Senior Center, Viking, Alberta
9:00 – 17:00, Monday, November 8, 2010

Agenda

Item	Time	Agenda Topic	Facilitator
1	9:00 - 9:15	1. Introductory statements – purpose of meeting (review proposal)	
2	9:20 - 9:30	2. Introduction of ACSRC, CMHA	
3	9:30 - 10:00	3. Brief introductions of all participants, where they are from, who/what they are representing	
4	10:00 - 10:45	4. Introduction and facilitated discussion of “the problem” – i.e., lack of emergency response team/program	<i>Vennard and Wegenast</i>
5	10:45 - 11:00	COFFEE BREAK	
6	11:00 - 12:00	5. Other models to consider	<i>Purc-Stephenson</i>
		6. Lethbridge presentation	<i>Vennard and Wegenast</i>
7	12:00 - 13:00	LUNCH	
8	13:00 - 14:00	7. Needs, gaps and opportunities within District 5	<i>Round Table</i>
9	14:00 - 15:00	8. Identifying crisis response teams as a theory of change	<i>Hallstrom</i>
10	15:00 - 15:15	BREAK	
11	15:15 - 16:00	9. Walking through a logic model for crisis response programming	<i>Hallstrom</i>

12	16:00 - 16:30	10. Next steps – Rural Secretariat/ALF opportunities
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Attendees

Bill Carter – Battle River Victim Services

Carol Coleman – Town of Vermillion FCSS

C. Gail Watt – Flagstaff Family & Community Services

Judy Rudkowsky

Margaret Hollison – Camrose and District Support Services (FCSS)

Shay Barker – ACSRC