



**Annual General Meeting of the
Alberta Division
Canadian Mental Health Association**

★

Saturday, Sept. 29, 2007 at 7 PM

Coast Terrace Inn, Edmonton, AB

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Speaking Notes



Thank you and good evening.

I am delighted to be here and want to thank Tom Shand for the invitation to come and speak at your Annual General Meeting. I have met members of the CMHA Board and look forward to meeting other participants who are here tonight.

First of all, let me salute the CMHA for its work in Alberta and Canada in advocacy and education in the areas of mental illness and mental health. The work of my office and the CMHA complements each other and so when I look around tonight, I realize I am in a community of friends - a good feeling.

Overview of Presentation

This evening, I plan to touch on Bill 31, the proposed amendment to the Alberta *Mental Health Act*, and discuss some changes occurring in the Mental Health Patient Advocate's Office and how it will change somewhat how we do our work. Along with that, I want to comment on the importance of recovery in mental health.



Having a Voice

My presentation is titled *Having a Voice*. It's also the name of my annual report which will be tabled by the Hon. Dave Hancock, Minister of Health and Wellness, at the fall sitting of the legislature.

The theme was inspired by *Out of the Shadows at Last; Transforming Mental Health, Mental Illness and Addiction Services in Canada, Final Report of the Standing Senate Committee on Social Affairs, Science and Technology (May 2006)*.

Out of the Shadows says...

“People with experience of the mental health system frequently report that they are the voice least heard, both as individuals and at the systems level. Advocacy means “to give voice to...”

It goes on to say....

... Having a say in matters that most affect you is essential to everyone's sense of well being and citizenship".

Advocacy

To support and protect people's rights, checks and balances are needed and so is independent advocacy. That's where the Alberta Mental Health Patient Advocate's Office comes in.

As you know, the characteristics of advocacy are described as being:

- **Independent:** *"independent from any person responsible for the patient's treatment or from those who have direct, indirect or administrative responsibility for treatment decisions".*
- **Partisan:** a partisan approach to ensure the patient/ client's "voice" is heard unlike a Review Panel or Court which are expected to be impartial.
- **Client Centered:** *focused on client interests not group interests, except in the case of collective and systemic advocacy. The objective is to promote the client's rights, with the client and for the client.*
- **Accessible:** *accessible in a timely manner to promote patient rights.*
- **Appropriate:** *knowledgeable and effective concerning patient rights and the processes to protect those rights*
- **Proactive and Pursuit of Least Contest:** *proactive rather than reactive; the service should be issue focused and look for solutions that meet the client needs while minimizing the need to pursue legal remedies, where possible.*

I would also add that our work is grounded in the recovery model, something I will speak more about later.



Who is the Mental Health Patient Advocate?

In 1990, the Government of Alberta had the foresight and wisdom to establish the office of the Mental Health Patient Advocate thereby creating a voice for the most vulnerable patients in the province.

The Mental Health Patient Advocate is appointed by the Lieutenant Governor by Order in Council and reports to the Minister of Health and Wellness on legislative matters. I am the third Advocate appointed. A social worker by training, I have extensive experience working in corrections and in mental health.

How is my experience in Corrections relevant? It has been said that offenders enjoy more rights and due process than do formal patients with mental illness who are detained for treatment.

According to the Ontario Psychiatric Patient Advocate in a submission to the World Health Organization...

“There is no more significant infringement of an individual’s rights, freedoms and liberties than when they are involuntarily detained by the authority of the state. This is especially true if the individual is held in a mental health facility”.



What Exactly does the Mental Health Patient Advocate Do?

It is my responsibility and my honour as the Mental Health Advocate to work to ensure that ...

- ... the legislative rights of vulnerable patients are promoted and protected
- ... their needs are considered and met whenever possible, and
- ... they are supported to make responsible decisions that affect their lives.

Our mandate is limited. Under the *Mental Health Act* the Mental Health Patient Advocate promotes and protects the rights of certified (involuntary) patients detained under two certificates under the *Mental*

Health Act in any one of the 16 designated mental health facilities across Alberta.

Under the Mental Health Patient Advocate (“MHPA”) Regulations the Advocate:

- *Shall* – Act On a Complaint (Patient Advocate Regulation S. 3(1))
- *Shall* - Provide Information (Patient Advocate Regulation S. 3(5))
- *May* - Investigate without a Complaint (Patient Advocate Regulation S. 4)

In terms of formal investigations, the Advocate may make recommendations to the designated health authority to resolve an issue and follows up to ensure the appropriate action has been taken.

The Advocate has the authority to report to the Minister of Health and Wellness in situations where there has been a failure to respond appropriately to recommendations.



How Do We Do It?

The Mental Health Patient Advocate Office is located in Edmonton and recently expanded to four staff - the Advocate, the Assistant Advocate, a Patient Rights Advocate, and an Administrative Assistant. We provide services province wide.

In 2006/2007, some 1400 people benefited from the knowledge and actions of the Advocate who responded to and worked on behalf of formal patients located across the province.

In 2006/2007 the Office of the MHPA handled:

- 567 informal investigations (567 case files)
- 838 resource calls/inquiries* (838)
- 10 formal Investigations (3 for Protection of Persons in Care)

* Including service providers

We investigate either *informally* by contacting the patient and other parties or *formally* in a prescribed process with a final written report. We

attempt to resolve the majority of issues informally through dialogue and non-confrontational means.

We have limited capacity for outreach but we are exploring our options for providing accessible services to all patients across the province who are detained under the *MHA*.



What's New at the MHPA Office?

In 2006 the former Minister of Health and Wellness asked the Alberta Mental Health Board, in its provincial capacity as policy advisor to the Minister on mental health matters, to consider the statutory role of the Mental Health Patient Advocate office given all the many changes that had occurred in health since the office was established (e.g. regionalization; patient concern and complaint processes; a provincial health authority dedicated to advancing mental health).

From this review, the statutory mandate of the Mental Health Patient Advocate was affirmed. However, in doing this review it also became apparent opportunities existed to enhance the accountability of the Office and how we work.

The outcome is I am leading a subtle, but significant shift in philosophy in how the Mental Health Advocate team does its job. Our core work continues to be patient rights, investigating complaints, supporting advocacy and providing education. But, rather than being the “mental health police” looking for transgressions in the implementation of the *Mental Health Act*, we are expanding our focus to more upstream and proactive activities with a greater focus on promotion, prevention and educational activities relative to the application of the Act, activities well within our mandate.

Under Bill 31, the proposed amendment to the *Mental Health Act*, community treatment orders (CTOs) would be introduced in Alberta and criteria for certification broadened. The Bill also proposes to expand the mandate of the Advocate's Office to provide services to patients under CTOs.



Recovery

I mentioned the recovery model earlier. The work of the Advocate's office is grounded in a recovery approach.

You all know that *Recovery* is not a new concept.

Ray Block, President and Chief Executive Officer of the Alberta Mental Health Board (AMHB), and I, in my previous role as Vice President with the AMHB, spoke about recovery in our presentation to Senator Kirby's Committee. As you know, the Committee ultimately produced *Out of the Shadows* and endorses a recovery approach in mental health.

The recovery model is integral to chronic disease and chronic illness management. The management of depression is often cited as an example where recovery in the management of mental disorders is relevant.

A sometimes misunderstood and controversial concept in some mental health circles, recovery does not necessarily mean a cure or absence of illness. To me it means patients feel supported, know and exercise their rights, and play a meaningful role in decision making that impacts their lives and the management of their illness.

Recovery is a journey not necessarily a destination. People with mental illness can move beyond the devastating effects of their illness and the stigma and discrimination they often experience, and enjoy a sense of hope and a measure of control over their lives.

In my office we are exploring what a *recovery model* will look like in the work we do. We are still learning in this journey and so we are reaching out to individuals and groups such as the Alliance and CMHA to help share their insights. Our objective is to be more client focused and to put our efforts into where we can have the greatest impact for promoting recovery.

I read with interest on your website the discussion paper *Power, Paternalism and Partnerships* that was prepared for the CMHA National Board of Directors by the National Consumer Advisory Council (NCAC) 2006. The concepts resonate with me.

When I first became the Patient Advocate, my initial impression in talking with patients and their families was their sense of being overwhelmed and of lacking a say in what was happening to them. Patients often speak about being afraid, feeling very frustrated that no one is listening to them.

Men and women who are newly diagnosed with mental illness sometimes express to us their disbelief, shock, and anger at being diagnosed with a mental illness. If they don't articulate these feelings, we can hear it in their voices and in their stories. We also hear sadness and a certain loss of identity as they are faced with adjusting their perceptions about themselves. Regardless if their diagnosis is new or they have had years of mental health problems, their confidence in their ability to cope with life seems shaken.

Some family members weep as they tell us their doctor says no treatment options will work for their family member. Many sound heart broken, guilty and angry at the system -- not at all hopeful.

Now let's turn that around and look at other common diseases and illnesses.

One of my family members and his wife have just been through three very serious episodes with cancer. I now call them the poster kids for recovery! They think optimistically, they talk about how well they are cared for by the staff and volunteers working with them. They have the utmost confidence in the team of experts that was quickly pulled together to help them in their *fight* against cancer.

They talk about the best practices that are being used and how lucky they are to be in Alberta with all this expertise around them. They relate stories of other cancer successes, of how the treatment team supports them and makes sure they understand each step in the treatment and healing process, of how to care for themselves and each other through this challenging time.

In the midst of treatment, they called upon friends who rallied and were eager and proud to be engaged in the treatment regime with a focus on recovery. They boldly wore the badges of their treatment – a wig, a tattoo for the next set of radiation, their hospital bracelets. They carried

on with their lives to the extent they were able, with others gladly making minor adjustments to accommodate their limitations.

They talked about how volunteers and staff greeted them at the door of the Cross Cancer Institute, of how a cup of tea and a friendly smile was always offered, how Senator Tommy Banks played the grand piano in the coffee lounge, of how a set of knitting needles was always handy to keep them occupied while they waited for their appointment. They talked about how doctors and nurses walking down the hospital corridor would smile and pat them on the back when they had experienced a small or significant victory in terms of their response to treatment.

They speak with pride about being part of the community of friends who had survived or are battling cancer. They talk about the great user friendly websites that anticipated their questions and worries and which offered welcome information and encouragement. They are now participating in fund raising walks and volunteer to share their experiences with others - stories of hope and inspiration. As I have said to them... they are my poster kids, my role models and my heroes!

Now, I don't really have to ask this audience how does our mental health system measure up against such a standard? Do people with mental illness talk about the care and support they received? Do they speak of the community of friends of which they are proudly a part of and share their big and small victories?

My experience is that people living with mental illness say... I want a friend who isn't paid, a place to live that is clean and safe, and meaningful activities to fill my day.

What do you think? Is this too much to ask?

My office wants to be part of turning the ship around in mental health. We want to work in a community of friends like CMHA, the AMHB and others.

As the National Consumer Advocacy Council says in a report I referenced earlier in my talk...***Power, Paternalism and Partnership...***

“Partnership is about the mental health services you use allowing you choices and offering you information about the treatment and support options available to you. It is about working in unison.

...

Partnership is based on respect, upon acceptance of your rights by mental health services, and by action from you with regard to your responsibilities as consumers.”

(Service User)

Conclusion

Now you might think from some of my earlier comments that I don't think there is much reason to be hopeful about the course of mental health treatment and services. Quite the contrary - in fact, I am extremely hopeful and believe we are on the brink of a major and positive transition in how we care and approach our mentally ill.

Wherever you turn these days in Alberta, you hear that we're a rich province with the wherewithal to make positive change -- it just requires the will to do it. We are at a unique time in our province's history where mental health is receiving the attention and commitment it deserves. We have a minister, the Honourable Dave Hancock who has boldly listed mental health as one of his ministry's key priorities. He has the ear of his government colleagues, a mental health board that is doing great things, regional service providers, organizations such as the CMHA and the new National Commission on Mental Health, and individuals with expertise based on their unique experiences living with mental illness and dealing with the mental health system. And all of these organizations and individuals have one thing in common: We're committed to action.

Yes, we still have a long road ahead and I know there will be bumps along the way. But the conversations and activities that are happening today around mental health are encouraging. People are talking about recovery, hope, partnership and about protecting the rights of Albertans living with mental illness.

Call me an optimist! As Winston Churchill said:

The pessimist sees difficulty in every opportunity. The optimist sees the opportunity in every difficulty.



Thank you for inviting me to participate in your Annual General Meeting.