



## ALBERTA ALLIANCE ON MENTAL ILLNESS AND MENTAL HEALTH

Alberta Addiction Service  
Providers (AASP)

Alberta Association of  
Services for Children and  
Families (AASCF)

Alberta College of Social  
Workers (ACSW)

Alberta Network for Mental  
Health (ANMH)

Alberta Pharmacists'  
Association (RxA)

Alberta Psychiatric  
Association (APA)

Alberta Students Executive  
Council (ASEC)

Canadian Mental Health  
Association (CMHA)

CASA Child, Adolescent  
and Family Mental Health  
(CASA)

College of Registered  
Psychiatric Nurses of  
Alberta (CRPNA)

Psychologists' Association  
of Alberta (PAA)

Schizophrenia Society of  
Alberta (SSA)

Society of Alberta  
Occupational Therapists  
(SAOT)

The Organization for  
Bipolar Affective Disorders  
Society (OBAD)

Submission to: Government of Alberta Standing Committee of Families and  
Communities

From: Alberta Alliance on Mental Illness and Mental Health

Re: Mental Health Amendment Act, 2007, Review

Date: Feb. 29, 2016

Please accept this memo from the Alberta Alliance on Mental Illness and Mental Health, on behalf of our Member Organizations, with regard to the request for input to the Mental Health Amendment Act (2007) Review.

In general, the AAMIMH is supportive of the Amendments made and would like to see continuation of Community Treatment Orders and the criteria for involuntary admission.

When these changes were being considered, then Health Minister David Hancock made a special effort to engage the support of the AAMIMH for this legislation. At the time, there were some dissenting voices, particularly with regard to the CTOs and concern for a loss of rights for people living with mental illness. However, through extensive education and consultation, the AAMIMH came around to being supportive and thereby essentially giving the support and consent of the mental health community (professionals, community organizations and individuals with lived experience) to this legislation.

Over the years, we have kept track of the results and feedback and have found them to be positive over-all, adding valuable tools to help people experiencing problems with mental illness to get treatment. While it can still be argued that this may take choice away from some individuals, the reality is that most of those individuals have benefitted from treatment, either through CTOs or as formal patients, often at great relief to those who care about them.

Therefore, the AAMIMH would recommend that the general directions put forward in the Amendments be continued, including CTOs, expanded criteria for formal patients, and the expanded role of the Mental Health Patient Advocates Office in overseeing concerns from those on CTOs.

However, as with most legislation, there is room for improvement, and we would encourage you to consider some changes in wording to improve the process and add clarity to the Amendments.

In that regard, we would encourage you to review the submission from lawyer Jason Morris, which he has shared with the AAMIMH. While we do not have the resources or legal expertise to specifically endorse his suggestions, and may not be in agreement with all of them, we respect the effort and thought put into his examination and would encourage you to give them due consideration. In particular, it does not seem to make sense that, as it now stands, it is easier to commit a person as a formal patient than to

get a CTO for an involuntary patient. Given that in most cases the reason for needing the CTO is that a person is not willing to give consent to treatment, it would seem that the expanded criteria regarding deterioration of condition should apply to involuntary CTO patients as it does to committing patients.

We would also concur with Mr. Morris that there should be some indication that the intended treatment provided will relate to addressing that deterioration. At present, the wording is vague and the deterioration could be unrelated to intended treatment, and therefore not relevant to commitment or a CTO.

At this time, the AAMIMH would also like to address what is perhaps our biggest disappointment with the introduction of CTOs, even though this point does not relate to the legislation but rather to the mental health system in Alberta.

When the AAMIMH agreed to support CTOs, it was with the understanding that, although not guaranteed in the legislation, the greatest benefit of the new legislation would be in increasing the capacity of, and access to, mental health and addiction services and supports (including housing, counselling, peer supports, treatment) in the community, in addition to psychiatric and other services provided within government/AHS institutions. While this has been done specifically on virtually a case by case basis for those on CTOs, there has been little effort to support the expansion and extension of those types of supports and services to others in need, despite the recognition of the need for such services. This need was strongly recognized in the past provincial mental health strategic plan and again in the current Mental Health Review but to date there has been little improvement in terms of implementation.

It is generally agreed that for those able to access treatment, our mental health system in Alberta works pretty well. The CTOs and the expanded criteria both help somewhat in improving this access. However, the far bigger issue is the deterioration of those living with mental illness when not in formal treatment. We commend the Government of Alberta for its work with the Mental Health Amendments Act and look forward to working with it, Alberta Health Services, our Members, and other mental health stakeholders to continue to improve mental health treatments and supports for those Albertans in need.

Thank you for your consideration of this submission. We would be pleased to address any of these issues with you at your calling.

Respectfully submitted,

Tom Shand

Executive Director,  
Alberta Alliance on Mental Illness and Mental Health