

Children's Mental Health Plan for Alberta



THREE YEAR ACTION PLAN

(2008-2011)

AUGUST 2008

Alberta

INTRODUCTION

The importance of healthy mental development for infants, children and youth cannot be overestimated. Parents, schools and communities have a significant impact on the development of mentally well children, and mentally well parents are a protective factor in their children's lives. Mental health is everyone's business. Together families, schools, communities and government share the responsibility to ensure that infants, children and youth have access to resources that promote optimal mental health and well-being.

In many cases, young people and their families struggle with timely access to appropriate mental health services. This lack of access can result in continuing mental impairment and overall dysfunction well into adulthood. When children with mental health problems are not treated and/or supported effectively, they tend to become more vulnerable and less resilient as they approach adulthood. Without sound assessment and diagnosis, followed by effective intervention, the mental health problems of children and youth can lead to future unemployment, exclusion from society, involvement with the law, and homelessness.

On April 16, 2008 Alberta Health and Wellness launched a Health Action Plan to improve accessibility to health care and ensure the future sustainability of the health system. The Children's Mental Health Plan for Alberta: Three Year Action Plan (2008-2011) supports the Health Action Plan by providing direction and funding over the next three years for strategies to improve access to mental health services for infants, children, youth and their families. The Children's Mental Health Plan also aligns with the Health Action Plan by addressing the needs of children and youth at risk, which contributes to healthy and safe communities.

Alberta Health Services will be responsible for the health service delivery components of the three-year action plan.

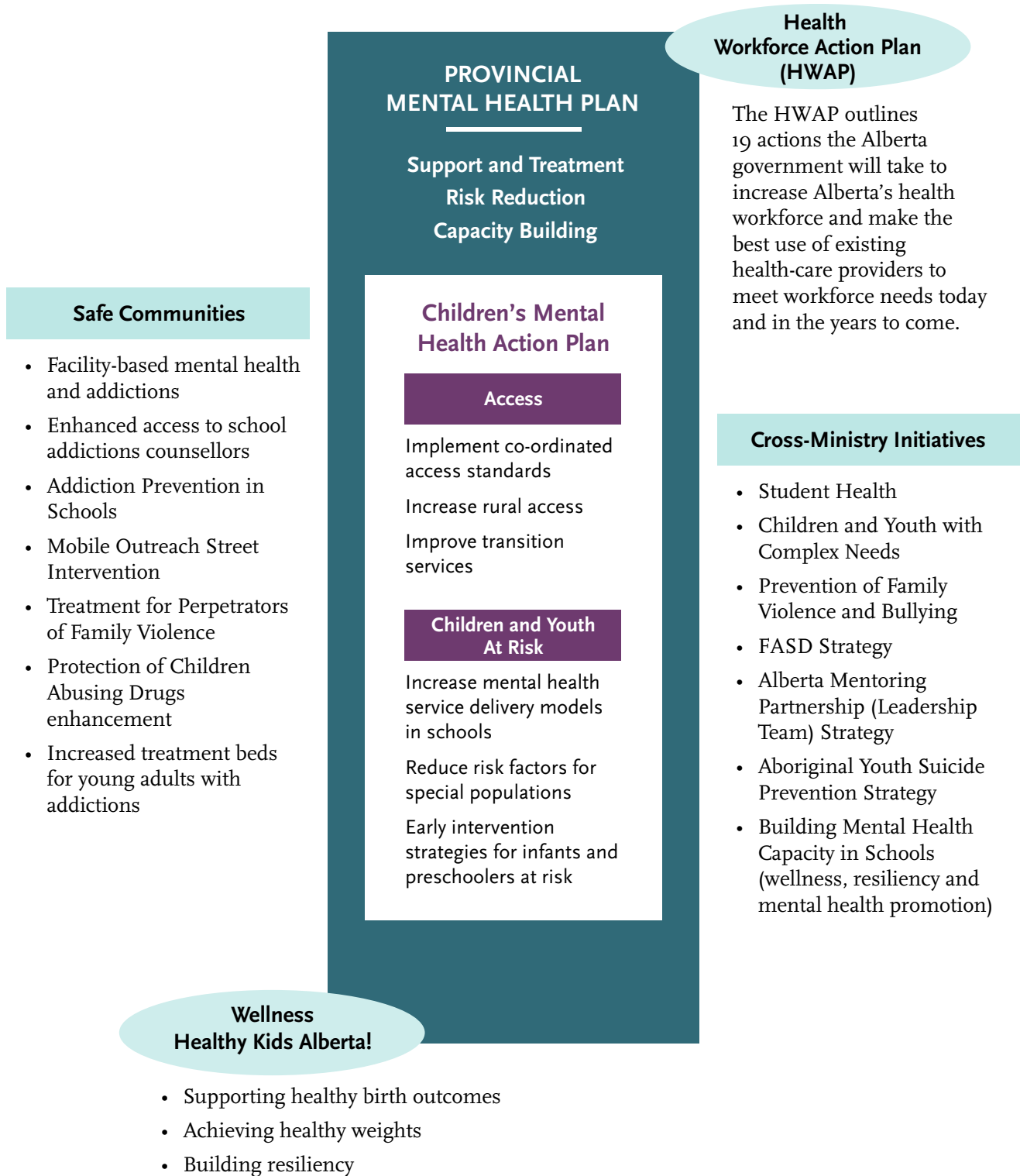
The development of the Children's Mental Health Plan was informed by Positive Futures – Optimizing Mental Health for Alberta's Children & Youth: A Framework for Action (2006-2016) and findings from community and stakeholder consultations. It builds on major initiatives undertaken by the Alberta government, including the Health Workforce Action Plan and the work of Alberta's Crime Reduction and Safe Communities Task Force.

“Children are our future. Through well-conceived policy and planning, governments can promote the mental health of children, for the benefit of the child, the family, the community and society.”

World Health Organization (2005):
Child and Adolescent Mental Health
Policies and Plans.



Linkages with Provincial Initiatives



The three-year action plan is also aligned with many cross-sectoral initiatives such as the Mentoring Partnership Strategic Plan, Student Health, Bullying Prevention, Aboriginal Youth Suicide Prevention, and Children and Youth with Complex Needs (see diagram on page 2 outlining linkages). Aligned with the Provincial Mental Health Plan, the three-year action plan supports a co-ordinated and collaborative approach to optimizing the mental health and well-being of infants, children and youth up to 24 years of age, as well as their families.

Actions will be taken over the next three years to advance children's mental health in Alberta through strategies that build on and enhance collaborative approaches between health services, schools and communities.

In addition to building on Mental Health Innovation Fund projects and children's mental health projects currently underway in schools and communities across the province, new initiatives will be implemented to improve access to services in rural communities and to address the needs of children and youth at risk. This includes the diverse and complex needs of Aboriginal and immigrant/refugee children and youth.

More effort also will be made to address the mental health needs of very young children and their parents prior to the development of mental health problems that can lead to difficulties throughout one's lifetime.

The following principles are fundamental to the Children's Mental Health Plan for Alberta: Three Year Action Plan

- Mental health is promoted as an essential part of infant, child and youth health.
- Services to address the mental health needs of infants, children, youth and their families are family-centered and move systems toward greater integration in order to put the needs of families first. Parents and caregivers, and children and youth where appropriate, are involved in service planning at all levels.
- Services across the continuum of care are provided with respect for autonomy, dignity, culture, spirituality and diversity of all infants, children, youth and their families, including addressing language barriers.
- Partnerships are fostered with Aboriginal communities and ethnic groups because concepts of mental illness and the origins of children's emotional and behavioural difficulties vary across cultures.
- Existing partnerships that serve infants, children, youth and their families provide the foundation for the Children's Mental Health Plan whenever possible. Strategies build on the strengths of current systems.

Goal 1: ACCESS

Supports Health Action Plan initiative “improving access” and Crime Reduction and Safe Communities Task Force recommendation #25: “Expand access to mental health services and treatment”.

Improve equitable access to the full range of children’s mental health services across the province and decrease children’s mental health wait-times for services. This will be achieved by building local capacity and implementing innovative strategies that serve infants, children, youth and their families in their own communities where they live, learn and play.

STRATEGY 1.1

Implement access standards for children’s mental health services for emergent care (within 24 hours), urgent care (within two weeks) and scheduled visits (within 30 days).

	Action	Implementation Timeline
1	Implement the Western Canada Waiting List (WCWL) Children’s Mental Health Services Prioritization Tool across the province.	2008-09
2	Increase the number of 24-hour mental health workers in emergency departments in urban centres; and crisis triage therapists in rural areas.	2008-09
3	Expand crisis intervention services for children and youth through the addition of urgent clinics bookable within two weeks, including walk-in/single-session clinics for children, youth and their families. These enhancements will decrease pressure on emergency departments.	2009-10
4	Implement co-ordinated regional intake processes in all health areas to make accessing the right service at the right time easier.	2008-09
5	Include children’s mental health services in Primary Care Networks.	2009-10

STRATEGY 1.2

Increase access to basic and specialized children's mental health services for those children and youth who reside in rural and remote areas across the province.

Action	Implementation Timeline
6 Establish and/or enhance Community Geographic Teams (mobile mental health teams) to provide an array of mental health services for children, youth and their families in rural and remote areas of the province. Services provided by the teams will include face-to-face clinical work and clinical work through the use of tele-conferencing equipment.	2009-10
7 Increase clinical consultation and education in rural and remote areas of the province, using models developed by CASA (Child, Adolescent and Family Mental Health) and Healthy Minds/Healthy Children for mentoring and skill development in the area of children's mental health treatment, including co-occurring addictions. Development of these skills, over time, will reduce the need for children and youth to be sent to urban centres for treatment, thereby improving local access.	2009-10
8 Provide provincial funding for CASA specialized inpatient mental health beds for children and youth referred from northern Alberta (previously fee-for-service beds). An additional 730 bed nights will be funded in 2008-09. When the new facility opens in Sherwood Park, funding will be provided for 2,190 new bed nights, adding treatment capacity for approximately 20 more adolescents per year.	2008-09
9 Complete a provincial assessment of the need for community-based group homes in rural regions that provide up to three-month assessment and treatment services for youth with severe mental health/behavioural problems; and short-term respite for youth in crisis.	2008-09

In 2003, adolescent girls aged 15 to 19 had the highest number and rate of hospital admissions for attempted suicide and self-inflicted injury of any other group.

Source: Alberta Centre for Injury Control & Research, 2006.



STRATEGY 1.3

Enhance and strengthen collaboration and co-ordination of services for children and youth during their transition from psychiatric inpatient care to the community, including family and school support.

	Action	Implementation Timeline
	<p>10 Establish and/or enhance Community Extension Teams in Lethbridge, Calgary, Red Deer and Edmonton to provide support to children, youth and their families during the transition from inpatient programs to the community. This will include home and school visits and community supports. These types of teams currently exist for adults and provide short-term intensive mental health outreach services to people with mental health problems who are at risk of deterioration during critical treatment transition points.</p>	2009-10
	<p>11 Develop and implement follow-up protocols between health services and Child and Family Services Authorities, Delegated First Nations Agencies, schools and other community agencies to facilitate continuity of care from hospital/specialized services to the community, wherever that community might be.</p>	2008-09
<p>In the 2005-06 fiscal year, 58,387 children in Alberta under the age of 18 accessed physicians for mental health services. This does not include mental health services provided that year by regional hospitals, community mental health clinics, and other community agencies.</p> <p>Source: Information Management, Alberta Mental Health Board.</p>	<p>12 Develop a Transitional Youth Service in Edmonton and Calgary for youth aged 16 to 24 who are often underserved as they transition from adolescence to adulthood. This will include specific services for difficult to serve clients in this age range, including youth with severe emotional/behavioural disorders and/or severe and persistent mental health problems, and those who need to transition into multiple adult services.</p>	2009-10



Goal 2: CHILDREN AND YOUTH AT RISK

Supports Health Action Plan initiative “healthy and safe communities” and Crime Reduction and Safe Communities Task Force recommendation #29: “Partner with Alberta’s First Nations and the federal government to jointly develop pilot projects designed to build safer communities, reduce crime and address the needs of community members at risk”.

Improve access to effective and innovative services across the mental health continuum through innovative partnerships between health areas, schools and community agencies. This includes prevention, early intervention, treatment and supports that address the needs of children and youth at risk, including the needs of Aboriginal and immigrant/refugee children and youth.

STRATEGY 2.1

Increase the number of innovative mental health service delivery practices/models in schools that address the needs of children and youth at risk, using collaborative partnerships and joint decision-making between health services and schools.

Action	Implementation Timeline
13 Building on the Community Mental Health Capacity Building in Schools projects, establish and/or enhance partnerships between health jurisdictions and school authorities to implement children’s mental health service models that are located in schools. Models will be unique to the needs of each community and may include such service providers as mental health/addictions therapists, family school liaison workers and success coaches.	2008-09
14 Increase the availability of centralized learning treatment classrooms with specialized, evidence-based, and strength-focused treatment for children and youth with severe mental health problems.	2009-10
15 Provide Mental Health First Aid training to teachers throughout the province. Mental Health First Aid is a promising and evidence-based program to improve mental health literacy, developed by the Centre for Mental Health Research in Australia.	2009-10
16 Provide funding to Safe and Caring Schools to expand peer support models in schools.	2008-09

STRATEGY 2.2

Reduce risk factors associated with poor mental health in populations at risk through innovative targeted strategies in children's mental health.

	Action	Implementation Timeline
	<p>17 Implement a culturally sensitive post traumatic stress disorder treatment service for immigrant and refugee children and their families in Calgary, in partnership with settlement agencies. This type of program exists in Edmonton through the Edmonton Mennonite Centre for Newcomers.</p>	<p>2008-09</p>
	<p>18 Expand home visitation services for vulnerable families across the province using the model implemented in Palliser, Chinook and Northern Lights.</p>	<p>2009-10</p>
	<p>19 Increase the number of consultants in mental health consultant programs on pediatric medical units in the Stollery Children's Hospital and Alberta Children's Hospital.</p>	<p>2008-09</p>

In the 2006-07 fiscal year, the approximate wait-time for children's mental health services in Alberta was 11 weeks. Access standards for children's mental health services have been developed, with targets set for the next three years.

Source: Information Management, Alberta Mental Health Board.



STRATEGY 2.3

Enhance and build upon infant and preschool developmental screening and mental health intervention programs to provide early intervention to families and young children at risk for developing mental health problems.

Action	Implementation Timeline
20 Increase the availability of preschool (newborn to three years of age) developmental screening programs with timely screening for socio-emotional delays and follow-up components, including assessment and intervention. Screening should include the standard use of the socio-emotional developmental screening tool ASQ-SE.	2009-10
21 Increase the level of awareness in parents, families, preschool programs, community health nurses and family physicians of the emotional/behavioural developmental stages in preschool children. This will be accomplished through the development and distribution of learning material such as tool boxes.	2009-10
22 Implement three pilot projects to enhance and build upon prenatal and at-birth screening and intervention programs for families at risk (e.g. parents with mental illness, mothers with prenatal and postpartum depression, families experiencing addictions).	2009-10
23 As a pilot project, establish a multi-disciplinary infant/preschool assessment intervention clinic to provide comprehensive neurodevelopmental and mental health services for infants and young children who have experienced trauma, including foster children.	2008-09

CONCLUSION

The Children's Mental Health Plan for Alberta is an action plan to address mental health needs of infants, children, youth and their families over the next three years.

The 23 action items in this plan will enhance children's mental health in Alberta by improving access to services and addressing the needs of children and youth at risk.

Additional copies of this document are available online at www.health.alberta.ca or by contacting:

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