Tracking the Trends 1995

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Tracking the Trends

Future Directions for Human Services in Edmonton and the Surrounding Region

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Tracking the Trends: Future Directions for Human Services in Edmonton

Other editions:

1989 - Youth and Seniors
1990 - Families with Children
1991 - Immigrants
1993 - Aboriginal People
1994 - Youth

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Preface

Tracking the Trends: Future Directions for Human Services in Edmonton and Surrounding Communities is the product of the hard work and shared concerns of some major funders and providers of human services in the Edmonton area. The impetus for this study is the conviction that it is crucial for government departments and community agencies to monitor the significant issues and trends likely to influence the need for human services in the coming decade, so that ultimately the community can be better served.

This is the sixth edition of *Tracking the Trends*, which we hope will be as widely distributed and as useful as the first five editions. We are particularly pleased that this collective community effort has proven so beneficial in previous editions and trust that this edition will prove to be as informative. While *Tracking the Trends* cannot be expected to provide immediate answers, it is a useful aid in the ongoing planning and development of programs and policy initiatives.

The sixth edition of *Tracking the Trends* differs from previous editions by focusing on a specific social issue rather than a particular population. The information presented in this edition is a step toward identifying elements of community mental health that may stimulate continued research and practice efforts.

Consistent with the 1994 edition on Youth, this edition has included input from inside as well as outside of Edmonton. For this edition focus groups were held in Northwest Edmonton and Stony Plain.

We would like to thank all those who participated in the focus group discussions and have provided the input essential to this publication. We are grateful to the school systems, community organizations and service agencies which allowed us to hold focus groups. They were most accommodating.

Once again, community members have played a valuable role in providing their insight and experience through a series of focus group meetings arranged by this Working Group. We look forward to maintaining this excellent example of community participation as we continue to gain a better understanding of the important issues and trends that influence the development of human services in Edmonton and its surrounding communities.

Sponsoring Agencies

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Introduction

Why Track the Trends?

To those who provide programs and services in Edmonton and the surrounding communities, it is important to have timely information on major social and economic trends in Edmonton. This information not only helps us gain a better understanding of present social conditions and how they may have changed over time, but also helps us anticipate future changes. While there is no lack of relevant information, the challenge has been to select that which is most pertinent and to integrate it in a meaningful way.

Tracking the Trends looks at major social and economic trends that are likely to influence human programs and services in the Edmonton area – now and in the future. In this edition we focus on the issue of mental health.

How Was it Done?

The Working Group on Mental Health which prepared this sixth edition of *Tracking the Trends* included representatives from: Alberta Alcohol and Drug Abuse Commission, Alberta Family and Social Services – Child Welfare, Alberta Family and Social Services – Family Violence Prevention, Alberta Justice, Canadian Mental Health Association – Alberta North Central Region, Capital Health Authority – Public Health Services, Catholic Social Services, Child and Adolescent Services Association, City of St. Albert Family and Community Support Services, Community Development – Caritas, Edmonton Catholic Schools, Edmonton Community and Family Services, Edmonton Police Service, Edmonton Public Schools, Edmonton Social Planning Council, Health Line Information Society, Mental Health Clinic – Edmonton Zone – Provincial Mental Health Board, United Way of the Alberta Capital Region, and a Volunteer Consultant.

For the purposes of this edition, the Working Group selected Northwest Edmonton and the Town of Stony Plain to serve as the geographical areas. For the purposes of *Tracking the Trends* Northwest Edmonton is bounded on the North by the city limits, on the South by 118 Avenue, on the East by 82 Street, and on the West by St. Albert Trail.

What Was Done?

The Working Group on Mental Health undertook the following tasks:

- selected geographical areas that are indicative of the composition of Edmonton and its surrounding communities
- compiled relevant statistical information
- held focus group sessions with youth, adults and seniors in Northwest Edmonton and Stony Plain
- held focus group sessions with service providers in Northwest Edmonton and Stony Plain
- identified themes and trends

Toward a *Definition* of Mental Health

In Western culture, visions of health have tended to focus on the absence of physical illness. This is reflected in a scene from the Archie comic strip: where Dilton, in response to the question "how are you?" performs on himself various physical tests including blood pressure and body temperature before responding with a confident "excellent!".

As technological advances have been made, particular health threats have been more easily identified. In some cases these scientific discoveries have resulted in changes to the physical environment such as improvements to sanitation and immunization. Although these improvements have enhanced the physical health of many people, their limitations have also become clear.

The person—environment relationship is much more complex than previously thought. No longer are the primary risk factors to health easy to compartmentalize and address environmentally as in the case of communicable diseases. Mental health problems and chronic physical conditions are now our predominant health concerns. The common occurrence of hypertension, respiratory ailments, substance dependence and depression within our communities attests to this shift.

It is now known that a connection between physical and mental wellness exists and this scientific evidence has coincided with increased recognition and study of the social and personal elements that contribute to mental well-being. In addition to cognition and emotionality, the domain of spirituality is increasingly recognized as a contributor to human mental wellness and illness.

A remaining challenge is the stigma associated with mental ill-health. When greater understanding and appreciation develops for the elements of humanity that make us both unique and alike, the fear inspired by the unknown will diminish and the variation of personal functioning among us may become a welcome addition to the broad spectrum of which we are all a part.

We have come to accept that mental health is more than the absence of ill-health and that it is a resource for living which both influences and is influenced by complex interactions among people and their environments. The task of facilitating a transition to well-being and maintaining this state individually and collectively may seem overwhelming. Yet it is precisely the complexity of this task that seems amenable to multi-level, collaborative, and integrated efforts. It is with the intent of inspiring continued initiatives in the field of mental health that this publication is written.

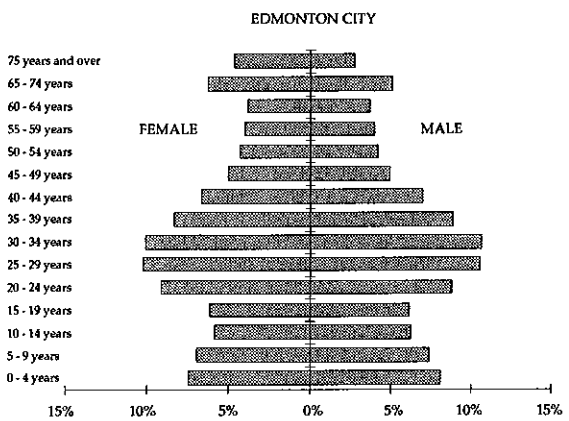
For the purposes of this edition of *Tracking the Trends*, mental health was defined by the Working Committee as: the capacity to interact and share with others in ways that promote physical and emotional well-being, optimal development and use of mental abilities and achievement of individual and collective goals.

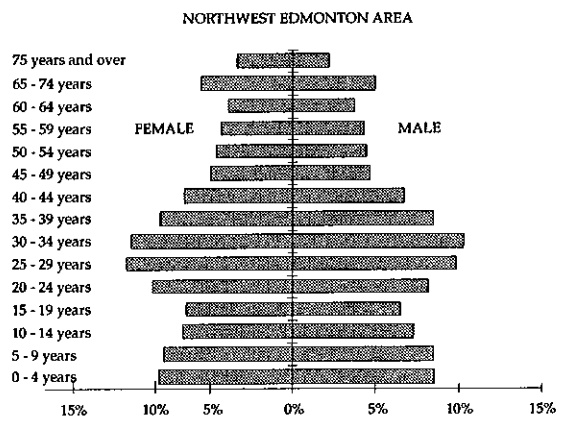
Part 1 Major Social and Economic Trends

original art by: Alia Hamdon - O'Brien

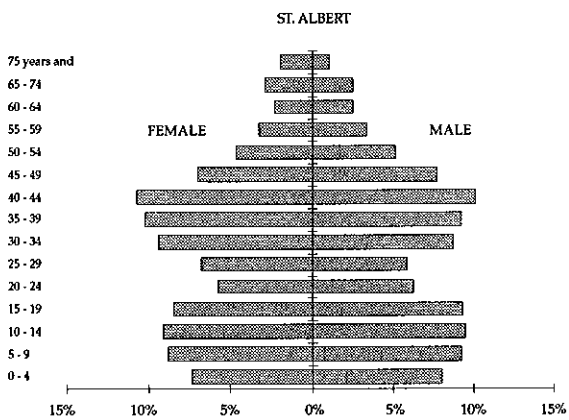
POPULATION

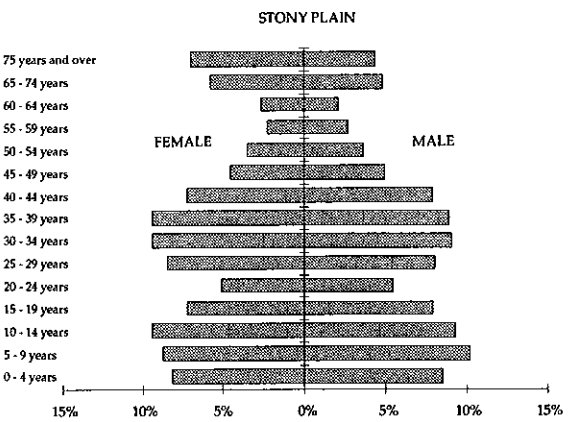
The geographic areas for concentration in this year's study were picked for several reasons. Stony Plain was to represent a rural area as a contrast to the City of Edmonton and St. Albert was included since it is now an integral part of the Capital area for purposes of health and other service planning. Northwest Edmonton was intended to be a microcosm of Edmonton City, with characteristics reflecting the entire city, yet small enough to permit reasonable coverage through focus groups and other data gathering. 1991 Federal Census data (the latest available at time of publication) have been used to describe, compare and contrast these areas. While there are some minor differences, the Northwest area shows an age/sex population distribution which is very close to that of the entire city. St. Albert is substantially different from Edmonton with greater representation in the 5–19 age groups, less in the 20–34 age groups and again more in the 35–49 age groups. Those over age 55 make up a much higher proportion of Edmonton's population.



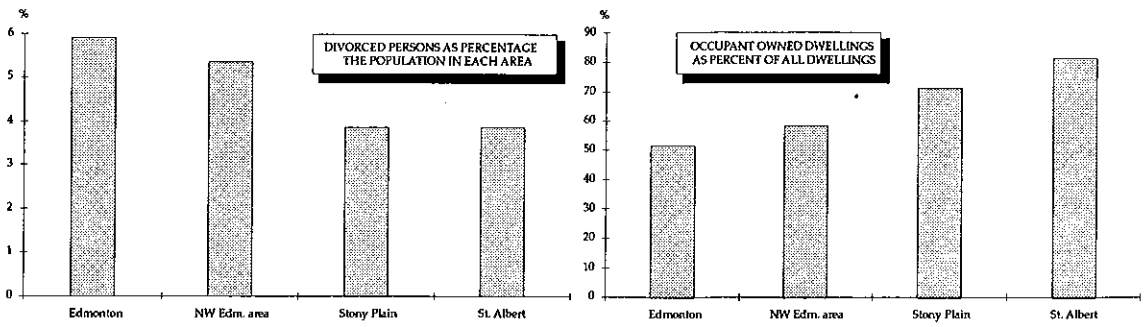


Stony Plain's age/sex distribution is close to that of St. Albert for the age ranges 0–14 but differs substantially from both other centres in the older ranges. Smaller proportions of the Stony Plain population are aged between 15 and 29 and between 50 and 64 while those aged 65 and over comprise an even larger proportion than that found in Edmonton.



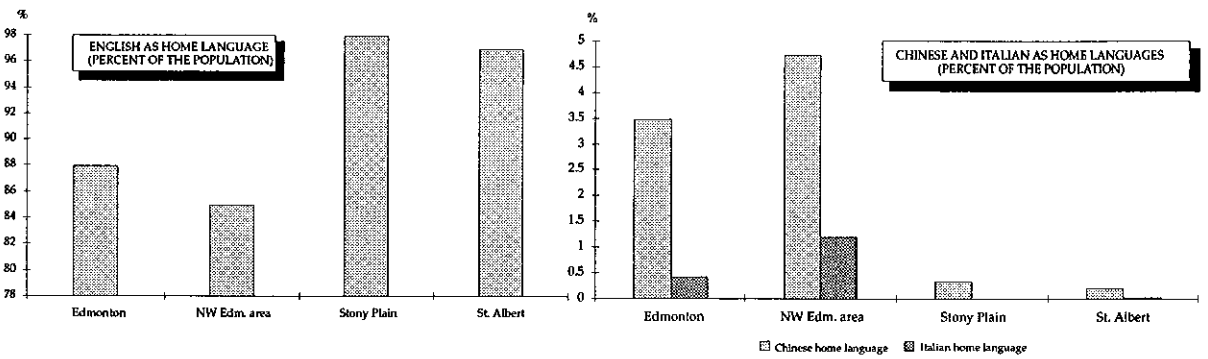


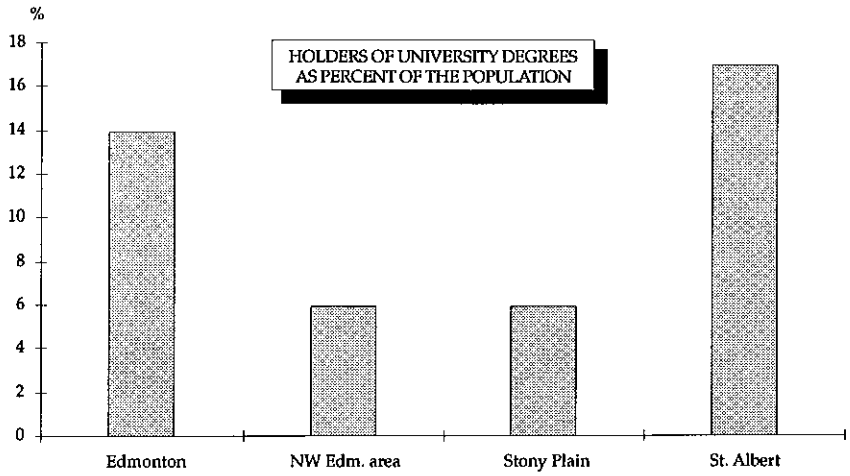
The areas have many demographic characteristics in common. These require no comment. The following, therefore, is based primarily on differences which became obvious when these areas were compared using 1991 Federal Census data. Some of the differences are substantial, especially those related to income and financial well–being.



Stony Plain and St. Albert have fewer divorced people than does Edmonton, much higher rates of home ownership and fewer people of non–English background. In both Stony Plain and St. Albert about three quarters of all dwellings are single–detached houses compared to about half of those in Edmonton. Conversely, apartments represent a much higher proportion of all dwellings in Edmonton than in either of the two suburban areas. As well, Stony Plain and St. Albert have higher average household size.

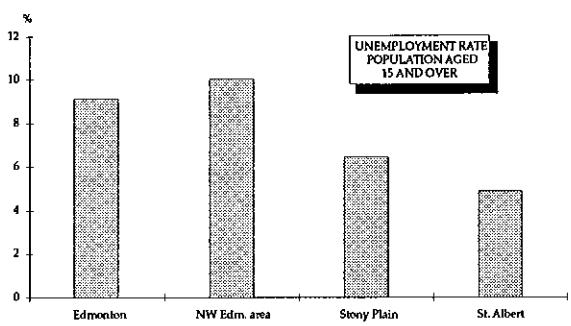
While 17% of Edmonton's families are headed by a single parent these proportions are 12% in Stony Plain and 10.5% in St. Albert. About half of those aged 15–24 in Edmonton attend school full–time. In Stony Plain 53% do so and in St. Albert 64%. In Edmonton, 14% of the population have a university degree. In the Northwest area and in Stony Plain 6% do, while in St. Albert 17% have degrees.

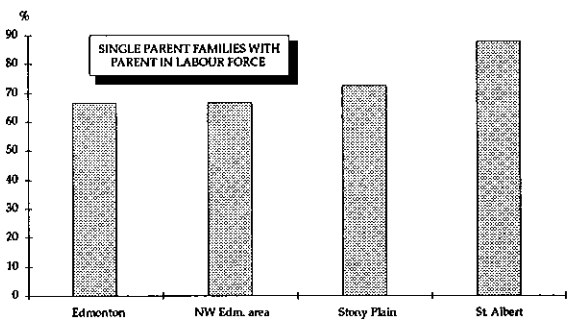


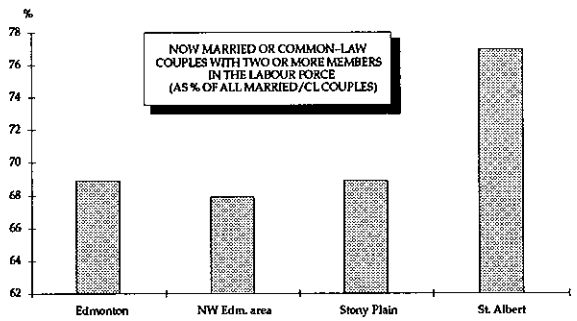


EMPLOYMENT AND INCOME

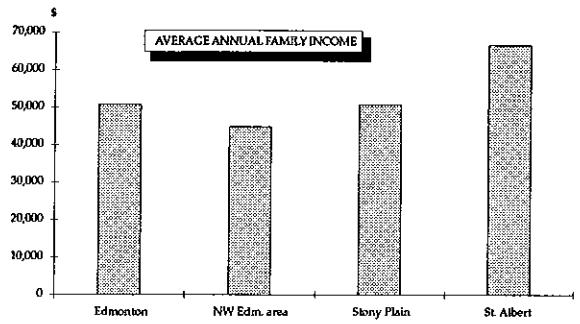
At time of the Census, of those aged 15 years and over in Edmonton 9.2% were unemployed. This was higher in the Northwest area at 10.1%, but much lower in Stony Plain at 6.5% and in St. Albert at 4.9%. Labour force participation rates were just over 70% in all the areas except St. Albert, where the rate was 80.5%. Of all married or common–law couples in Edmonton and in Stony Plain, 69% had two or more family members in the labour force. In St. Albert this percentage was 77%. There was a parallel picture for lone parent families. In Edmonton 67% of these families had the parent in the labour force, in Stony Plain this percentage was 73% and in St. Albert it was 88%.

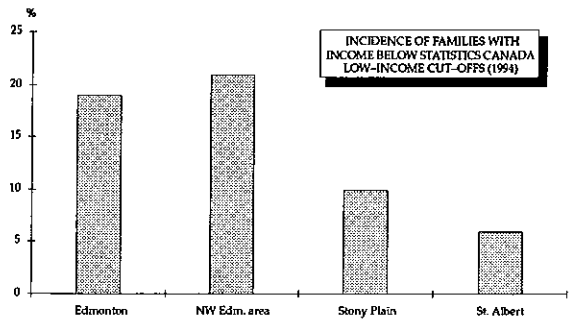






Not surprisingly, average family income differed in much the same way. In Edmonton and in Stony Plain it was $51,000, in the Northwest area it was lower — at $45,000. St. Albert was substantially higher, with an average family income of $67,000. Incidence of families with low income, according to Statistics Canada low income cut–offs was 19% in Edmonton, 21% in the Northwest area, 10% in Stony Plain and 6% in St. Albert. (These proportions are likely slightly higher as the incomes used are for 1990, from the 1991 Census, while the Low Income Cut-off's have been adjusted to 1994 using the Consumer Price Index).





Low Income Cut-Offs for Edmonton in summer of 1994 were

Family Size	1	2	3	4	5	6	7 or more
	$16,609	$20,762	$25,821	$31,256	$34,939	$38,622	$42,305

MENTAL HEALTH INDICATORS

Mental Health – Trends and Measures

Based on unscientific, but pervasive anecdotal evidence, too often when one speaks of mental health those listening tend to hear mental illness. Indirectly, this idea is supported by the fact that when searching for measures and statistics reflecting mental health and well–being we found mostly, with some notable exceptions, measures of the negative end of the mental health continuum.

There appears to be a lack of knowledge and understanding of mental illness among the general population leading to discomfort with the concept and with those who have been or are considered to be mentally ill. Education and familiarity have been shown to replace such stereotypical thinking with understanding and greater acceptance.

A study by the Population Research Laboratory at the University of Alberta, (Public Attitudes in Alberta Toward the Formerly Mentally Ill, July, 1989) which looked at peoples' attitudes toward the formerly mentally ill found that almost seven out of 10 Albertans agreed with a statement that "some people are born mentally unstable". There was also a high level of agreement that " ... excessive use of alcohol or drugs contributes heavily to mental illness". Nevertheless, only 13% of

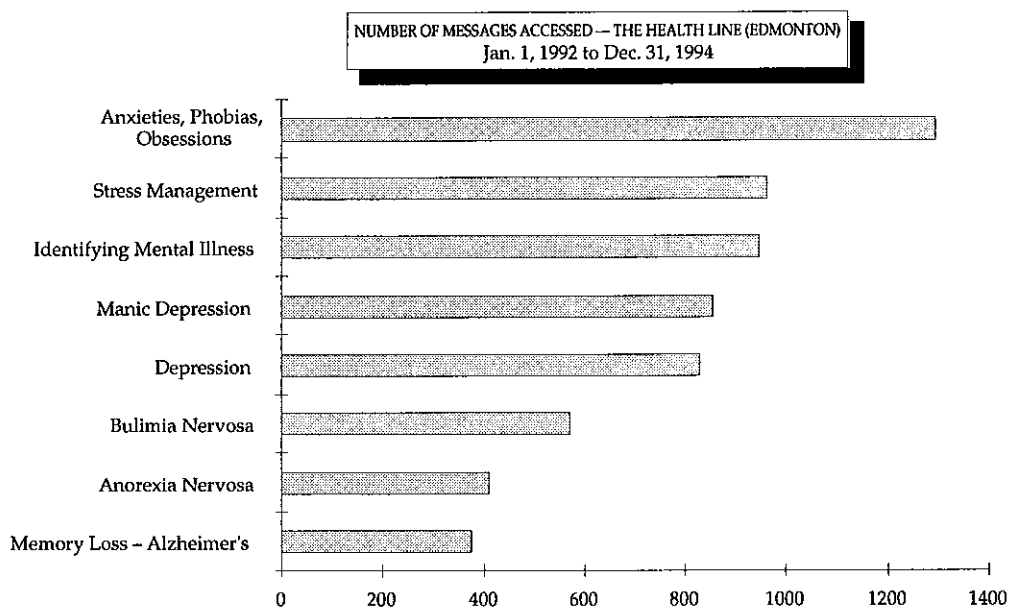
respondents said they would feel uncomfortable around former mental patients citing unpredictability of their behaviour as reason for the discomfort. Statistically significant findings of the study include the following: those with education beyond high school were less likely to feel that former psychiatric patients are more dangerous than people in general; those better informed about mental illness through reading and television felt the same. As well, those with formal education regarding mental illness were less likely to respond that they would feel uncomfortable around former psychiatric patients and they rejected the idea that such patients were more dangerous than people in general.

The vast majority of Albertans (82%) felt that with help, most people with mental health problems can recover and three quarters agreed that they would have better chance of recovery if they receive treatment in their own community. This supports the current de–institutionalizing trends as does the fact that treatment in psychiatric hospitals has been shown to be very long–term and expensive. In 1992–93, the average length of stay of those receiving treatment for mental illness in general hospitals was 33 days while the average length of stay in psychiatric hospitals was 274 days. (Statistics Canada Daily, March 7, 1995).

Personal contact with the mentally ill and the former mentally ill, both in treatment facilities and in the community, also contributed strongly to feelings that former psychiatric patients are no more dangerous than anyone else and people who had such contacts were less likely to be uncomfortable in the company of former psychiatric patients.

The study results suggest that familiarity and education lead to better understanding, but also that there is need for further public education about the causes, treatment and outcomes of mental illness.

The following chart shows mental health–related messages accessed by callers to the Edmonton Health Line between January 1, 1992 and December 31, 1994. These represent 17% of all calls made to the Health Line and suggest that the public is very interested in obtaining information on these topics.



"Time Crunched" Families

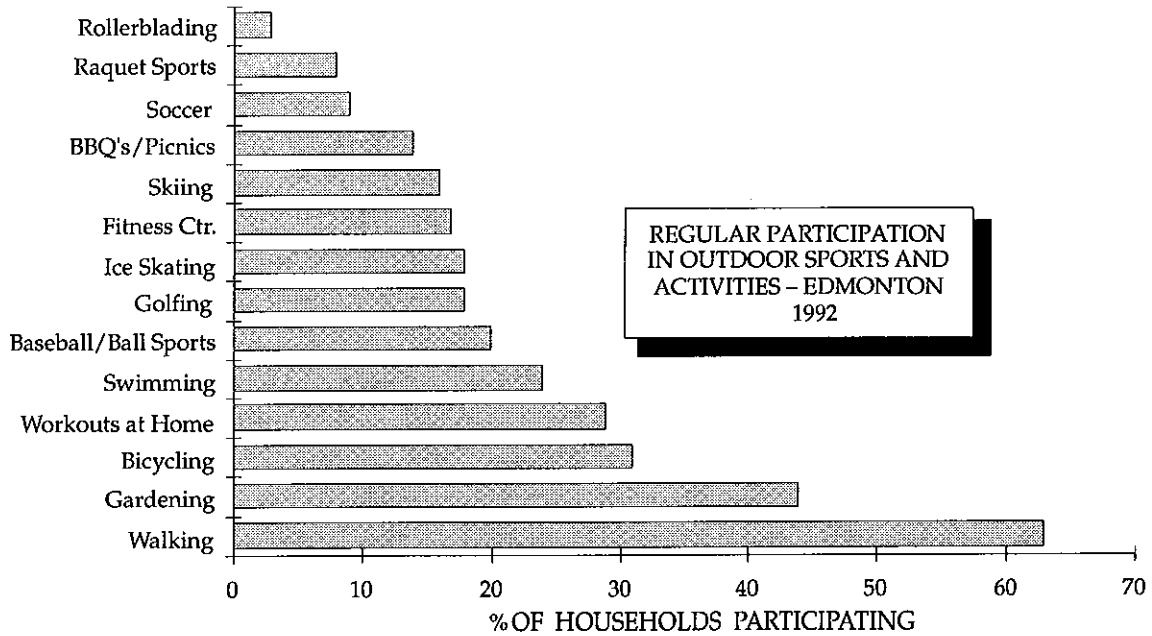
Work is a basic and defining part of peoples' lives. A large proportion of a lifetime is spent working and a major part of one's identity derives from what one does and who one is in the workplace. It is, thus, an important, necessary and positive aspect of being. Nevertheless, recent economic and social trends have contributed to work becoming a negative force in the lives of some people. Because of economic insecurity families are devoting more hours per week to the labour market. More are becoming dual–earner families and continuously balancing competing demands for time. Often they feel that decisions over which they have little control determine their lives and future. (e.g. lay–offs). Changes in family circumstances lead to unpredictability and instability which appear to have negative effects on children. (Robert Glossop — Vanier Institute of the Family).

- in 1994 75% of Alberta mothers with children under 16 years of age were in the workforce and 67% of those with children of pre–school age.
- 34% of women working full–time as part of a dual–earner family with children under 10 years of age reported they were extremely "time–stressed". They were second only to working mothers on maternity leave with a new baby, 72% of whom reported being stressed for time. (General Social Survey, 1991).
- in addition to having two full–time jobs, an increasing number of members of dual–earner families are "moonlighting" to make ends meet. Although those most likely to moonlight are young families without children, the overall incidence of moonlighting rose more than 50% between 1984 and 1994 to a total of 362,000 families or nearly 7% of all Canadian families. (Perspectives, Summer 1995)
- almost half of Canadians aged 15 and over feel that they are often unable to finish what they had set out to do each day; one third feel constantly under stress trying to get things done. (Perspectives, Summer 1995)

Sport and Leisure

Forty-five percent of those aged 15 and over said they regularly participate in sport. Of those who said they did not, 37% cited lack of time as the reason (General Social Survey, 1991).

In July 1993, the Edmonton Parks and Recreation Department commissioned Criterion Research Corporation to undertake a survey of participation in outdoor and recreational activities. The five most popular activities in which there was regular participation were: walking, gardening, bicycling, working out at home and swimming. The results also showed that participation in a number of activities had decreased since a survey taken in 1981. These included camping, bowling, raquetball, fishing, skating (all over 15% decrease in participation) and to a lesser extent: curling, hockey, skateboarding, soccer bicycling, skiing and walking.

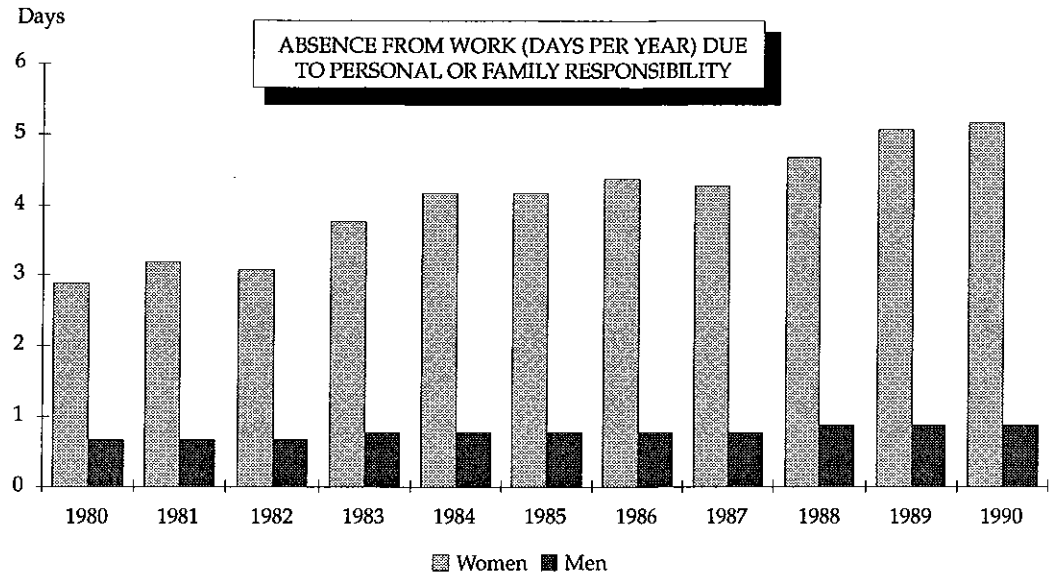


The study suggested the aging population as one possible reason for these decreases. It may be that the "time crunch" described earlier may be also contributing to less leisure time and so less participation in such activities.

Other Parks and Recreation data for the years 1989 to 1994 show attendance decreased at the Valley Zoo, the Mill Woods Recreation Centre and the John Janzen Nature Centre, holding fairly steady at Fort Edmonton Park, the swimming pools and at the Muttart Conservatory while increasing at the Kinsmen Sports Centre.

Surveys by the Edmonton Public Library system in 1993 and 1994 also show some decreases in areas such as visits to the library, books borrowed, questions answered and programs presented, although program attendance increased.

The time crunch is also reflected in time lost from work due to family or personal reasons. The Statistics Canada publication Women in the Workplace (Statistics Canada Catalog No. 71–534E) shows a steady increase in annual time away from work for these reasons. While the chart stops at 1990 with women showing annual absence of about five days, more recent data for 1993 show that this figure rose to 6.7 days. Since women continue to be the prime family care–givers, the time they are away from work has been greater and increasing more rapidly, although time away by men shows a parallel trend.



Stress

- constant or severe stress can threaten both mental and physical health. Symptoms can include psychological, physiological and behavioural changes that result in depression, job dissatisfaction, increased blood pressure, cholesterol, risk of coronary disease, migraine and increased drug/alcohol consumption.
- both the 1990 Health Promotion Survey and the 1991 General Social Survey reported that 7% of women and 8% of men responding said that their lives were "very stressful". (Canadian Social Trends, Summer 94)
- the 1989 National Alcohol and Other Drugs Survey reported that 60% of respondents aged 15–64 said their lives were "fairly or very stressful" while 34% of those over 65 years of age said so. Senior women (65%) and senior men (69%) who felt they had family and friends they could turn to for help with problems reported little or no stress in their lives. Seniors without helpful family and friends not only felt more stress, they also reported more health problems, greater use of prescription drugs and more frequent use of medical services. (Canadian Social Trends, Summer 1994).

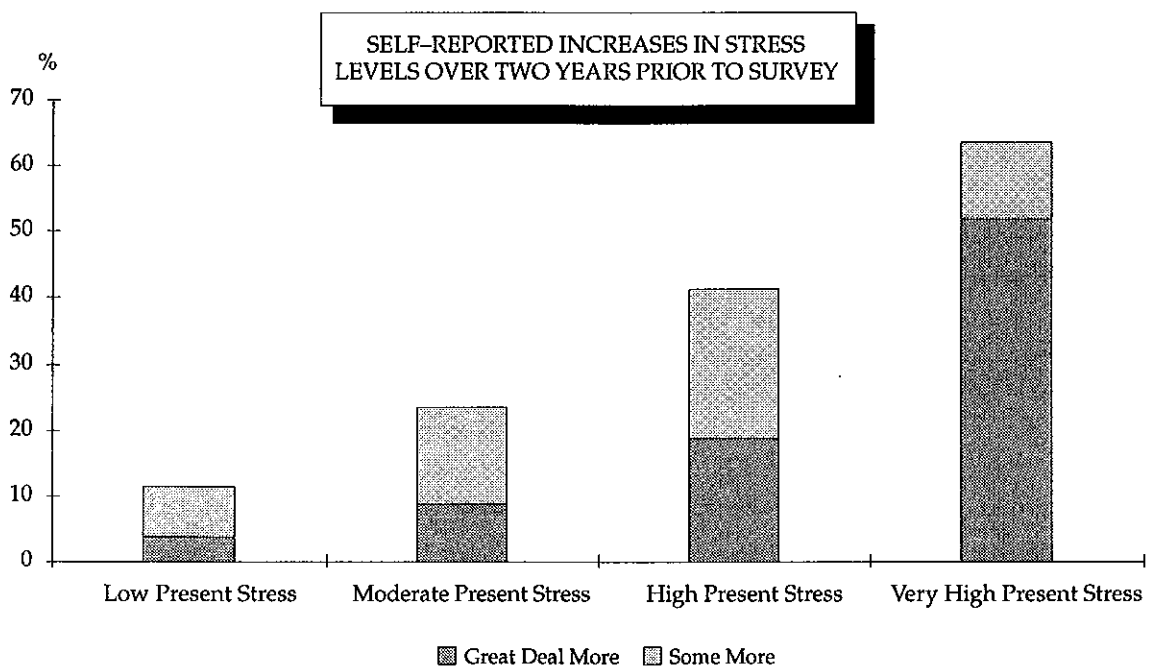
While the percentages differ somewhat, the theme remains the same in a 1992 national study of stress and depression by the Canadian Mental Health Association and the Canadian Psychiatric Association, which found that 47% of Canadians feel "really stressed ... from a few times a week to all the time". As well, one third reported feeling "really depressed" once a month or more. Highest levels of stress were reported by those aged 25–54, more than half of whom said that work and financial pressures were the cause. High levels of stress were also most prevalent

among high income groups while those with lower incomes reported frequent feelings of depression.

Study results also showed that the stigma associated with stress is equal to that associated with depression and that such stigma is a barrier which prevents people from acknowledging they have a problem and seeking help. Lack of knowledge and understanding of mental illness are credited with contributing to the stigma. Thirty–five percent of respondents believed that depression is a sign of personal weakness while only 42% said they would admit to their boss that they were receiving treatment for depression.

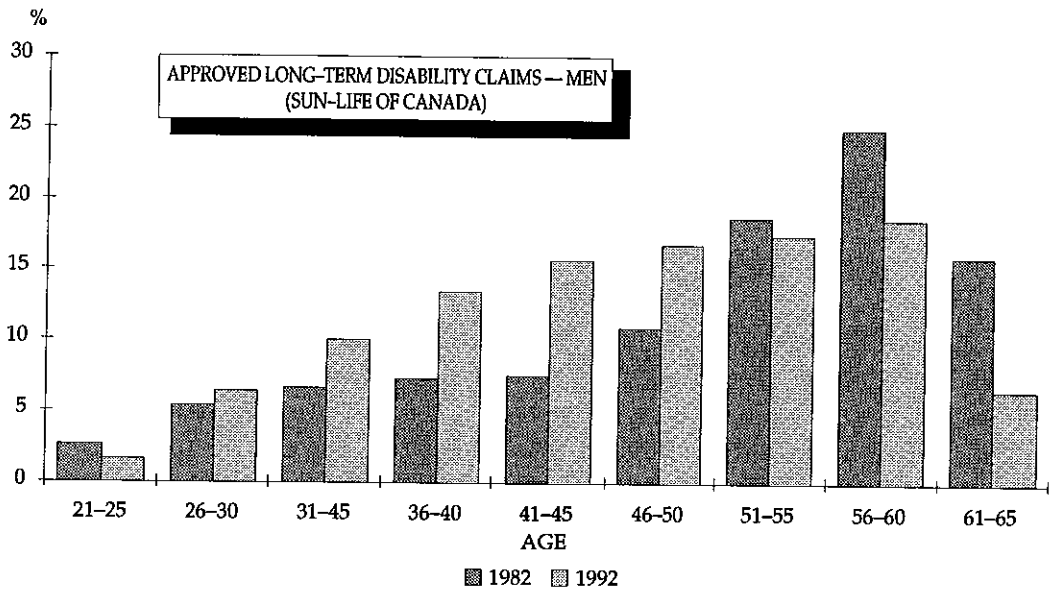
Respondents were also asked to compare their stress levels at the time of the survey to levels they had experienced two years previously. As the graph below shows, those reporting current very high or high levels of stress reported that their stress levels had increased substantially over the two year period, while those with low or moderate stress levels had stayed at much the same level throughout. (1992 COMPAS Survey of Mental Heath).

An article dealing with stress–related disability claims (The Globe and Mail, December 19, 1992) quotes Dr. Richard Earle, a psychologist and president of the Canadian Institute of Stress: "... people are taking on double and triple workloads. Hours are lengthened and higher productivity is demanded". He estimates that many workers are carrying a workload 20 to 40 percent greater (in 1992) than five years earlier. Workers accept these conditions because they are "literally worried sick about losing their jobs, even if they appear secure". Those who would have quit in other times and looked for other work feel they do not have the option, so remain in stressful work situations and live with the consequences.



Approved Long-Term Disability Claims – Sun-Life of Canada

Insurance companies providing long–term disability coverage are finding major changes in the type of claims being paid and in the people making such claims. Data released by the Sun–Life of Canada Company and reported in the Globe and Mail shows that in 1982 typical claimants were men aged 51–60. Ten years later, in 1992, there has been a substantial downward shift in ages of male claimants with typical claimants being younger, in the 41–50 age range. As well, between 1981 and 1993, there was a three–fold increase in the rate for men of long–term disability claims for "mental and nervous" reasons such as depression and anxiety disorders. (The Globe and Mail March 16, 1995).



Emotional Well-Being

The Bradburn Affect Balance Scale attempts to measure emotional health in face–to–face and telephone interviews. Statistics Canada re–analyzed results of the 1978/79 Canada Health Survey to permit comparison with the 1991 General Social Survey.

- overall there appears to be an increase in self–reported well–being of Canadians over this decade with 16% reporting highly positive well–being scores in 1991 compared to 9% in the 1978/79 Canada Health Survey. Those feeling negatively about their well–being decreased from 12% to 8%. Nevertheless, some sub–groups stand out as being low in emotional well–being: those aged over 75, widowed men, women aged 15 to 24, those with low income, people living with pain and those looking for work.
- married Canadians and those living common–law tend to score highly in positive well–being and are least likely to score negatively, while twice to three times as many of those separated,

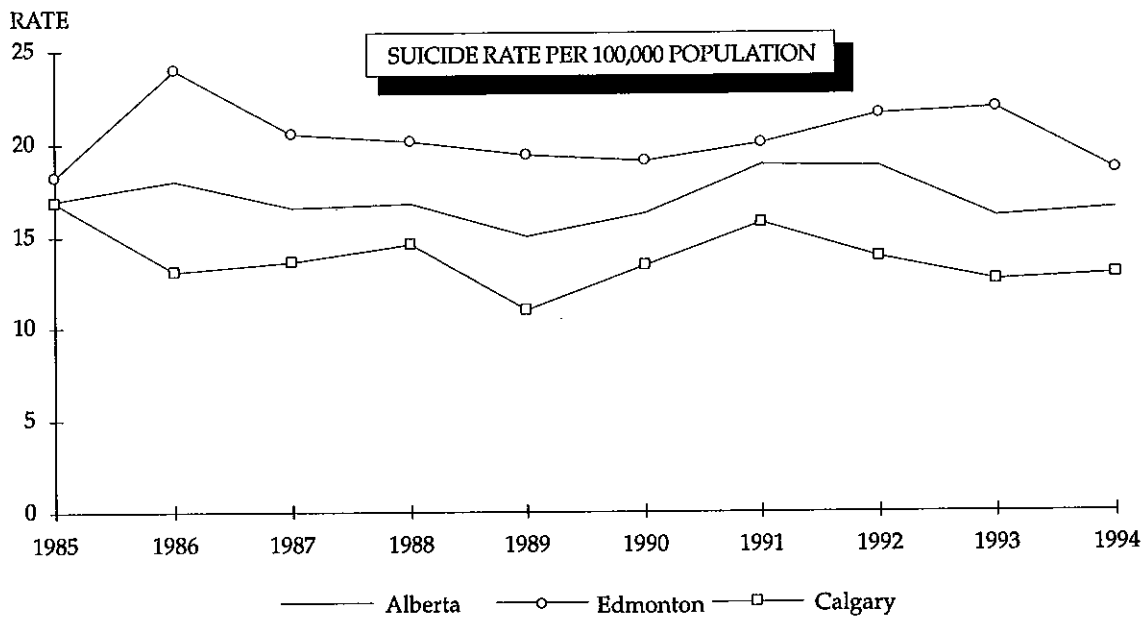
divorced or widowed score themselves highly negative on well–being. Emotional well–being is also positively correlated with financial well–being.

- 55% of Canadians scored themselves as very satisfied with their job or other main activity while another 28% were somewhat satisfied.
- in view of the major "downsizing" in both public and private sectors since the 1991 survey, the increased level of personal debt, continuing high levels of unemployment and increased financial insecurity taken in the context of the importance to Canadians of job stability, financial security and satisfying family life, it is likely that administration of the Bradburn Scale in 1995 may show some decrease in the self–reported feelings of well–being.
  (Health Status of Canadians StatCan Cat. No. 11–612E, No. 8) (Based on data from 1991 General Social Survey).

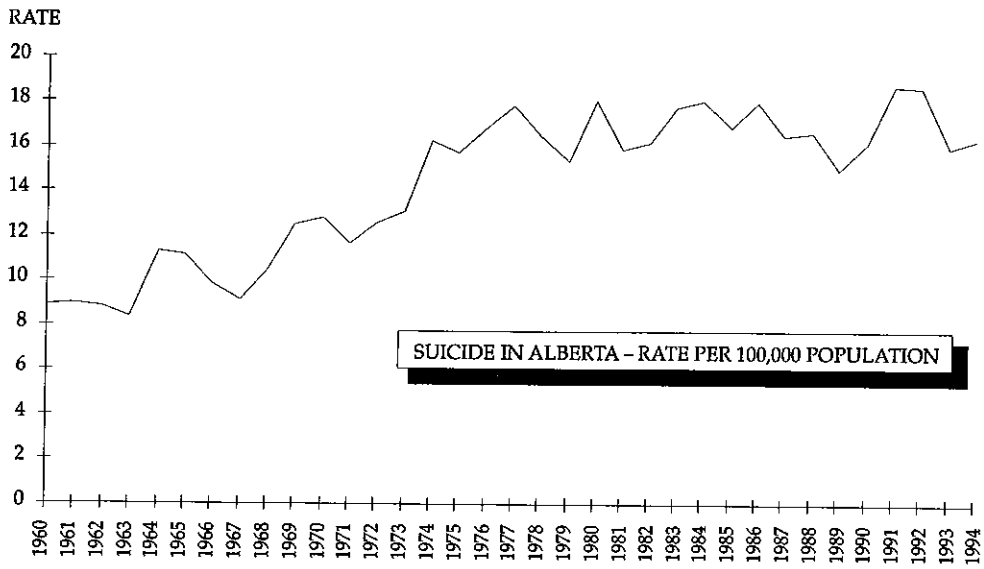
Suicide

Arguably, suicide could be seen as the ultimate expression of the lack of mental well–being and Edmonton, for reasons which are not at all clear, has historically had a high rate of suicide. Preliminary statistics for 1994 from the Office of the Chief Medical Examiner, Alberta Justice, show that, in that year, Edmonton had 116 suicides for a rate of 18.5 per 100,000 population while Calgary had 94 for a rate of 12.9.

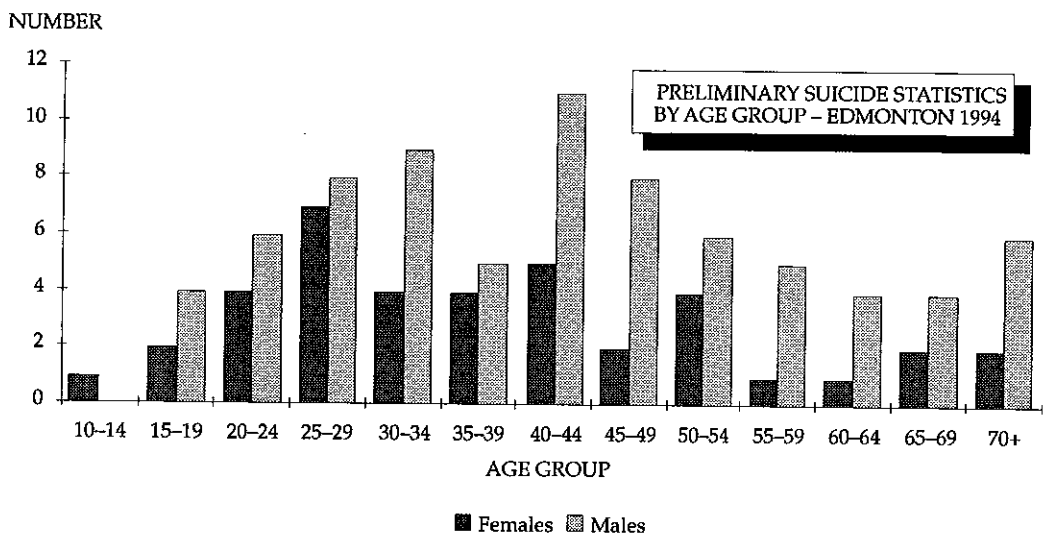
As shown in the chart below, for a number of years Edmonton has consistently had a higher suicide rate than either Calgary or the entire province of Alberta.



The rate of suicide per 100,000 population in Alberta showed a steady increase between 1960 and 1975, nearly doubling during that time. During the two decades following, it appears to have levelled out at about 16 per 100,000, with some annual variation between 15 and 18. However, this is much lower than national figures which nearly double the Alberta numbers, with suicides among native Canadians occurring at a rate nearly five times the non-native national incidence.

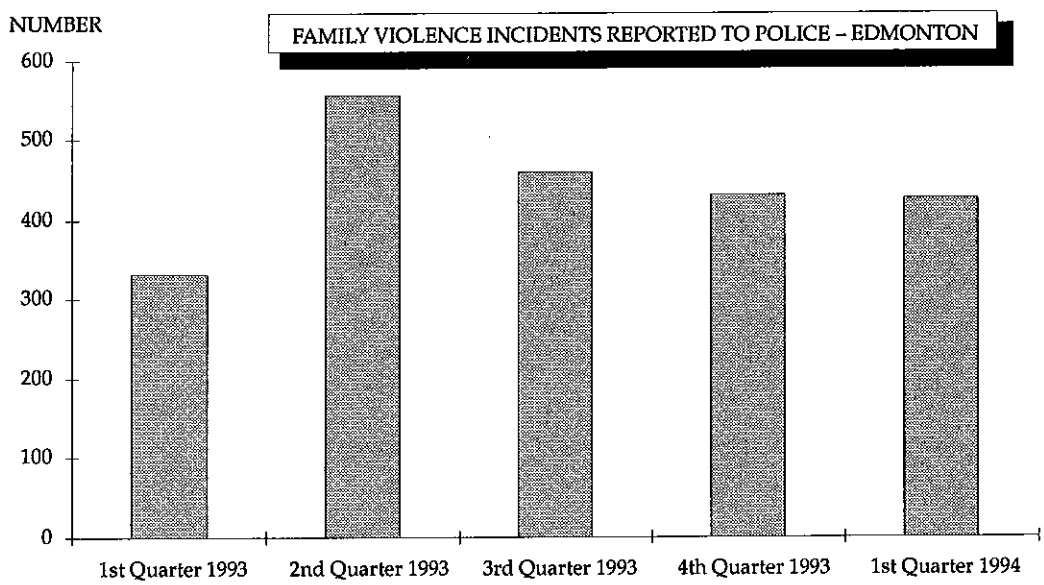


Suicide by age group shows some variation from year to year. Preliminary 1994 figures from the Office of the Chief Medical Examiner show that males commit suicide much more frequently than females. This appears to be consistent over time and across regions. The 1994 numbers, however, show male and female numbers to be closer to each other than in some previous years, in most age ranges. Apart from the high number of males in the 40–44 age group, there seems to be a disturbing concentration among males aged 20–34, with females aged 20–29 committing suicide more frequently than in past years.



Although high profile examples of violence committed by strangers often garner major media attention, more frequent and pervasive is violence experienced in homes, among family members. Family violence, primarily spousal violence incidents, are reported to police in Edmonton on average four to six times per day and recent data from the office of the Alberta Solicitor General show such incidents continuing at consistent high levels. On average, about two-thirds of such incidents result in the perpetrator being charged, primarily for common assault. Those who work in the field of spousal violence suggest that such statistics reflect only the "tip of the iceberg" as the majority of family violence incidents are unreported and women may be victimized many times before actually reporting an assault.

In addition to spousal abuse, many situations involve children as direct victims. In 1992, the Edmonton Police Service responded to 219 calls of suspected physical abuse of children and 437 calls involving suspected sexual abuse. In Calgary, these categories showed 74 and 447 calls respectively.



Research suggests that violence is a learned behaviour. Children who experience or witness violence or other abuse in the home learn that violence is an acceptable method for dealing with life situations. Such learning is reinforced by common and frequent media depictions of violence, both in news reports and in entertainment programs. The pervasiveness of violence as a means for coping with frustrations and difficult life situations is seen as contributing to increased incidence of violence perpetrated by young people. Until recently, violent young people were almost totally male but young females are increasingly responsible for acts of violence, some of which are of greater viciousness than those perpetrated by their male counterparts.

While violent crime by young people has been increasing over the past few years, other crimes, both violent and non–violent have decreased. Nevertheless, there is a continuing, overall perception among the population that crime incidents are becoming more frequent and more severe. Statistical reports notwithstanding, to those with such perceptions, perception is reality. The 1993 General Social Survey results show that 86% of Canadians are generally satisfied with their level of safety from violent crime, yet certain subgroups express greater levels of concern. Women are much more likely than men to feel unsafe walking alone in the evening or when home alone. The elderly also express such concerns even though statistics show that personal victimization rates for those over 65 are the lowest for any age group and that physical violence against the elderly is very often perpetrated by a spouse rather than by a stranger. To repeat, however, perception to the perceiver is reality. Fear of crime, of being a victim, of suffering financial, property or physical injury adds to stress and unease contributing to the degradation of the individual's overall mental well-being.

In addition to the quantitative data related to safety, violence and mental health, there is also some qualitative information that is worthy of mention. The September, 1995 issue of the Fianacial Post Magazine reports on a conference entitled "Violence as a Public Health Issue" held in June, 1995 at Midland, Ontario, close to the village of Penetanguishene, home of the Oak Ridge institution which houses some of the most dangerous and violent offenders in Canada.

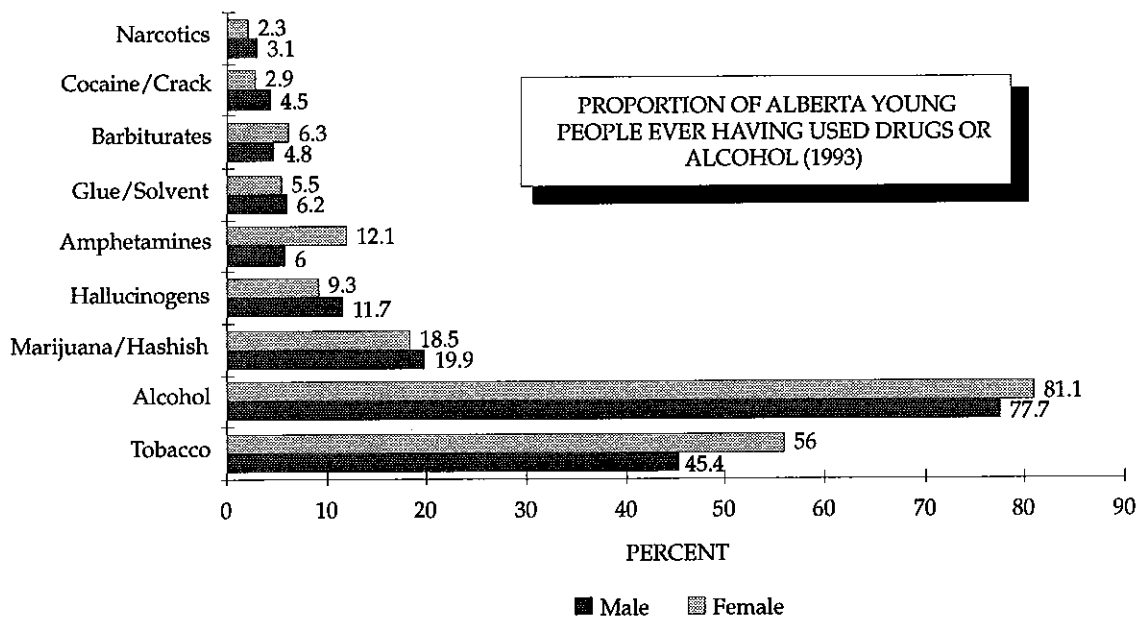
Academic experts, law enforcement officials and victims of crime were all given the opportunity to express their findings, concerns and experiences. Christine Silverberg, now Chief of the Calgary Police cited that over the past decade violent youth crime has increased at twice the rate of violent adult crime and expressed concern regarding the greater presence in schools of weapons, from pocket knives to firearms. Dr. Leonard Eron of the University of Illinois in Chicago, who has studied youth violence for more than 35 years discussed the relationship between violence on television and aggressive behaviour stating that it is about "the same as that between smoking and lung cancer".

While the article acknowledges the decreases in overall violence statistics it also highlights the experience of victims, for whom decreasing statistics are of small comfort. Priscilla de Villiers of Burlington, Ontario, who lost her daughter to a murderer/rapist is quoted as saying that Canada is "in crisis". She also says "I've stopped thinking about figures. I don't talk about them."

The main theme of the conference appears to have been concern with the early causes of violence, with speakers suggesting research and improved care and support must be provided during the earliest years of life and even to mothers during pregnancy. When asked what she would do about violence in Canada if given a blank cheque, Dr. Marnie Rice, Director of Research at Oak Ridge is reported as saying that she would spend it feeding good food to young mothers–to–be.

Personal Control

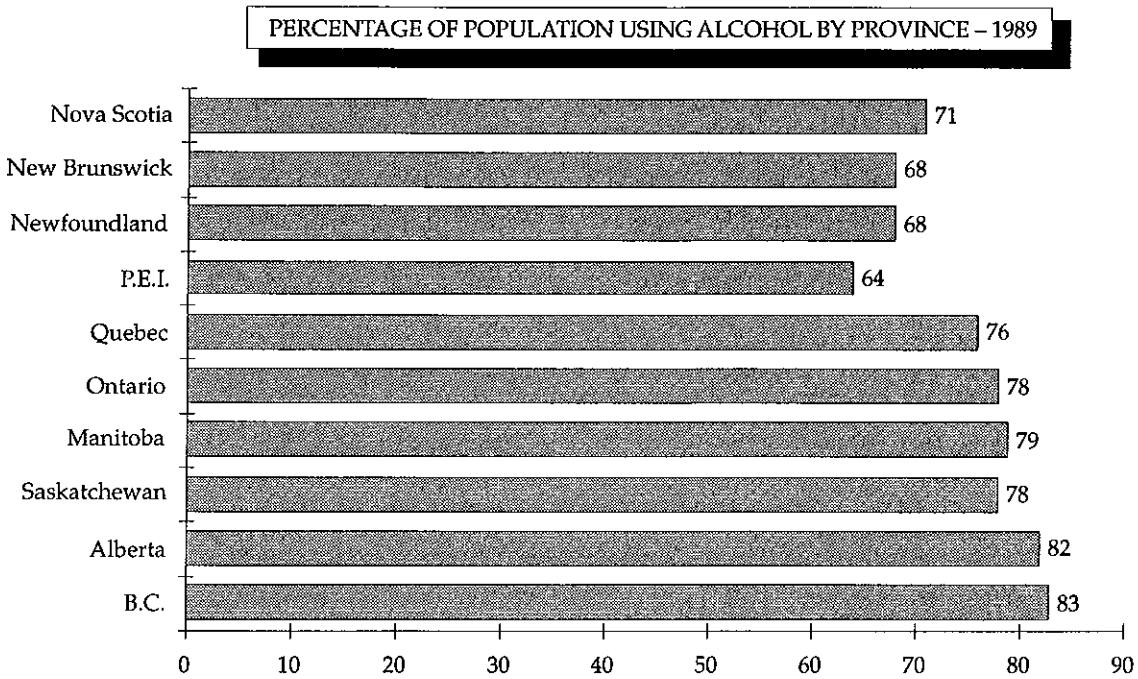
The ability to exercise control over one's life and circumstances is important to mental well–being, yet our society offers many opportunities for behaviour which leads to possible loss of personal control. Information from the Alberta Alcohol and Drug Abuse Commission offers examples. They have estimated that at least 15% of Alberta residents aged 12 years and over experience some problems with alcohol or other drugs, with 10% having mild–to–moderate problems and 5% experiencing more severe difficulties. As well, 5% of Albertans are said to experience some problems with gambling and AADAC estimates that 1,500 to 2,000 individuals per year will seek help for problem gambling.



Alberta's young people are said to be somewhat more likely to use such substances than those in other parts of Canada and the study suggests that use of these substances is related to adolescents' personal and family characteristics. Adolescents who lived with both parents were less likely to report lifetime substance use than those who lived in single–parent families or in reconstituted or "blended" families. Those whose families had high, positive levels of family functioning and high parental involvement were less likely to report ever using drugs. Adolescents living in families which they perceived as being dysfunctional, on the other hand, reported using marijuana/hashish at a rate nearly three times that of those who reported living in well–functioning families.

A positive trend, reported in the Spring, 1991 Canadian Social Trends, shows that people are exercising greater personal control over their use of various substances with use of alcohol

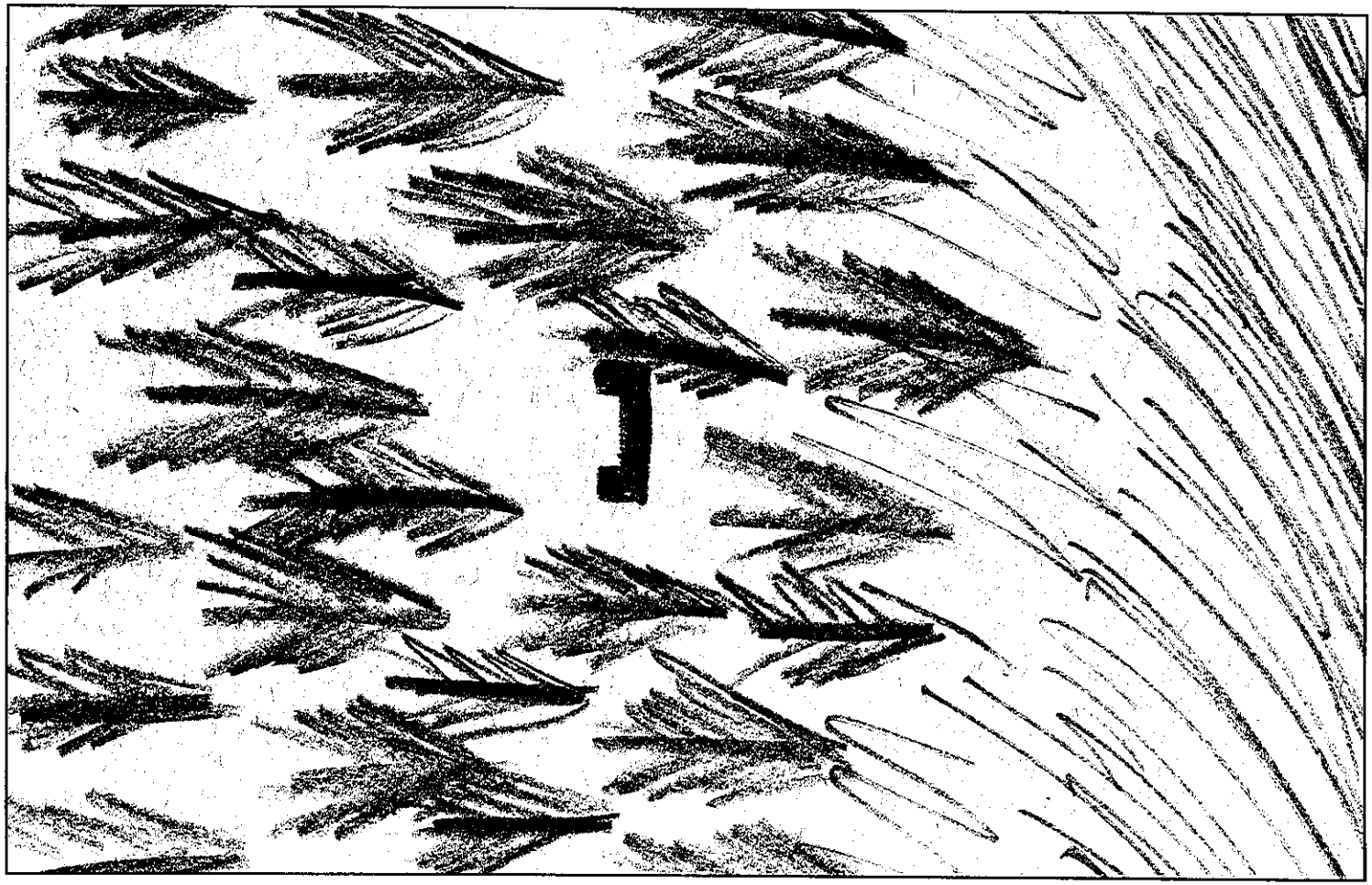
declining and the use of cannabis and cocaine decreasing, although the western provinces are characterized by higher levels of use than those in the east.



In areas other than those discussed above, people are also moving to assert control over their own lives and circumstances. Through changing ideologies and financial constraints, the roles of governments, agencies and professionals are diminishing while involvement of individuals and communities is increasing. People are insisting on being involved in decisions which affect them, using their own accumulated life experiences as well as the ever–increasing availability and accessibility of information to make suggestions, offer alternatives and, if necessary, organize themselves to do things which they feel are necessary but not being adequately addressed by "the system". Action at the community level is increasing. But " community" is different things to different people. It can be a place to live, where neighbors are getting to know each other after living side–by–side for years. It can include the workplace, the church, involvement in sports, even socializing with friends.

The new roles of government, service systems and professionals must include encouragement, support to and involvement with these initiatives.

Part 2 Focus Group Responses



Introduction

to Focus Group Responses

Focus groups are one means of obtaining a rich description of human experience. For the purposes of *Tracking the Trends*, a facilitator or facilitators initiated discussions around the topic of mental health among small groups of participants and acted thereafter only to clarify participant comments and lead the discussion through a series of questions. This process took between one to three hours to complete. A standardized series of questions was used to maintain continuity of content between groups and facilitators.

Focus groups were selected to include representatives from different socio–economic, cultural, geographic and age groups. Thirteen focus groups were conducted: four in Stony Plain and nine in Northwest Edmonton. In each location focus groups were held with youth, adults, seniors, and service providers. For the purposes of analysis, these four groups were combined into two: Community Focus Groups including youth, adults and seniors, and Agency Focus Groups made up of service providers.

Several limitations are present in the qualitative research methodology employed in this study. All comments recorded during the focus groups were included in the analysis and write–up, therefore, the results may not reflect the perception of the group as a whole. Due to the selection process used for obtaining focus groups, the participants cannot be said to be representative of all residents of Northwest Edmonton or Stony Plain. Data was collected by different facilitators in different groups, leaving facilitator bias and variable group characteristics as potential influences upon the results obtained. Finally, the presentation of the information gathered from the focus groups reflects the perspective of the working committee: one possible way of grouping the information.

The data analysis followed a two stage process: data was tagged and then clustered. For example, the comment "adjusting to new environments, learning" was tagged "able to manage change" and grouped with a number of other items into the heading "Coping", a component of mental health.

There were several points of review by focus group facilitators throughout this process to promote an accurate analysis and product. The following procedures were employed:

- flip charts were used to record focus groups proceedings which allowed participants to clarify or expand upon the data recorded
- raw data transcripts were reviewed by focus group facilitators
- raw data were tagged by a single researcher; the tags were reviewed by a committee of focus group facilitators who checked for consistency among like tagged items and congruency with the intent of the participants
- tags were compared with the available mental health literature
- tags were combined into a series of themes which were subsequently reviewed by the focus group facilitators prior to appearing in this publication

Although these findings are group–specific they can be said to represent shared perspectives of mental health that may be of interest and utility to service planners, service providers, service consumers and residents of both Northwest Edmonton and Stony Plain.

The selective sampling procedure used in this study does not permit these results to be generalized to all of the residents of Northwest Edmonton or Stony Plain. Focus group data were collected by different facilitators and, in some cases from pre-existing groups, so may reflect facilitator and group bias. All comments recorded during the focus groups, whether made by one or several individuals, are represented in the data. Consequently the results do not necessarily reflect the perception of the group as a whole. The presentation of the focus group data reflects one way of grouping that information. Caution is therefore recommended when interpreting the following data.

The data from the Tracking the Trends focus groups were collected and are represented according to the following questions:

- What is mental health?
- What resources exist to support mental health?
- What are the trends related to mental health?
- What gaps exist in the resources that support mental health?

For each question, the data are organized alphabetically by heading followed by a summary statement and related issues. Direct quotations from the focus groups have been included. A brief comparison of the gaps in mental health resources between Northwest Edmonton and Stony Plain has been added. A brief summation of the themes and trends concludes this section.

What is mental health?

A comprehensive definition of mental health must be broad enough to include all the important elements yet narrow enough to be meaningful and useful. To capture the components of mental health that participants consider relevant they were asked: **what do you think of when you think of mental health?**

Participants identified the following components of mental health:

Without exception, the responses to this question reflect the need for balance. Participants identified the potential for any of these components to inhibit mental health if they are either deficient or excessive.

Being Active

The abilities and opportunity to be active, both contribute to mental health.

- engagement in physical, mental or spiritual activity
- involvement in activities that are too competitive reduces the enjoyment of the activity

"try and keep active – if not, you stagnate" – Stony Plain Community Focus Group

Being Productive

The capacity and opportunity to help others contribute to mental health.

- the ability and opportunity to assist others
- the ability to create

"able to be productive" – Northwest Edmonton Agency Focus Group

Being Valued

Finding value in one's efforts contributes to mental health.

- a personal sense of value may come from within one's self
- a personal sense of value may result from the value others place on one's efforts

"all want to be loved and needed" – Northwest Edmonton Community Focus Group

"people regarded as assets rather than liabilities" – Northwest Edmonton Agency Focus Group

Coping

The ability to address everyday events contributes to mental health.

- the ability to manage change appropriately
- the ability to manage stress effectively
- the ability to judge when to take appropriate action
- the ability to handle your emotions effectively

"the ability to deal with life's experiences in a well thought out manner and gain inner strength by experience" – Northwest Edmonton Community Focus Group

Family Relationships

Family relationships can have a positive or negative effect on mental health, depending on their nature.

- appropriate and supportive family relationships facilitate mental health
- non–supportive or abusive family relationships detract from mental health
- family breakdown can detract from mental health

"someone to share with, to love, comfort you when you are down" – Stony Plain Community Focus Group

Having Basic Needs Met

Basic needs are prerequisites to, and facilitators of, mental health.

- an adequate quality and quantity of food contributes to mental health
- an adequate and steady income from meaningful employment contributes to mental health
- an affordable and habitable place to live contributes to mental health

"financial stability is important for kids to fit in" – Northwest Edmonton Community Focus Group

"the individual has to be motivated to use supports, but the sicker or hungrier you are, the harder this is" – Northwest Edmonton Agency Focus Group

Personal Control

A sense of personal control and life purpose contributes to mental health. Distorted perceptions of these qualities can lead to hopelessness.

- knowing where and when to ask for personal help
- knowing one's identity, or who s/he is, with a degree of confidence
- an appropriate sense of optimism and hopefulness
- an accurate view of personal abilities
- inaccurate self–perception, or inappropriate optimism or pessimism contributes to hopelessness

"knowledge of when you need help and where to go" – Stony Plain Community Focus Group

Security

A sense of personal safety, stability, spiritual development and peace all contribute to mental health.

- feeling physically safe from potential harm by others or the natural environment
- having a desirable balance among social, emotional, spiritual and physical elements contributes to a sense of internal stability
- healthy spiritual development
- an inner tranquillity or calmness

"good physical or mental health makes you feel secure" – Stony Plain Community Focus Group

Social and Cultural Connections

Community involvement can contribute to or detract from mental health, depending on its nature and amount.

- being socially involved with others
- being involved in one's community
- an appropriate amount of social connection or community involvement leads to a sense of belonging and contributing to a collective
- excessive social connection or community involvement may lead to a loss of self
- too little social connection or community involvement may result from internal choice or external circumstance and may lead to isolation

"community values can harm or help, depending on the nature of systems" – Stony Plain Agency Focus Group

"awareness of, and pride in, the unique, special and beautiful aspects of our heritage is a potential source of healing and strength. A way to start getting strength, instead of weakness, from the knowledge of our history" – Northwest Edmonton Community Focus Group

Well-being

Mental health is more an issue of mental wellness than mental illness.

- the frequent experience of happiness
- the expression and enjoyment of humor

"we believe that real health is found in balance and harmony" - Northwest Edmonton Agency Focus Group

In response to this question participants also described an absence of strong mental health.

The lack of mental health was defined in many ways and surrounded by myths and stigma. The perceptions of mental health problems varied from "having a bad day " to mental illness. According to many participants, mental health problems involve a disability or deficit in functioning. Some common myths about mental illness that participants identified include: mental illness is caused by the individual and usually treated by drugs. Some participants mentioned that they feel uncomfortable talking about mental health problems and being around those who have them.

What resources exist to support mental health?

The nature of the supports used to promote and sustain mental health are varied and interrelated. Many accessible resources currently exist both within and outside Northwest Edmonton and Stony Plain. In order to increase awareness of existing resources focus group participants were asked: **what happens in your community to support mental health? what happens outside your community which supports mental health?**

Participants identified the following mental health resources existing either inside or outside of their communities:

A Safe Community

A safe community is a resource for mental health.

- having low crime in the community
- having a strong police presence in the community

"the RCMP are responsive to family violence, they are trying new programs and going into schools" – Stony Plain Community Focus Group

Businesses

Businesses are resources supporting mental health by providing a venue for recreational and leisure activities as well as by providing meaningful employment.

- large businesses such as West Edmonton Mall comprising various attractions and merchants provide a location for recreational and leisure activities, i.e. shopping
- cottage industries that provide meaningful employment for some seniors offer products such as bird feeders and paintings

"West Edmonton Mall is good in the winter, it gets me out of the house" – Northwest Edmonton Community Focus Group

Community Connections

A sense of community closeness and a sense of interdependence among its members are resources supporting mental health.

- a sense of trust of one another among members of a community
- the willingness and the activity of working together toward common goals
- being able to request and receive assistance from another member of the community in a time of personal need
- gathering socially or celebrating together as a community

"being part of this community is like being part of a family" – Northwest Edmonton Community Focus Group

"community housing builds a sense of community who help and support each other but still have privacy too" – Stony Plain Community Focus Group

Community Organizations

Organizations located within and committed to serving a community are resources for mental health.

- drop–in centres for youth, parents and seniors
- community leagues
- service clubs

"the community sponsors children for sports and parents give back their time in volunteer work" – Northwest Edmonton Community Focus Group

"this community centre is used by seniors, church groups, hockey and soccer groups" – Northwest Edmonton Community Focus Group

Cultural Strength and Solidarity

A sense of connection and unity within Aboriginal and ethnocultural communities is a resource that supports mental health.

- interrelationship, connections between and helpfulness among members
- the collective celebration of culture
- the provision of spiritual guidance by community leaders
- the planning and provision of support services by Aboriginal and ethnocultural communities for their own communities

"we have our own culture and want our services delivered by our OWN people!!" – Northwest Edmonton Community Focus Group

"sweet grass ceremony and prayer" – Northwest Edmonton Community Focus Group

Educational Programs

A variety of educational programs support mental health.

- early intervention programs such as Head Start
- personal development programs and support groups
- good primary and secondary schools
- post–secondary educational upgrading programs
- libraries

"public health services in terms of support groups for mothers and parenting skills sessions" – Northwest Edmonton Agency Focus Group

"we have a learning connection: our libraries and proximity to the University of Alberta" – Stony Plain Agency Focus Group

Faith Organizations

Faith organizations provide programming, personal emotional support and social contact. All these are resources that support mental health.

- programming for children, youth and single moms
- pastoral counselling
- hospital visitation
- social events such as teas and bazaars
- spiritual guidance from clergy

"programs offered by churches include: youth, single moms, pastoral care, counselling and hospital visitation" – Stony Plain Community Focus Group

Family and Friends

Family and friends are resources for mental health.

- friends who provide informal support
- friends and family that are trustworthy
- extended family support – if they are accessible

"family support – where this and friendships exist people are a lot healthier" – Northwest Edmonton Agency Focus Group

Recreation Facilities and Programs

Recreation facilities and programs are resources that support mental health. Yet, in some cases they can be exclusive and so can inhibit mental health.

- recreation can take many forms: indoor activities such as the provincial museum, outdoor activities such as walking in Old Strathcona or golfing, organized activities such as sports teams and informal activities such as a walk in the river valley and free activities in green spaces
- there is a variety of opportunities for recreation but many are costly
- competition sometimes reduces the enjoyment of organized sports

"there are recreational areas close to town where you can go horse riding or find rustic spots at lakes" – Stony Plain Community Focus Group

"there are good opportunities for recreation, but money can be a factor: the museum, the zoo and even soccer can be expensive" – Northwest Edmonton Community Focus Group

Support Services

Support services are resources supporting mental health.

- preventive and reactive services
- health care, counselling, nutrition, parenting and home care support services
- interagency networking is a resource for mental health in the community allowing more comprehensive service and fewer people lost between agencies
- knowledge of appropriate and accessible programs and services as well as relevant issues and events, both within and outside the community

"the sense of networking is strong" – Stony Plain Agency Focus Group

"there is a range of services from drop–in centres to counselling" – Northwest Edmonton Agency Focus Group

Transportation

Access to transportation is a resource for mental health.

- access to public transportation
- access to transportation for people with disabilities
- access to major airport

"the Handi–bus allows me to go shopping or to bingo" – Stony Plain Community Focus Group

What are the trends related to mental health?

With the great speed of change and fundamental restructuring of health and mental health care in Alberta tracking trends is a difficult and controversial process. Faced with this concern, the Working Committee wrestled with whether to report the changes over time that were identified by participants in the focus groups as trends. The Committee resolved to present the findings to this question as trends, recognizing that some are more pronounced than others.

Community Focus Group participants were asked: **how have the factors which support mental health changed over the recent past? within your community? beyond your community?**

Agency Focus Group participants were asked: **how long have you been providing services in this area? how have the factors which support mental health changed over the recent past? how have these changes affected the services you provide?**

Participants identified the following trends related to mental health:

Access to Information

Technological advances have permitted greater access to information.

- there is a greater variety of television programming
- there is a greater amount of information available through advances in computer technology
- greater awareness and understanding of local and world issues
- increased information makes parental censorship more difficult and can be overwhelming

"information overload makes it hard to feel like you are in control" – Northwest Edmonton Agency Focus Group

"more awareness of issues like abuse, disabilities, social problems leads to better supports and better understanding" – Stony Plain Agency Focus Group

Changing Support Services

There are trends in service planning and provision related to decreased funding and increased demand.

- there is more collaboration between service providers, however, instability of staff positions and decreased staff availability for collaborative efforts have impacted negatively on how effectively and consistently collaboration occurs
- service providers are finding increasingly that they need to balance increased demands with less funding, leading in some cases to more creative solutions and diversified programming
- decreasing resources are making services more difficult to access
- more creative programming and services are being developed for seniors, however, housing options are limited by one's ability to pay, with the gap between expensive and inexpensive housing widening

"networking is increasing, but is painfully slow -- there is a need to develop a common frame of reference" – Northwest Edmonton Agency Focus Group

"there is less 'turfiness', more asking for help because of a lack of resources which allows for creativity and new programs" – Stony Plain Agency Focus Group

"there is a major impact from Social Services cutbacks, and no recourse"
– Northwest Edmonton Community Focus Group

"facilities for mental health patients run at maximum" – Stony Plain Agency Focus Group

Community Responsibility

There is a trend toward greater community responsibility for issues addressed previously through government systems.

- communities are taking control of their needs out of necessity: government involvement is shrinking
- there is less connection and communication between communities and government
- communities are taking control of their needs out of a desire for control of their affairs
- there is an increased sensitivity to community needs within communities
- there is an increase in working together formally and informally within communities

"there is increased awareness of community needs therefore there are increased community supports for those needs" – Stony Plain Agency Focus Group

"less places for people who are ill – increased pressure on the community and agencies"
– Northwest Edmonton Agency Focus Group

Demands for Aboriginal Self-Governance

There are increasing demands for Aboriginal governance of community affairs and owner ship of support services.

- there is increasing political movement toward self–governance
- there is increasing value given to cultural affiliation and collective action

"more people are believing the importance of heritage" – Northwest Edmonton Community Focus Group

"there is a change for the better in Metis perception of themselves" – Northwest Edmonton Community Focus Group

Education and Employment or Unemployment

There is a trend toward the need for higher education for employment, yet employment is increasingly difficult to obtain.

- there is increased emphasis on, and need for, education
- it is increasingly difficult to find employment

"there was less of an emphasis on school before" – Stony Plain Community Focus Group

Family Life

The nature of family life is changing.

- there is an increased financial burden on families
- there is increased stress upon and within families
- family forms are changing: there is increased geographic distance among extended families and more compositional changes within families
- there is an increased potential for distancing from family and coping in isolation

"apathy and a sense of powerlessness is increasing as connection with extended family declines leading to an increase in isolation" – Stony Plain Community Focus Group

"there is a lack of support for parents: no income, no extended family, parents have to go out to work, or they don't have the basic skills to support themselves, the basic needs of the parents them selves have not been met – there has been an increase in these needs over time"
– Northwest Edmonton Agency Focus Group

Fear of Criminal Victimization

Sources outside of this study indicate that there is an overall decrease in criminal activity. However, there remains a perception of increased criminal activity. There is also an increase in community crime reduction initiatives, racism and the fear of victimization.

- some people feel that there is an increase in crime, others feel there is a decrease
- there is an increase in community crime reduction initiatives such as neighborhood watch
- community policing is increasingly common
- racism is increasing
- the fear of being a victim of crime is increasing

"fear of crime limits people from going out in the evening" – Northwest Edmonton Community Focus Group

Frequency and Complexity of Mental Health Problems

Mental health problems are more commonly identified and complicated with more deficits in basic needs.

- mental health problems are becoming more commonly diagnosed
- deficits in basic needs are associated with mental health problems
- mental health problems are more complicated
- there is an increase in social isolation

"there is an increase in hunger in our community" – Northwest Edmonton Agency Focus Group

"there is a greater number of children with problems" – Stony Plain Community Focus Group

Value of Recreation

There is a trend toward increased value of recreation while resources and accessibility diminish.

- the value of and participation in recreational activities are increasing
- costs for recreation are rising against income
- inexpensive opportunities are available, but diminishing
- costly opportunities are becoming more exclusive

"recreation and continuing education programs have been closed due to the lack of funding, therefore there is a strain on the resources" – Stony Plain Agency Focus Group

"sports have become more intense, more costly" – Stony Plain Community Focus Group

"recreation requires fund–raising for groups such as this" – Northwest Edmonton Community Focus Group

What gaps exist in the resources that support mental health?

Although there is variety of existing resources supporting mental health in both Northwest Edmonton and Stony Plain, other resources may be non-existent or inaccessible. It was with the intent to determine what resources participants identify as unavailable in their communities that the following questions were asked: **what would make a difference in your community? what would improve the mental health of the people in your community?**

Participants identified the following gaps in mental health resources:

Basic Needs

Basic human needs including income, nutrition and employment are not being met.

- adequate and consistent income
- adequate nutrition
- consistent and meaningful employment

"adequate housing, education, jobs and support services" – Northwest Edmonton Community Focus group

"there are no jobs here" – Stony Plain Community Focus Group

Control by Aboriginal and Ethnocultural Communities

There is a need for more control of their own affairs within the Aboriginal and ethnocultural communities.

- more control of service planning within the Aboriginal and ethnocultural communities
- more staff for service delivery within the Aboriginal and ethnocultural community

"we want to deliver the programs and services that our people are asking us for" – Northwest Edmonton Community Focus Group

"we want to do something about our problems for ourselves" – Northwest Edmonton Community Focus Group

Cultural Awareness and Appreciation

There is a need for more cultural diversity awareness and appreciation initiatives.

- more culture–inclusive curricula in schools
- more ethnocultural awareness programming in schools and communities

"address racial tension in schools" – Northwest Edmonton Community Focus Group

"racism among adolescents" – Stony Plain Community Focus Group

Education

There is a need for more accessible and useful education programs.

- more trade–related education and partnership with business and industry
- more school staff
- more parent education

"increased partnership between businesses and schools" – Stony Plain Agency Focus Group

"there is little that untrained people can do" – Northwest Edmonton Community Focus Group

Government-Community Collaboration

There is a need for governments to work with communities to develop initiatives that are responsive to community needs, community administered and adequately funded.

- communication and collaboration between government and community
- adequately funded community administered programs

"facilitate the empowerment of the community" – Northwest Edmonton Agency Focus Group

"government should come into communities and talk to people" – Northwest Edmonton Community Focus Group

Inclusive Community

There is a need for more inclusive and empowered communities.

- belief in the power of the collective to get things done
- the involvement of youth in the community
- parents of children who are involved in community activities

"people don't realize the effects they can have on their community" – Northwest Edmonton Community Focus Group

"bring the community together, let the community come up with answers, make decisions and carry them out" – Northwest Edmonton Agency Focus Group

"there needs to be an opportunity for youth to contribute, be made welcome" – Stony Plain Community Focus Group

Program/Service Information

There is a need for more information regarding community issues and support services.

- more effective and inclusive methods of sharing information about services for consumers and potential consumers
- more inclusive methods of sharing information of relevance to the community

"ways to obtain feedback from the community regarding the services they need" – Northwest Edmonton Agency Focus Group

Recreation

There is a need for more recreation programs and facilities that are accessible and affordable.

- recreation facilities such as indoor swimming pools, ice arenas, gyms
- recreation programs for all ages, particularly for youth
- affordable recreational facilities and programs

"enclosed swimming pool" – Stony Plain Agency Focus Group

"indoor arena that parents do not need to drive to" – Northwest Edmonton Agency Focus Group

Support Services

There is a need for more support services that are responsive and accessible.

- confidential access to support services
- more family support programs
- more programming specifically for seniors
- more programming specifically for youth
- more preventive programming
- more support groups
- more localized support services
- more affordable support services
- more comprehensive programming
- crisis intervention services
- more affordable daycare
- more medical, home support and counselling services

"there is counselling in the city but the cost is prohibitive"– Northwest Edmonton Community Focus Group

"we need something for adolescents" – Stony Plain Community Focus Group

"with the increased population in this area, there are more youth in crisis – there is a need for crisis intervention in Stony Plain" – Stony Plain Agency Focus Group

"there is a need for family physicians and family practices"– Northwest Edmonton Agency Focus Group

"there needs to be more locally based child–care options for working parents"– Northwest Edmonton Agency Focus Group

"gaps in outreach, transportation, day programs, life skills"– Stony Plain Agency Focus Group

Comparison Between

Northwest Edmonton *and* Stony Plain: Gaps in Resources

When reviewing the responses of the focus groups both similarities and differences between the locations were apparent. While the participants were not a representative sample, the following summary may be of interest.

- Both Northwest Edmonton and Stony Plain shared concerns about the need for more: programs for youth, affordable support programming, community control, information about programs and services, and affordable and accessible recreation facilities and programs.
- In Northwest Edmonton there were specific concerns raised about: feeling unsafe in the community, too little government consultation with communities, the need for more early intervention programs and the need to meet people's basic needs.
- In Stony Plain there were specific concerns raised about the need for: an indoor pool (identified by all of the focus groups in Stony Plain), female health professionals and specialists, crisis intervention services, education that is employment related and support services where the anonymity of clients is preserved.

Summary *of* Focus Group Data

Themes

The following themes emerged from the focus group data:

- Mental health is more an issue of mental well–being than mental illness. It is more appropriate and useful to think of strengths and deficits than only in terms of shortcomings.

- Basic human needs for adequate nutrition, comfortable shelter and meaningful employment are considered to be fundamental to mental health; however, many people do not have these needs met.

- To be connected to people socially and to be involved in one's community at a comfortable level are considered essential to mental health. Many geographical, Aboriginal and ethnocultural communities are taking control of their services out of desire or necessity.

- To be able to ride the roller–coaster of life and hang on is essential to mental health. Although there are usually existing family, friends and support services to assist people either before or during difficult times, they may be inaccessible for a number of reasons: not–confidential, too costly, geographically inaccessible, fragmented, a lack of information about what supports are available, or, they simply may not exist.

- To feel physically safe is essential to mental health. Despite a number of community–oriented policing programs and neighborhood crime watch areas many people are fearful of being victimized by crime.

- To feel emotionally and spiritually secure is essential to mental health. To find peace and tranquillity requires a direction, a purpose and an avenue of expression that is valued or valuable. Limited church programming, educational programming and recreational opportunities are available to meet the demands. Information overload and the lack of affordable and relevant educational and recreational resources impact negatively on the ability to find peace and balance.

- A problematic combination and imbalance of the essentials for mental health identified above may result in mental health problems. The ability to deal with these problems is, however, inhibited by the stigma that still surrounds mental illness.

Summary *of* Focus Group Data

Trends

With the great speed of change and fundamental restructuring of health and mental health care in Alberta there is little semblance of continuity, making trend tracking a difficult and controversial process. However, focus group data suggest that there are indeed some trends related to mental health that are worthy of mention.

- Community responsibility for the provision of mental health support services is increasing along with decreasing government involvement. Communities and individuals are striving for more control over their lives and activities.
- Higher education is increasingly a prerequisite for employment.
- Aboriginal and ethnocultural communities are gaining more control over their affairs, including service planning and provision, at a time when racism is increasing.
- Families are becoming more stressed and financially burdened.
- There is an increasing amount of, and access to, information that is being expanded and enhanced by technological advances.
- People are becoming increasingly fearful of being victimized by crime.
- While recreation is increasingly valued, the size of the cost gap between inexpensive and expensive activities is also increasing.
- Support service agencies, attempting to reconcile decreasing funding and increasing demand, are finding creative and effective solutions; however, services are becoming more difficult for clients to access.

Part 3 Mental Health Resources

Mental Health Resources

At present, many communities and organizations are involved in creating and sustaining activities and services that promote, support or facilitate a transition toward mental wellness. Within communities, there may be friends and family, Aboriginal elders and clergy, as well as self-help and a range of community groups that support mental health. A number of private organizations, both for profit and non-profit, employing a variety of mental health professionals such as psychologists, general practitioners, psychiatrists, social workers, nurses, occupational and recreational therapists may also exist as resources for mental health. As well, several provincial departments address the mental health issues of clients in their service. The list of preventive and supportive mental health resources seems vast. However, there are high and increasing demands on decreasing private and public organizational mental health resources. These increased demands have resulted in people turning increasingly to their communities to promote, sustain and restore mental health.

General Resources

Two resources for community mental health services in Edmonton, Stony Plain and surrounding communities are offered by The Support Network. The Distress Line at 482-HELP (4357) operates 24 hours a day, seven days a week and offers non-judgmental support, referral, crisis intervention and postvention for anyone experiencing difficulty in their lives. The Community Service Referral Line at 482-INFO (4636) operates from Monday to Friday from 8:00 a.m. to 4:00 p.m. and provides information and referrals to over 3,000 agencies including those who can help with: addictions, education, donations, food, immigrant services, medical concerns, mental health and youth.

Provincial Mental Health Board

The public mental health system is also a resource that is frequently utilized. At present, provincial mental health services are in transition. Given the nature and rate of change, the following account may become quickly dated. However, this summation provides basic background information regarding the administrative structure of Alberta's mental health system at the present time.

Policy Development

Since the *Alberta Mental Health Study*, better known as the Blair Report of 1969, there have been repeated calls for change to Alberta's mental health system. Many of these documents are consistent in their recommendations for a larger community–based service component, a more community–oriented system and a better coordinated system.

In April of 1992 *Future Directions for Mental Health Services in Alberta* was approved by the Alberta Government as the mental health policy for the province. The task of developing an action plan to implement the Future Directions document was subsequently undertaken by the Mental Health Strategic Planning Advisory Committee. The Committee's *Final Report* of August 1993 envisioned: a movement away from direct service provision by the province; the establishment of regional mental health authorities; the consolidation of mental health policy and funding responsibilities within Alberta Health; the creation of a single mental health funding envelope including acute care and community mental health services; and the delegation of authority for these services to the regional mental health authorities. These changes represent the first step in a regionalization process culminating in the integration of regional mental health service delivery with regional health service delivery.

Provincial Mental Health Board Mission and Activities

As of July 1994, members of the Provincial Mental Health Board (PMHB) were appointed to a two year term by the Minister of Health. In March of 1995, *Building A Better Future: A Community Approach to Mental Health* was released by the Provincial Mental Health Board outlining its plans for mental health services in Alberta. On April 1, 1995, the Board assumed control of the Alberta mental health system. The mission of the PMHB is "to guide the development of a province–wide, community–based and consumer–focused mental health system which will promote, preserve and restore the mental health of Albertans". The Board was established to consolidate, plan, implement and divest services. Complete divestment of services from the PMHB to the Regional Health Authorities (RHA)'s is scheduled to occur by March 31, 1997. In the interim, the PMHB will assume responsibility for existing clinical and institutional services previously operated by Alberta Mental Health, as well as plan for and facilitate the regionalization of mental health services.

For the purposes of provincial mental health services, Alberta has been divided into three areas: North, Central, and South. Area Directors will assume supervisory responsibilities for Chief Operating Officers (COO)s managing existing clinical and institutional services within their boundaries. The clinical system is being coordinated by COOs within six zones (Northwest and Northeast, Edmonton and Central, Calgary and South), two within each respective area. Institutional services including Alberta Hospital Edmonton, Alberta Hospital Ponoka and care centres in Claresholm and Raymond are being managed by three COOs, one within each respective area. Psychiatric services in general hospitals and community health centres funded by Alberta Health are not within the jurisdiction of the PMHB.

The planning for regionalized services will be coordinated by seven Zone Planners in Planning Zones: Northwest, Northeast, Edmonton, West Central, East Central, Calgary and South. Zone Planners will work in conjunction with 17 regional Mental Health Planning Advisory Committees (MHPAC)s which correspond to the RHA boundaries. MHPACs formed in each region will receive and recommend service proposals from providers within their region for consideration by senior level PMHB staff. This Executive Management Committee will then make recommendations to the Board which will make final decisions about the service contracts that are awarded in each region. Contracts will then be issued to the successful service providers within each region and passed to the RHAs at the end of the Board's tenure.

The PMHB has taken steps toward addressing concerns raised about the mental health system by shifting the funding balance in favor of community–based programming from institution–based programming (from respective proportions of 25/75 in 1994/1995 to 60/40 in 2000/2001), involving stakeholders in the service management and planning process, coordinating existing services and planning at the regional level for the transfer of responsibility for mental health services. While these steps can be viewed as a positive response, this transition is early in its development and the full impact of these changes will not be fully appreciated until after March 31, 1997, when the regionalization of mental health services in Alberta is scheduled to be complete.

Provincial Mental Health Board

Organizational Structure

Board Members

Members of the Provincial Mental Health Board (PMHB) include: Craig Simmons (Chairman) of Pincher Creek, William Stevenson (Vice–Chairman) of Edmonton, Gloria Bergman of Erskine, Muriel Bye of Coronation, Bill Gaudette of Calgary, Sheila Hagan–Bloxham of Fort McMurray, Lucy Horbay of Edmonton, Jean Impey of Grande Prairie, Alan Joys of Medicine Hat, Whitney Kingsley of Camrose, Gloria Laird of Edmonton, Joan Nuckles of Calgary, Mary Oordt of Lethbridge, Howard Rowland of Ponoka and Betty Schoenhofer of Wetaskiwin.

Executive Director

The Executive Director is Ron LaJeunesse.

Consumer Advisory Council

A Consumer Advisory Council is being established to advise on particular issues at the executive level of the PMHB. Membership has been recruited through advertisements in local media, as well as in the PMHB clinical and institutional systems. The appointment of members to the Council has taken place.

Professional Advisory Council

A Professional Advisory Council is being established to advise at the executive level of the PMHB. Membership has been recruited through nominations from professional organizations. The appointment of members to the Council has taken place.

Executive Management Committee

The Executive Management Committee consists of senior level PMHB staff.

Mental Health Service Areas

Three Area Directors will be responsible for consolidating and integrating existing clinical and institutional services within the North, Central and South Areas. Each area is defined by the combination of existing health region boundaries.

The Northern Area is under the Direction of John Yarske and consists of:

- Capital Health Authority (Edmonton)
- Aspen Regional Health Authority (Westlock)
- Lakeland Regional Health Authority (Smoky Lake)
- Mistahia Regional Health Authority (Grande Prairie)
- Peace Regional Health Authority (Peace River)
- Keeweetinok Lakes Regional Health Authority (High Prairie)
- Northern Lights Regional Health Authority (Fort McMurray)
- Northwestern Health Services Region (High Level)

The Central Alberta Area is under the Direction of Ken Sheehan and consists of:

- Regional Health Authority #5 (Drumheller)
- David Thompson Health Region (Red Deer)
- East Central Regional Health Authority #7 (Stettler)
- Westview Regional Health Authority (Edson)
- Crossroads Regional Health Authority (Wetaskiwin)

The Southern Alberta Area is under the Direction of Denis Ostercamp and consists of:

- Chinook Regional Health Authority (Lethbridge)
- Regional Health Authority #2 (Medicine Hat)
- Regional Health Authority #3 (High River)
- Calgary Regional Health Authority (Calgary)

Clinical System Management

The existing clinical system will correspond to the following health region boundaries being administrated by COOs who are under the supervision of the Northern, Central and Southern Alberta Area Directors. The communities in parentheses identify the location of the Regional Health Authority office. Other communities are included within each of the Health Regions in addition to those identified. For example, the Capital Health Authority includes St. Albert as well as Edmonton, and the Calgary Regional Health Authority includes Cochrane and Airdrie as well as Calgary.

The Northwest Zone includes:

- Mistahia Regional Health Authority (Grande Prairie)
- Peace Regional Health Authority (Peace River)
- Keeweetinok Lakes Regional Health Authority (High Prairie)
- Northwestern Health Services Region (High Level)

The Northeast Zone indudes:

- Aspen Regional Health Authority (Westlock)
- Lakeland Regional Health Authority (Smoky Lake)
- Northern Lights Regional Health Authority (Fort McMurray)

The Edmonton Zone corresponds to the Capital Health Authority (Edmonton)

The Central Zone includes:

- Regional Health Authority #5 (Drumheller)
- David Thompson Health Region (Red Deer)
- East Central Regional Health Authority #7 (Stettler)
- Westview Regional Health Authority (Edson)
- Crossroads Regional Health Authority (Wetaskiwin)

The Calgary Zone corresponds to the Calgary Regional Health Authority (Calgary)

The South Zone indudes:

- Chinook Regional Health Authority (Lethbridge)
- Regional Health Authority #2 (Medicine Hat)
- Regional Health Authority #3 (High River)

Institutional System Management

Chief Operating Officers of Alberta Hospital Edmonton, Alberta Hospital Ponoka and the care centres in Claresholm and Raymond report to Northern, Central and Southern Area Directors respectively.

key to the Provincial Mental Health Board *Regional* Map

The thick lines divide the Service areas into South, Central, and North.
Three Area Directors will be responsible for consolidating and integrating existing clinical and institutional services within the North, Central and South Areas.

The shaded areas designate the Planning Zones and clinical system Zones:
Chief Operating Officers oversee the activities of the mental health clinics in their zone and report to the designated Area Director. Zone Planners work directly with the Planning Regions within their Zone and report to the Planning Director.

*Note: Clinical system Zones correspond to the Planning Zones with the exception of East and West Central which together from the Central Zone for the clinical system.

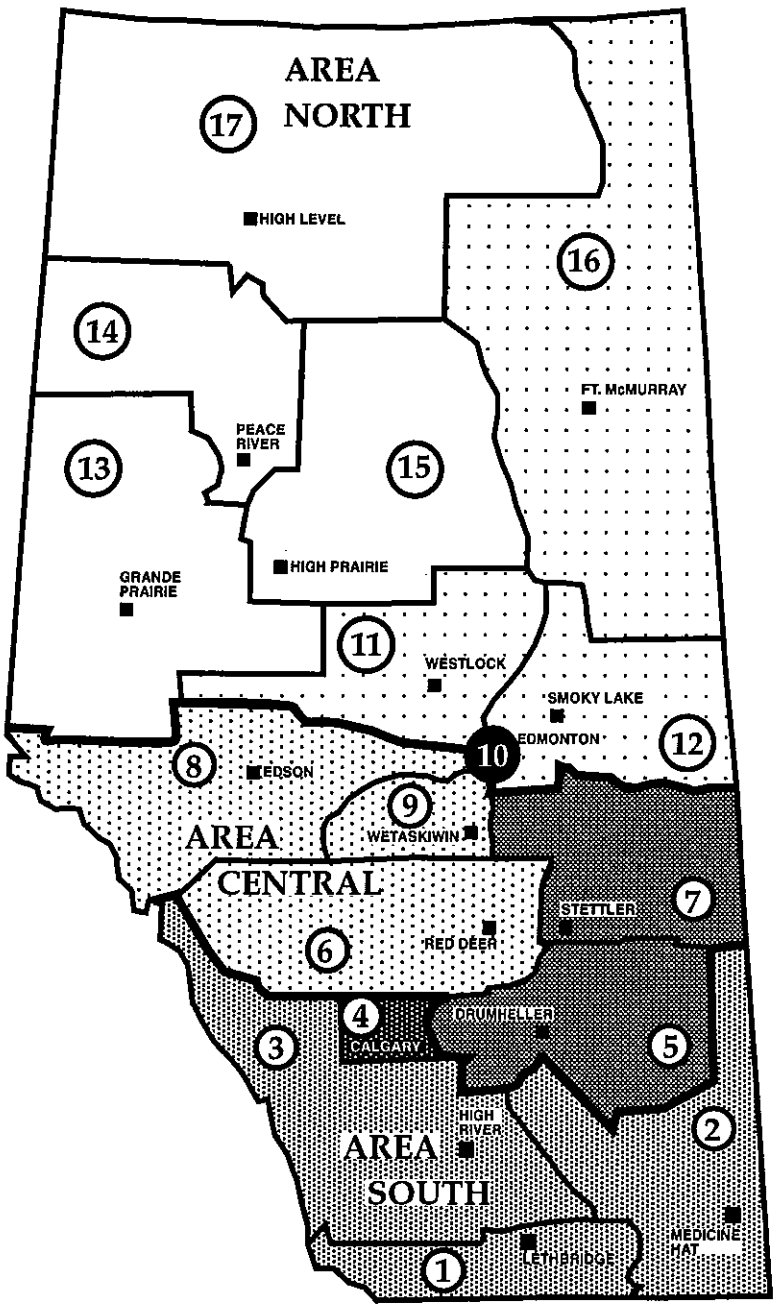
- South Zone
- Calgary Zone
- East Central
- West Central
- Edmonton
- Northeast
- Northwest

The 17 Mental Health Planning Regions correspond with the numbered Regional Health Authority boundaries appearing on the map:
The complete divestment of mental health services to the Regional Health Authorities is scheduled for March 31, 1997. Seven Zone Planners will work with Mental Health Planning Advisory Committees in each of the Planning Regions to plan for the transfer of services to the Regional Health Authorities. The Planning Regions are based on the regional health authority boundaries.

① Chinook Regional Health Authority (Lethbridge)
② Regional Health Authority #2 (Medicine Hat)
③ Regional Health Authority #3 (High River)
④ Calgary Regional Health Authority (Calgary)
⑤ Regional Health Authority #5 (Drumheller)
⑥ David Thompson Health Region (Red Deer)
⑦ East Central Regional Health Authority #7 (Stettler)
⑧ Westview Regional Health Authority (Edson)
⑨ Crossroads Regional Health Authority (Wetaskiwin)
⑩ Capital Health Authority (Edmonton)
⑪ Aspen Regional Health Authority (Westlock)
⑫ Lakeland Regional Health Authority (Smoky Lake)
⑬ Mistahia Regional Health Authority (Grande Prairie)
⑭ Peace Regional Health Authority (Peace River)
⑮ Keeweetinok Lakes Regional Health Authority (High Prairie)
⑯ Northern Lights Regional Health Authority (Fort McMurray)
⑰ Northwestern Health Services Region (High Level)

Provincial Mental Health Board

Regional Map



Mental Health Planning Zones

The Planning Director, Betty Jeffers is overseeing the development of new initiatives in the 17 Planning Regions. Under the Direction of the Planning Director, Mental Health Planners will work directly with the 17 Planning Regions within seven Planning Zones. The following Planning Zones correspond to the clinical services Zones, with the exception of the Central Zone that is broken into West and East Central.

The Northwest Planning Zone includes:

- Mistahia Regional Health Authority (Grande Prairie)
- Peace Regional Health Authority (Peace River)
- Keeweetinok Lakes Regional Health Authority (High Prairie)
- Northwestern Health Services Region (High Level)

The Northeast Planning Zone includes:

- Aspen Regional Health Authority (Westlock)
- Lakeland Regional Health Authority (Smoky Lake)
- Northern Lights Regional Health Authority (Fort McMurray)

The Edmonton Planning Zone corresponds to the Capital Health Authority.

The West Central Planning Zone includes:

- David Thompson Health Region (Red Deer)
- Westview Regional Health Authority (Edson)
- Crossroads Regional Health Authority (Wetaskiwin)

The East Central Planning Zone includes:

- Regional Health Authority #5 (Drumheller)
- East Central Regional Health Authority #7 (Stettler)

The Calgary Planning Zone corresponds to the Calgary Regional Health Authority (Calgary).

The South Planning Zone includes:

- Chinook Regional Health Authority (Lethbridge)
- Regional Health Authority #2 (Medicine Hat)
- Regional Health Authority #3 (High River)

Mental Health Planning Advisory Committees

Within each of the 17 Planning Regions a MHPAC is being formed. Membership for these Committees was sought through local media advertisements and members are now being appointed. Each committee will be made up of eight to 16 members, with equal representation from the following populations: consumers of service, public, professionals and family caregivers. Persons interested in becoming involved in the ongoing planning for mental health services can contact their Zone Planner.

Because mental health services in Alberta are in a transitory period, the information presented in this summary may become quickly dated. The reader is cautioned about potential inaccuracies that may arise as the regionalization process develops.

Information presented in this summary was gleaned from conversations with Provincial Mental Health Board staff and the following documents. Interested readers are encouraged to consult these sources for additional information:

Alberta Provincial Mental Health Board (1995, March). *Building a better future: A community approach to mental health.*

Edmonton Regional Mental Health Planning Committee (1994, May). *A framework for mental health services* in the Edmonton Region, Edmonton: McDermott & Associates Consulting Inc.

Mental Health Strategic Planning Advisory Committee (1993, August). *Working in partnership: Building a better future for mental health – Final Report.*

The Provincial Mental Health Board, 100, 9405 – 50 Street Atria, Edmonton, Alberta, T6B 2L5. Telephone: 422–2233, FAX: 422–2472.

Provincial Mental Health Board

Telephone List

Provincial Mental Health Board	422–2233 (Edmonton)
Executive Director	422–2466 (Edmonton)
Area Director, Northern Alberta	422–2466 (Edmonton)
Area Director, Central Alberta	783–9170 (Ponoka)
Area Director, Southern Alberta	297–4520 (Calgary)

Clinical System

Chief Operating Officer, Northwest Zone	538–5412 (Grande Prairie)
Chief Operating Officer, Northeast Zone	632–5467 (Vegreville)
Chief Operating Officer, Edmonton Zone	427–3435 (Edmonton)
Chief Operating Officer, Central Area	340–5047 (Red Deer)
Chief Operating Officer, Calgary Zone	297–4520 (Calgary)
Chief Operating Officer, South Zone	382–4475 (Lethbridge)

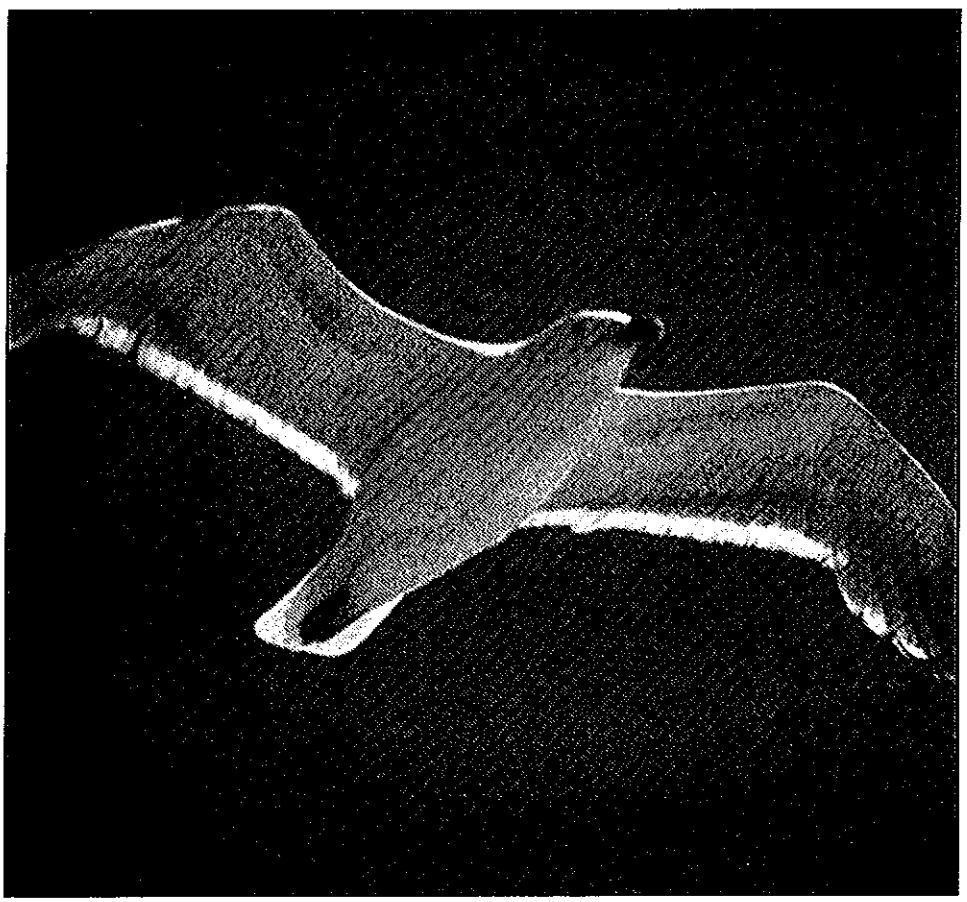
Institutional System

Alberta Hospital Edmonton	472–5200 (Edmonton)
Alberta Hospital Ponoka	783–7667 (Ponoka)
Claresholm Care Centre	625–8585 (Claresholm)
Raymond Care Centre	752–3316 (Raymond)

Planning Zones

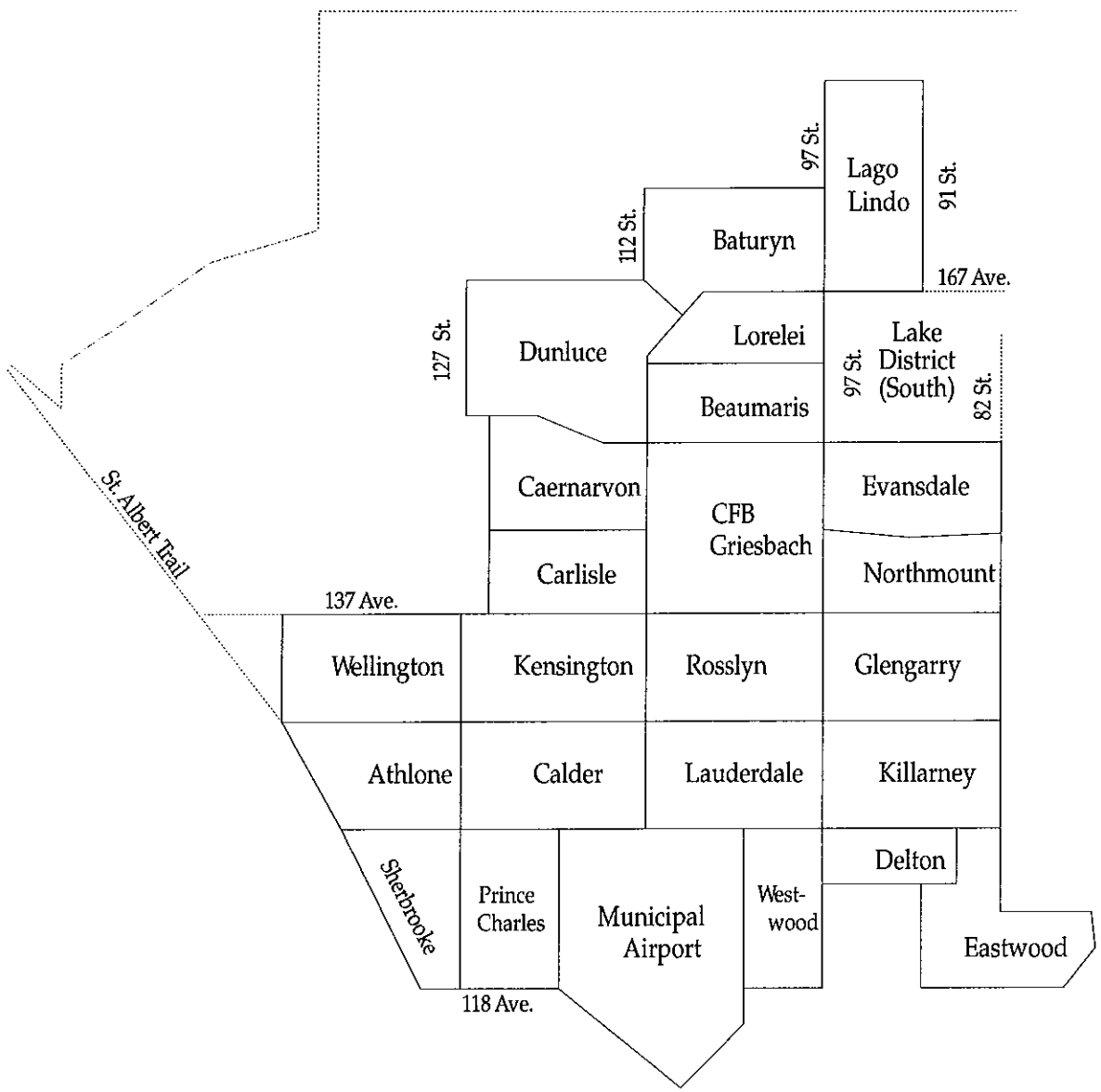
Planning Director	422–2255 (Edmonton)
Planner, Northwest Zone	538–5412 (Grande Prairie)
Planner, Northeast Zone	422–2255 (Edmonton)
Planner, Edmonton Zone	422–2255 (Edmonton)
Planner, West Central Zone	783–9170 (Ponoka)
Planner, East Central Zone	783–9170 (Ponoka)
Planner, Calgary Zone	297–4520 (Calgary)
Planner, South Zone	382–4477 (Lethbridge)

Appendices



Appendix A

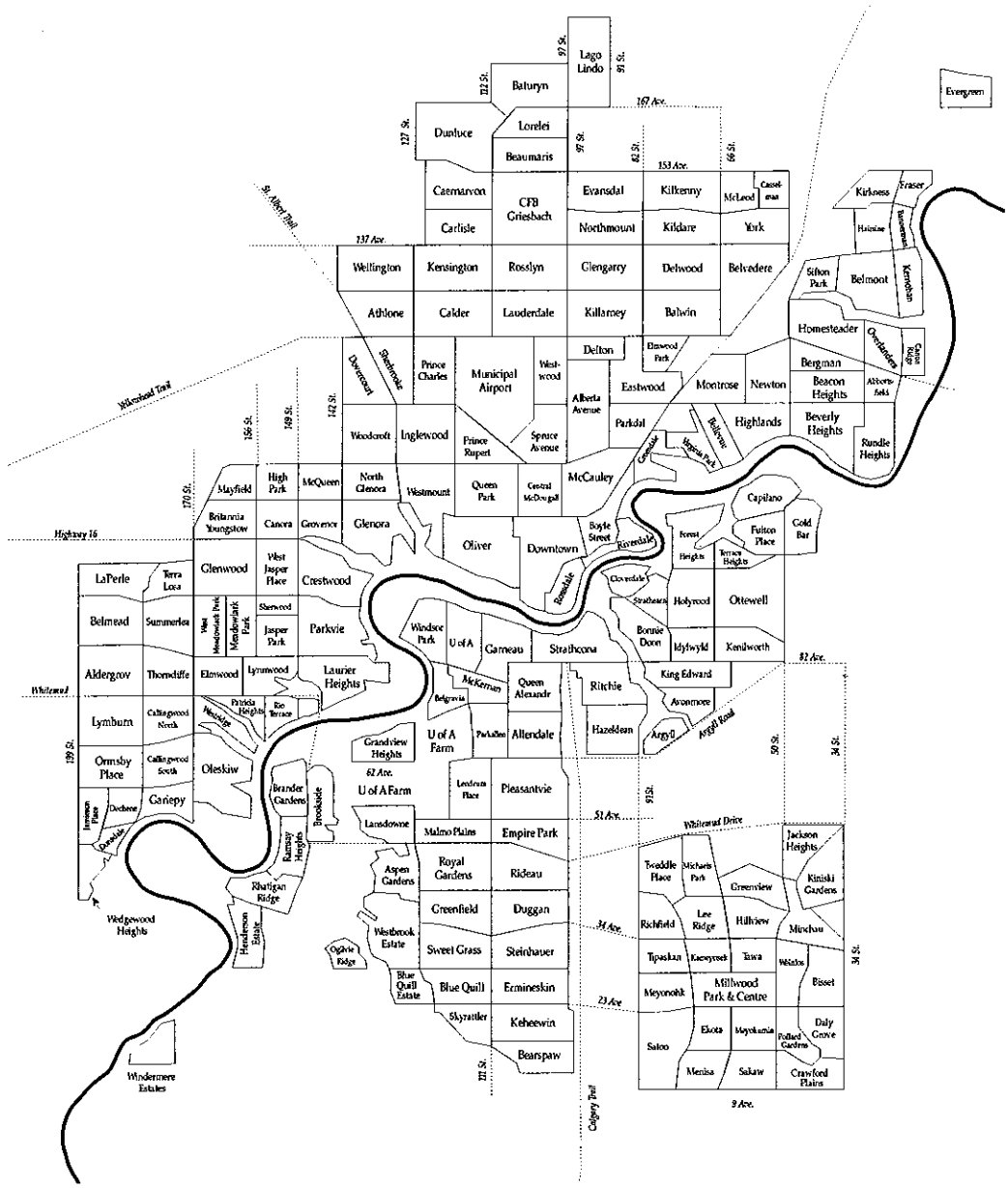
Neighborhood Map of Northwest Edmonton



Source: Edmonton Community and Family Services

Appendix B

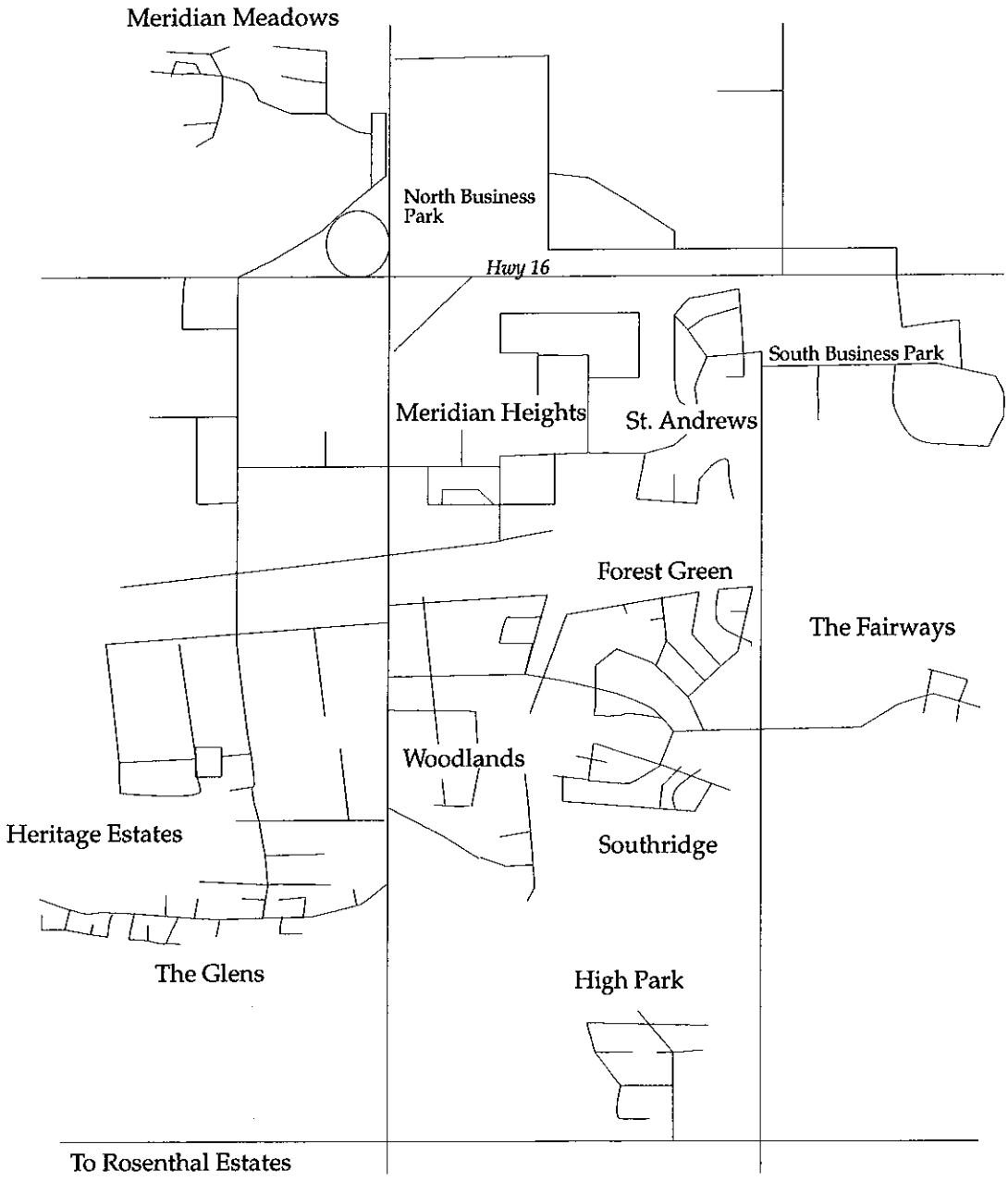
Neighborhood Map of **Edmonton**



Source: Edmonton Community and Family Services

Appendix C

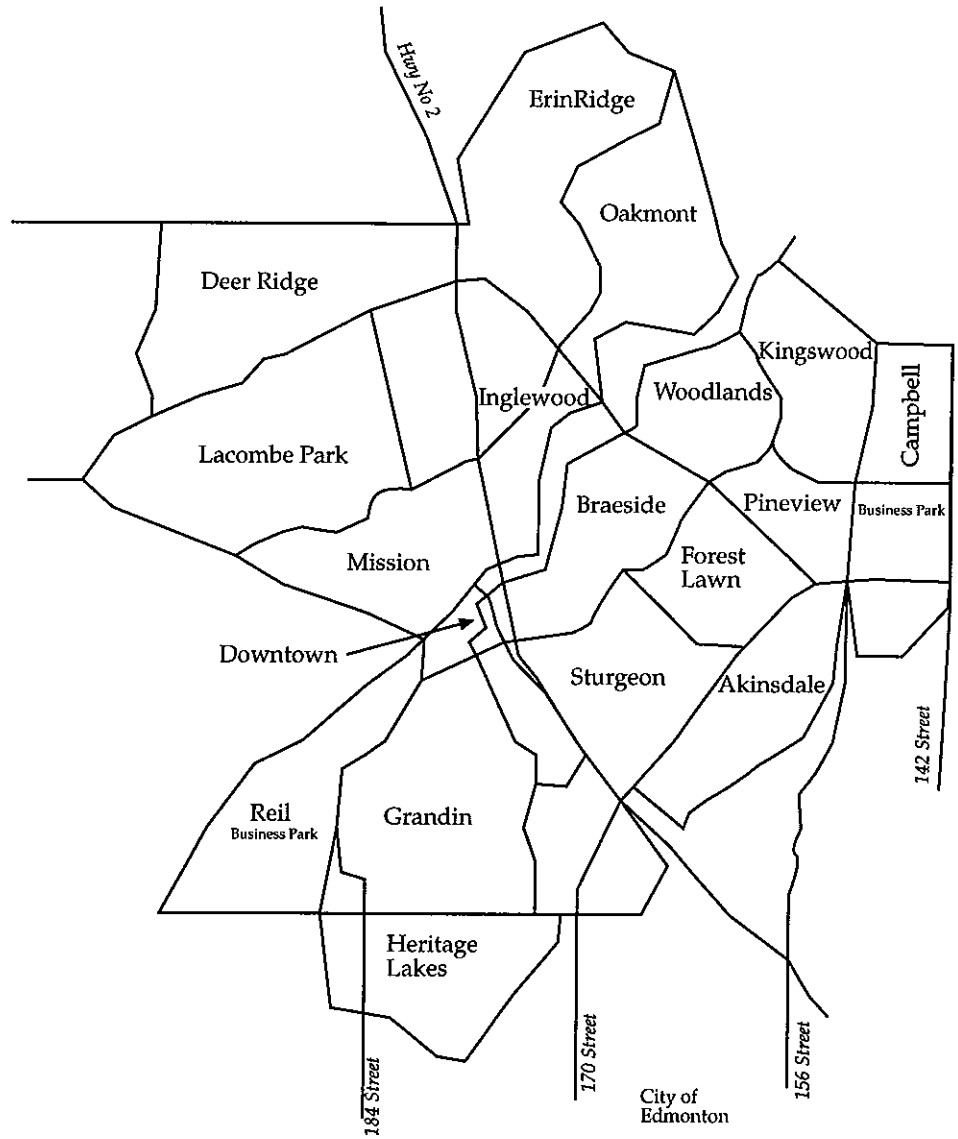
Neighborhood Map of **Stony Plain**



Source: 1995 Stony Plain Business and Residential Directory

Appendix D

Neighborhood Map of St. Albert



No focus groups were held in St. Albert for this edition of Tracking the Trends. However, both health and mental health regionalization has positioned St. Albert along with Edmonton. To reflect this change this map is attached.

Source: City of St. Albert Planning Services

Appendix E
Participating Groups: Community and Agency

Community Participants

We would like to thank those who provided input into this edition of Tracking the Trends by participating in focus group discussions. We would also like to thank the community organizations and program staff who permitted us to hold focus groups at their locations.

Northwest Edmonton Community Focus Groups

O'Leary Catholic High School

Dickinsfield Amity House

Eastwood Community League

Caernarvon Parent's Drop-In

Calder Senior's Centre

Rosslyn Community League

Metis Nation of Alberta

Wellington School – Partners for Youth

Stony Plain Community Focus Groups

Memorial Composite High School

Meridian Heights Junior High – Parent Advisory Council

Pioneer Manor

Agency and Organization Participants

In compiling the invitation list we made an effort to ensure that we invited service providers representing a wide range of activities from recreation to clinical mental health services. Focus groups were held in Edmonton and Stony Plain.

As some organizations and agencies have multiple programs or locations, a number of them had more than one representative participating in the focus groups. A limited number of private individuals active in the community also participated in the focus groups. While they have not been cited by name we extend out thanks to them for their input into this process.

We would like to thank all program and service providers who assisted by participating in focus groups. As with the community participants, their contribution was invaluable.

Participating Agencies - Stony Plain Focus Group

Alberta Family and Social Services

Alberta Justice

Big Sisters and Big Brothers Society

County of Parkland School Division

Family and Community Support Services – Spruce Grove

Family and Community Support Services – Stony Plain

Meridian Foundation

Stony Plain Home Care

Stony Plain – Lac Ste. Anne Health Unit

Parkland Ambulance Authority

West View Regional Health Authority