

1967

ALBERTA MENTAL HEALTH STUDY

Edmonton Social Planning Council
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EDMONTON SOCIAL PLANNING COUNCIL

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RESEARCH

CO-ORDINATION

... for health, welfare and recreation services in Edmonton and District

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REPORT TO: Dr. W.R.N. Blair and Members

ALBERTA MENTAL HEALTH STUDY

FROM: EDMONTON SOCIAL PLANNING COUNCIL,
formerly Edmonton Welfare Council

Mr. G. Levine, President
Mr. R. Henbest
Dr. W. Bobey
Mr. E.S. Bishop
Mrs. F. W. Hewes

The Edmonton Welfare Council for many years has been concerned with institutional and treatment facilities for children. In 1963 the Council made an extensive study of child care institutions in Edmonton. The study discovered the need for more extensive services for mentally defective and emotionally disturbed children in the Province.

It was brought to our attention that still there is a shortage of treatment facilities for emotionally disturbed and retarded children and that the present facilities are not meeting the needs of these children. There is a lack of acceptable and up-to-date standards of service for these institutions. It is also evident that due to the high costs of operation many parents as well as private institutions are facing financial hardship.

In 1966 the Edmonton Welfare Council appointed a committee to look into this problem and examine the needs and treatment facilities for emotionally disturbed and retarded children.

Affiliated with the



Community Fund

A report was prepared as a result of the work of this committee. The brief entitled "An Examination of Facilities for Emotionally Disturbed and Retarded Children in the Province of Alberta" was submitted to the Premier of Alberta, the Honourable Mr. E. C. Manning in May of 1967. It was referred by the Premier to the Minister of Welfare and, we understand, the Minister of Health. Unfortunately, no opportunity has been provided for any comprehensive discussion of the contents or any means of implementing the recommendations contained therein. We are pleased that the Government of Alberta saw fit to commission a Mental Health Study late in 1967 and earnestly hope that by reviewing this brief and its recommendations at this time some positive steps can be taken as we suggest.

THE OBJECTIVES OF THE EDMONTON SOCIAL PLANNING COUNCIL STUDY WERE:

1. To examine the institutional needs and services for emotionally disturbed and retarded children.
2. To review standards under which these institutions are operative.
3. To study fee structures and public-private relationships in the area of financing of these institutions (capital as well as operating costs).
4. To make recommendations.

The study was limited to the treatment facilities and services for emotionally disturbed and retarded children. The study did not study the nature of the programs or treatment methods and techniques used in these institutions. It did, however, look into standards and philosophy of the institutions and extensive information was sought and reviewed from public and private agencies throughout Canada and the United States.

We emphasize that our deliberations were confined to residential and institutional care. We recognize that out-patient and emergency services are of equal significance, and in no way do we wish to imply that institutional treatment is preferable for all children.

Mr. Ron Henbest, a member of our study committee will describe the study in further detail.

We are grateful for the opportunity to present to you a summary of our report and discuss it. As Mr. Levine has suggested, the concerns that initiated this study were: (1) the belief that there were not enough facilities in our community for emotionally disturbed and retarded children, (2) that the existing facilities were not meeting the needs of these children, (3) that there did not exist acceptable and up-to-date standards of service and (4) that both private institutions and parents experienced financial hardship.

THE OBJECTIVES OF THE STUDY WERE:

1. To examine the institutional needs and services for emotionally disturbed and retarded children.
2. To review standards under which these institutions operate.
3. To study fee structures and public-private relationships in the area of financing including both capital and operating costs of these institutions.
4. To make recommendations.

The study was limited to the treatment facilities and services for emotionally disturbed and neglected children and did not include an examination of the nature of the programs or treatment methods and techniques used in these institutions.

The committee obtained information about the problem through interviews with individuals and groups and from the study of various reports and research studies.

Extent of the Problem

Available information tells us that there is a significant number of emotionally disturbed and retarded children. Exact numbers or even exact estimates, however, are not available. Surveys show that between 10 and 20 percent of school age children have disorders of this kind. According to the Royal Commission on Health 3% of the general population are afflicted with mental retardation and it is estimated that 1/5 of this number are under 20 years of age. Using this percent and fraction there would be in Alberta using the population figure of 1,456,000 approximately 43,680 mentally retarded people and approximately 8,736 mentally retarded children and youth under the age of 20.

Estimates of the number of emotionally disturbed children are much more difficult to obtain. On the basis of available studies it has been estimated that the prevalence of emotional and mental disorders among school age children is in the range of 5 to 10%. In 1960 in the United States it was estimated that 250,000 children were treated for some form of mental illness in hospitals, clinics or by private psychiatrists. On the basis of 250,000 being 1/2% of the number of children in the 5-19 year group in Alberta there would be approximately 1,950 children between 5 and 19 years of age who may require treatment. Projections to 1970 indicate that there will be approximately 1000 emotionally disturbed children in Edmonton alone.

While these statistics serve to indicate the magnitude of the problem it is admitted that they do not establish a clear and precise situation.

Institutional Facilities in Alberta

According to actual figures only a small number of the children who are emotionally disturbed or mentally retarded are receiving care and help. It is believed that not only would more children benefit from institutional service but that those in institutions would gain more help if the services were adequate. Present limitations are due mainly to an insufficient number of professionally trained people, absence of regulations governing standards of operation, unsuitable facilities and the high cost of operation and maintenance.

While there are some excellent facilities in the province there is not sufficient accommodation for the severely retarded or for emotionally disturbed youth between 15 and 20 years of age.

One of the greatest needs is for temporary care facilities which would permit parents to cope with illness, family crises and to take a holiday. It is believed that many parents need the opportunity periodically to be released from the very demanding and wearing responsibilities the care of retarded and emotionally disturbed children place upon them. If they could replenish their emotional reserve they would be better able to cope with their responsibilities from day to day.

Philosophy, Goals and Standards of Operation

It is believed that lack of leadership, out-dated and outmoded standards of care and legislation, inadequacy of sound treatment goals and a shortage of professionals in the field are some of the factors responsible for the shortage of facilities for retarded and emotionally disturbed children in this province. Many of the existing facilities are inadequate physically and they lack proper program and treatment services, staff, after-care and follow-up programs. The trend today is toward intensive treatment and away from custodial care.

Just as we believe that hospitals and other institutions should be accredited according to standards of service, staff and operation we believe that there should also be established clear standards of operation for facilities for the mentally retarded and emotionally disturbed. The standards we recommend are those of The Child Welfare League of America. These standards stress the value of the individual and the value of family life in our society. They outline the goals of institutional care and stress the importance of the selection of the appropriate form of substitute care: case based on the needs of children and based on our knowledge about child growth and development. These standards explicitly describe those children for whom institutional care is appropriate and those for

whom it is not appropriate. These standards describe the core components of institutional care and treatment in institutional care. They stress the importance of integration of service, team approach and total service: intake, preparation for placement, services for child in group care, services for parents and termination. We believe that standards such as these would protect children for whom institutional care is being considered and ensure that they received care appropriate to their needs.

Standards of Operation - We recognize that a variety of institutions with different services is required. Therefore we would recommend that each institution be classified according to its philosophy, goals and function as this would prevent institutions accepting children for whom their services are inappropriate. Such a classification system would also improve acceptance and understanding of the institution by the public and would facilitate supervision by government authority.

All institutions and homes would be classified and accredited by an advisory board on the basis of their function, treatment, goals, and services prior to licensing. Accreditation would also be used as a basis of eligibility for government financial support.

Accredited institutions would have to maintain the prescribed requirements of their classification to continue to be eligible for government assistance.

Finance

As the cost of private placement is prohibitive to most parents, they either try to keep their child at home which often creates serious financial and emotional problems within the family or they must apply for financial assistance to the appropriate agency.

At the present time many of the private institutions are actually resources to government agencies and without their referrals they would likely be unable to continue in operation. The solution to this problem would appear to be through government subsidies and assistance for capital as well as operating costs.

The Ontario Children's and Institutions and Regulations Act and the Ontario Home for Retarded Children's Act and Regulations are examples of legislation which provide both capital and operating grants.

Capital Grants

1. Government may direct payment to the approved corporation, erecting the new building or the addition, of an amount equal to the cost but not exceeding an amount based upon the bed capacity of the new building or the addition at the rate of \$5,000 per bed.

2. When the acquisition of a building to be used as a children's institution has been approved the corporation may receive an amount equal to the cost but not exceeding the amount based on the bed capacity of the building at the rate of \$1,000 per bed.

Operating Grants

The government pays to an approved corporation an amount equal to 75% of the cost for the care and maintenance of those children residing in a children's institution. Children must be a resident of Ontario.

The Children's Institutions and Regulations Act contains three descriptive schedules used for classifying institutions according to their functions and rules which require the board of every children's institution to:

1. Provide opportunities for the religious education of each resident in accordance with the wishes of his parents.
2. Provide opportunities for the residents to participate in recreational, rehabilitative and hobby-craft activities.
3. Ensure that each resident receives, at all times, care adequate for and consistent with his individual needs.
4. Provide at least one competent staff member on full-time duty or the equivalent thereof, for every resident.

Conclusions

1. In Alberta specialized treatment centres, group homes and foster homes for emotionally disturbed and retarded children are inadequate in number and of those that are in operation only about half are equipped for intensive treatment.
2. There are serious gaps in services offered for emotionally disturbed youth 14 to 19 years of age in Edmonton.
3. Private residential treatment facilities with adequate resources and sound programs are expensive and consequently beyond the financial resources of most families.
4. There is a need for experimentation with new and varried approaches for setting more precise goals and for a more balanced and integrated view of psychological and environmental factors involved.
5. The involvement of private and voluntary agencies can and does make significant contributions.

6. A whole range of residential treatment centres capable of serving specific groups of children must be developed to meet the needs of individuals and to offer the best possible treatment and rehabilitative services.
7. Since private institutions are heavily dependent upon government referrals as only the government can afford the high fees that governmental support in terms of capital and operating grants is a necessary step toward the development of more diversified and specialized facilities for emotionally disturbed and retarded children for the following reasons:
 - a) enables institutions to lower their fees
 - b) allows freedom of choice to parents
 - c) provides incentive for up-grading and improvement of care and treatment facilities
 - d) leaves a reasonable degree of responsibility with the family
 - e) encourages and maintains private interests and voluntary organizations involvement in the field
 - f) augments supervision and control by the authorities.
8. Present minimum standards of child care institutions in Alberta requires immediate reviewing and up-grading.
9. Institutions in Alberta should be classified and accredited.
10. Only accredited institutions should receive financial assistance for operational and capital expenses. Lack of accreditation should not however jeopardize the basic licensed status of an institution. Accredited institutions must abide by the prescribed requirement of their classification.
11. As different government departments have responsibility for different groups of mentally retarded children their should be established very clear terms of references for this management by the combined efforts of the departments having responsibility.

RECOMMENDATIONS

WE RECOMMEND:

1. THAT THE GOVERNMENT OF ALBERTA APPOINT A PROFESSIONAL ADVISORY COMMITTEE TO:
 - (A) DEVELOP CLASSIFICATIONS FOR CHILD CARE INSTITUTIONS ACCORDING TO THEIR FUNCTION
 - (B) DEVELOP STANDARDS FOR ACCREDITATION
 - (C) DEVISE METHODS OF IMPLEMENTATION OF ACCREDITATION.
2. THAT THE GOVERNMENT OF ALBERTA UP-GRADE THE PRESENT MINIMUM STANDARDS OF OPERATION FOR ALL CHILD CARE INSTITUTIONS.
3. THAT THE GOVERNMENT OF ALBERTA MAKE AVAILABLE NECESSARY SUBSTANTIAL CAPITAL GRANTS TO ACCREDITED PRIVATE INSTITUTIONS FOR ERECTION OF NEW FACILITIES OR IMPROVEMENT OF EXISTING ONES.
4. THAT THE GOVERNMENT OF ALBERTA MAKE AVAILABLE NECESSARY SUBSTANTIAL OPERATING GRANTS TO ACCREDITED PRIVATE INSTITUTIONS.
5. THAT THE GOVERNMENT OF ALBERTA DEVISE ADMINISTRATIVE DIRECTIVES FOR BETTER COORDINATION AMONG GOVERNMENT DEPARTMENTS PROVIDING SERVICES TO EMOTIONALLY DISTURBED AND RETARDED CHILDREN INCLUDING DEPARTMENTS OF HEALTH, WELFARE, EDUCATION AND ATTORNEY GENERAL'S
6. THE DEVELOPMENT OF SHORT TERM PLACEMENT AT NOMINAL COST TO OFFER TEMPORARY RELIEF TO PARENTS OF HANDICAPPED CHILDREN.
7. MORE FACILITIES FOR TREATMENT OF TEENAGERS WITH EMOTIONAL DISTURBANCES AND BEHAVIOR DISORDERS.
8. MORE RESIDENTIAL FACILITIES FOR RETARDED CHILDREN AND ADULTS PREFERABLY NEAR MAJOR CENTRES IN THE PROVINCE.
9. EXPANSION OF AFTER-CARE SERVICES INCLUDING GROUP HOMES, FOSTER HOMES, HALF WAY HOUSES.
10. THE PROVISION OF DAY CARE AND TRAINING SERVICES FOR UNASSESSABLE MULTIPLE HANDICAPPED CHILDREN.
11. COMPREHENSIVE PROGRAMME OF RESEARCH AND STUDY TO BE CONDUCTED IN SPECIFIC ASPECTS OF SERVICES TO ALL CHILDREN.