

Alberta's call for collaboration in Mental Health Capacity Building

Stephanie Patricia Kowal

(University of Alberta)

News Reporter (HSI 2012-2013)

Mental health conditions impact an enormous proportion of Canada's population. One third of Canadians experience mental health problems at some point in their lives and one in five Canadians will experience a mental health condition within the next year.¹ Such diagnoses include, but are not limited to, anxiety, depression, schizophrenia, and bi-polar disorder. These types of conditions can cause major changes in a person's thinking, emotional state and behaviour, and disrupt the person's ability to work and carry on their usual personal relationships. Mental health conditions are especially concerning in children and youth because research shows that half of all lifetime cases of mental illness begin by age 14.²

Even though mental health problems are so pervasive in Canada, many people do not receive professional mental health care. If they do decide to seek help, people often visit their family doctor or other primary health care provider who may not have the knowledge, skills, or time to provide mental health care.³ Furthermore, consumers may

"The objective of The Way In is to provide mental health promotion and prevention strategies and tools to students at under-served junior high schools."

not access, or be able to access, their full range of mental health services because they, or the general physician, are not effectively coordinated with mental health care providers.^{3, 4}

To begin addressing the mental health burden in Alberta, in 2008 the provincial government began funding interdisciplinary and inter-sectorial mental health initiatives as part of the *Children's Mental Health Plan* for Alberta. A coordinated and collaborative approach to optimizing the mental health and well-being of infants, children, and youth drives the function of this plan. Under this action plan, the province implemented the further focused *Mental*



TWI uses schools as a gateway for offering wider service availability to traditionally under-served youth. This localizes services within the schools, where previously, the nearest mental health service providers were across the city. (www.instituteoffamilies.ca)

Health Capacity Building Project. This initiative aimed to establish projects that followed collaborative approaches to provide the staffing and support required to implement integrated, school-based community mental health promotion, prevention, and early intervention programs. The projects are developed locally and are coordinated and implemented through partnerships between Alberta Health Services, school jurisdictions, parents, community agencies, and other regional service providers.

The Way In initiative is one such program which has been very successful in following the collaborative model while effectively addressing the mental health needs of youth in Edmonton, Alberta. The objective of *The Way In* (TWI) is to provide mental health promotion and prevention strategies and tools to students at under-served junior high schools. The end goal of the project is to build mental health capacity within the schools and to reduce stigma around mental health conditions. TWI uses schools as a gateway for offering wider service availability to traditionally under-served youth. This localizes services within the schools, where previously, the nearest mental health service providers were across the city. These types of referrals are generally infeasible for families using public transportation or living under extremely tight time constraints due to multiple jobs, education attendance, or childcare requirements. ►

TWI serves mental health needs that run the gamut of concerns including addiction, bullying, mentorship, academic issues, social skills, and self-esteem. To address all of these mental health needs, TWI operates under 10 paid employees and over a dozen community and government partners. The employees include: three full time success coaches in schools to provide mental health supports through universal, targeted, and individual programming; a registered nurse for mental health assessments and support; an addictions counselor; a mentorship coach who creates individual and group mentoring programs based on student needs; an Aboriginal commitment coach in each school who focuses on the access and support needs of Aboriginal students and their families; and a project coordinator. The organizational partners include different governmental offices, various community organizations, family centres, Big Brothers and Sisters, and Edmonton Public Schools, among others.

“[S]uccess and sustainability of [TWI] hinges on the volume and intensity of these partnerships [different governmental offices, various community organizations, family centres, Big Brothers and Sisters, and Edmonton Public Schools, among others]. The collaborative process among all of these partners creates conditions that facilitate a high social return on investment.”

Jennifer Parenteau

Jennifer Parenteau, TWI's program coordinator, explained that the success and sustainability of the initiative hinges on the volume and intensity of these partnerships. The collaborative process among all of these partners creates conditions that facilitate a high social return on investment. To coordinate a highly efficient mental health response, TWI uses a *wrap-around model* of service delivery. This model strives to provide accurate services in an efficient manner, rather than overload youth with services provided by multiple doctors and organizations. With a wrap-around model, the services are inside the school and available to every student that may need it. Ms. Parenteau was proud of TWI's ability to provide coordinated in school service delivery which ensures short wait times to meet with community agents. In addition, the location of the services

means that the councillors and coaches have a constant daily presence so they can connect with people regardless of the magnitude of the students' needs.

Most importantly, this partnership network of service providers, teachers, administrators, and community members provide mental health services to individual students while keeping everyone up-to-date on the needs and progress of each child. This type of location-based collaboration eliminates the risk of siloed services miscommunicating (or not communicating at all) about what has (not) been provided for students. In turn, such collaboration can meet the holistic needs of individual children.

For TWI, an important part of the initiative is the ability to follow-up on child's well-being across different schools and years. Ms. Parenteau stated, “A lot of the time people drop the ball on kids. If a kid moves across the city and we know the kid was seeing a therapist [when they were at one of our schools], we will contact the school to see what types of services it offers. We call the parents to tell them what's available in their community for their children, and we follow-up to see if the kid has seen a therapist since they arrived in the new school. We're not dropping the ball on kids.”

As with many health promotion and prevention programs, TWI's biggest challenge is maintaining funding. They need funding to sustain positions not under the *Mental Health Capacity Building project*. For this reason partnerships that offer in-kind staff and support have become incredibly important. For example, TWI contracts three success coaches and an aboriginal commitment coach from a ►



This partnership network of service providers, teachers, administrators, and community members provide mental health services to individual students while keeping everyone up-to-date on the needs and progress of each child. (Flickr: aapne jf)

local family centre, and in return that family centre donates an in-kind family support worker full time. These types of contributions are essential to keep the wrap-around services operational and feasible. Funding becomes confusing when different positions are funded through different agencies but it is incredibly important because this process facilitates partnership-building. Without these challenges, TWI would not be driven to create the in-kind networks and coordinated knowledge that has been fundamental to their success as a youth mental health initiative. ■

References

1. PHAC (Public Health Agency of Canada). 2006. The Human Face of Mental Illness in Canada 2006. Retrieved from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf
2. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617-27
3. AHW (Alberta Health and Wellness). 2008. Vision 2020: The Future of Health Care in Alberta. Edmonton, Alberta: Author. Retrieved from <http://www.health.alberta.ca/documents/Vision-2020-Phase-1-2008.pdf>
4. Ryan physician services: a cross-sectional analysis of the Canadian Community Health Survey. *BMC family practice*, 12(1), 118., B., Stewart, M., Campbell, M. K., Koval, J., & Thind, A. (2011). Understanding adolescent and young adult use of family



Stephanie Patricia Kowal

Stephanie is currently a student in the School of Public Health at the University of Alberta. Her thesis work comprises a community-based research project aimed at understanding how new immigrant mothers in Edmonton, Alberta make immunization decisions for themselves and their children. With the findings, she and her research partners will create information content and delivery strategies that better suit the cultural needs and day-to-day realities of different immigrant communities.