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Consensus Statement calls for more funding and supports to help people with severe mental illness live in the community

A major conference in Edmonton concluded today with calls for more funding and new strategies to support the ongoing transition to community-based services for people with severe and persistent mental illness (SPMI).

The Canadian Consensus Conference on Mental Health Transitions focused on how best to serve patients as health systems in Canada and other developed countries shift to community-based care. Two dozen leading clinicians, scientists and others from Canada, the US, Europe and Australia presented the latest evidence and experience with deinstitutionalization and other changes.

A distinguished 13-member “Jury” chaired by Dr. Alain Lesage from the University of Montreal summarized the evidence and made recommendations in a Consensus Statement. The 20-page Statement includes 21 detailed recommendations as well as six overarching recommendations that form the Conclusion to the Statement. The Consensus Statement represents the independent view of the Jury. It is intended to inform and guide policy and practice; it has no legal force and is not binding on clinicians. The complete Consensus Statement is posted at www.ihe.ca.

Below are the Jury’s Concluding Recommendations (in shortened form):

1. Increase funding for innovative evidenced-based and community-based mental health services for people with SPMI. Mental health system funding must be increased to the levels recommended by the Mental Health Commission of Canada.
2. Community mental health teams should be available for all patients with SPMI and their families as a fixed point of responsibility and should be instituted before other changes. These teams must be sufficiently resourced to provide high intensity support (1 staff per 10 patients) to 10% of people with SPMI, and medium intensity support (1 staff per 20 patients) to another 20% of people with SPMI; the rest could receive conventional clinical, rehabilitative and social services with one member of the CMHT acting as case manager (1 staff per 80 patients). There should also be treatment teams for transition in the community of homeless people with SPMI, including those who have committed crimes and are held in jails, prisons or the forensic psychiatry system.
3. Seamless, efficient and appropriately timed transfer of resources to community. There should be no closure of psychiatric care beds or existing residential facilities before treatment teams are in place and effectively functioning. Downsizing of psychiatric hospitals would require fully functioning and fully resourced treatment teams and alternative psychiatric residential facilities. All people with SPMI should have a family physician delivering the best prevention and treatment for physical disorders. Treatment teams should support both patients and family physicians.

4. Centre for Excellence, Training, Evaluation and Monitoring. Create a provincial technical assistance centre (PTAC), prior to deployment of assertive community treatment teams. This centre should approve the creation/maintenance of community treatment teams and support their implementation and ongoing monitoring and evaluation. A separate arm of the PTAC should ensure the identification of academic experts in content and training for effective individual psychosocial interventions and psychotherapies for people with SPMI, including those highlighted at the consensus conference. The PTAC should have ongoing links with the academic world to ensure transfer of knowledge about emerging practices and new research, to support the evaluation of the performance of the system, and to engage in new research.
5. Train and integrate appropriate staff to support a patient-led, recovery-oriented, trauma-informed, culturally sensitive and competent system of care. Peer-support workers should be part of any community treatment team, and work in residential facilities and acute and forensic care wards.
6. Evaluation and monitoring: a provincial mental health body led by families and people with lived experience. Financed by the provincial government, a mental health body should independently produce a yearly public report on the performance of the support system for people with SPMI. This group should be led by family members and persons with lived experience, and shall include experienced former decision-makers, academics, provincial representatives of families, patients, Aboriginal (FN/M/I) and immigrant communities, and professional and community organizations. This body should obtain data from the PTAC, with linkage of existing health and social services databases to monitor the performance of the system for people with SPMI.

The Canadian Consensus Development Conference on Improving Mental Health Transitions was sponsored by Alberta Health, to help inform ongoing planning of mental health service delivery by the Ministry and Alberta Health Services.

The conference took place at the Westin Hotel Edmonton and was organized by the Institute of Health Economics.

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