

## Albertans debate plan for mental-health cutbacks



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EDMONTON — The man in the blue baseball hat, a Tim Hortons coffee in hand, sits on the bench in the unseasonably stifling early morning heat and shouts at passing cars on downtown Jasper Avenue. He can be heard a block away.

Across the intersection, another man scours the bus-bench trash can for returnables. Spittle hangs in a gossamer thread off his beard.

The scene is commonplace in major cities, mentally ill with nowhere to go.

But it's one that has become a fulcrum of angry debate in Alberta as the province forges ahead with plans to close more than half the 410 beds at Alberta Hospital, the region's mental health bedrock and backstop for 86 years.

It underlines pessimism with a government trying to cut, mould and remake a health-care system on the fly in the face of crashing oil and gas prices and multibillion-dollar deficits.

The plan, announced last month, will see patients moved out and the beds closed behind them over the next one to three years as equivalent beds become available in other hospitals or in community sites.

No patient, it is stressed, will leave until there is a commensurate spot to go.

Tom Shand, executive director of the Alberta division of the Canadian Mental Health Association, agrees with the principle but not the timeline.

"It's almost like putting up a building at the same time you're bringing in tenants," says Shand. "The broader planning has not been done. It's being rushed."

The decision has met fierce resistance from lawyers, care advocates, families of patients, psychiatrists in the hospital, police and the Alberta Union of Provincial Employees, which represents more than half the staff at the hospital.

The Edmonton Police Commission, the force's civilian oversight body, said last week that a third of the 200,000 emergency calls a year are related to problems that lead back to mental illness.

Cutting beds, it says, will mean more patients becoming abandoned, homeless and sucked into the orbit of crime.

The Criminal Trial Lawyers Association says it's not convinced the province will pony up the cash and supports needed to make the community program work.

Too many of the mentally ill are already in the justice system, the association says, charged with petty crimes and then caught in the pitiable spin cycle of street-arrest-detention, street-arrest-detention.

Last year, a provincial study found that most of Edmonton's 3,500 homeless have addiction or mental illness problems.

The AUPE, which represents therapists, aides, dietary specialists and support staff at the hospital, has taken the battle to the airwaves. It is spending \$100,000 on three prime-time TV commercials urging Albertans to tell Premier Ed Stelmach's government that losing the hospital would cause irreparable harm.

"Our goal is to get funding restored," says union president Doug Knight, referring to the planned retrofit of Alberta Hospital that was elbowed out by the revised plan to cut beds and relocate patients.

The new plan, says Knight, is half-baked.

"They said this will all be done in one to three years. That means the government's going to have to throw some big money at it. And that's more expensive than Alberta Hospital would be."

Dr. Patrick White is the man in the eye of the storm, as the regional clinical director of mental health services for the government's health provider, Alberta Health Services. He also heads up the psychiatry department at the University of Alberta, runs a clinical practice and is now assuming the job as president of the Alberta Medical Association.

White, who is giving up the government work to avoid a conflict of interest with his new AMA job, says change is necessary.

The government, he notes, has guaranteed in writing that there will be no net bed loss in the region.

The most serious cases and the forensic cases will stay at the hospital, which will remain a first-rank research and teaching centre, he says.

"This site has special skills, special attributes in looking after the chronically mentally ill, delivering what we

call secure care to all the most difficult patients in the region."

New medications and treatment methods no longer require certain patients to be institutionalized, he says, adding that about one-third of the current patients at Alberta Hospital don't need to be there but have no community program to go to.

"I have access problems," he says. "I can't get patients out."

Alberta is somewhere in the middle among other provinces in getting patients into the community, he says, adding that those who fear the government will mess up this transition are right to worry.

The Irish-born doctor says he has seen similar projects go right off the rails in Britain, Ireland and Australia. Too many beds were cut or the existing ones weren't used effectively.

Bed use, he says, is the key: make sure beds are used to their maximum potential. Put the able in community care with varying degrees of supervision, thus freeing up more beds for the serious cases.

"We need to be extremely vigilant. I've been on top of this for years and I'll continue."

Shand says the question is whether the government has the will to follow through with its plan.

"We don't know if there's enough political commitment to make some hard political decisions in hard economic times," he says. "There is a large element of trust being called upon here."

Austin Mardon doesn't have trust, but he does have fear.

Mardon, an Order of Canada winner, has spoken out for years about his schizophrenia to put a human face on a difficult topic.

It's fine, he says, that current patients will get equivalent care in the community.

But what happens when the beds are closed behind them?

"Where do the people who get sick in two years go?" he asks.

"By decreasing capacity and not allowing people a safe place to go, it's like a domino effect."

Mardon says he keeps his illness in check with medication and a daily regimen that keeps stress to a minimum.

"I'm not saying I'm unstable. I'd never go off my meds. But I've talked to my doctor and we agree that eventually I will get sick again."

"And what do we do in that case?"