

Closure of Acute Care Beds at Alberta Hospital

When the Government of Alberta announced plans to close acute care beds at Edmonton's Alberta Hospital and move patients into a community-based setting, stakeholders across the province, ACCD included, quickly voiced their concerns.

Although the Alberta Committee of Citizens with Disabilities supports the idea of community-based care, we are opposed to any changes that would place at risk those who are most vulnerable. Before endorsing the shift as a viable and healthy alternative, ACCD must receive assurance that services will be adequately funded and seamlessly implemented. This can only be accomplished by providing continual access to basic necessities, such as food, shelter, and medication, and through the provision of other necessary programs, services, and supports.

Similar closures of institutional beds happened in BC in 2007. A 2008 Vancouver Police Department study outlined some of the consequences of not having proper supports in place following deinstitutionalization. An example of this was lack of affordable accommodation. Without guarantees for safe accommodations, many people who were released into community care sought affordable rooms in undesirable neighbourhoods, where they were exposed to an unhealthy environment rife with crime and other harmful elements. Inevitably, some were drawn into illegal methods of survival. The number one cause of this problem was that the mental health system, with its loss of resources, could not keep up with deinstitutionalization. The report says a conservative estimate of the annual cost of police responding to situations involving persons with mental illnesses is around \$9 million. This estimate does not

include costs from other public services, such as ambulances, hospitals, and the court system.

The mistakes made in BC must not be repeated. The shift from institutionalized care to community-based care must be implemented through a well-developed strategic plan that delivers a seamless transition to community supports and services. This is the only way to ensure the health and safety of people with mental illness.

We believe the Government of Alberta's move away from institutionalised care is an incredible opportunity to make positive changes to programs and services that meet the needs of people with mental health disabilities. ACCD will continue to report on this story as details emerge.

Call for Nominations: CCD Award

Do you know an Albertan whose commitment to the disability community deserves recognition? If so, please consider nominating that person for the CCD award.

Another year has passed and ACCD will once again present the Council of Canadians with Disabilities Award to an individual who is dedicated to the "pursuit of full participation in society by people with disabilities."



If you would like to nominate someone for this award, the deadline for nominations is December 30, 2009. Nomination forms are available by calling the ACCD office at 780-488-9088 or toll free at 1-800-387-2514. Nomination forms are also available on the ACCD website at www.accd.net.

Alberta Disability Forum's Respite Care Project: An Update

At the end of September, 2009, ADF submitted the Respite Care Demonstration Project's final report to Alberta Health and Wellness. The report shows that a large majority of participants (86.6%) agreed ongoing respite would help sustain at-home care. The analysis also showed a large percentage of agreement (80%) that flexible respite supports alleviated or improved a variety of factors, such as relationship strain between caregivers and those who receive care. These statements and others strongly support respite's role in sustainable community-based care and confirm that sustaining caregivers through respite supports is not dependent on any single factor.

The ADF derived several conclusions from the Demonstration Project:

- Respite funding should be self-directed.
- Respite funding should be highly flexible.
- Assessment of caregiver needs should be simple and straightforward.
- Respite services should be defined broadly.
- Respite supports should promote innovation.
- Funding levels should be sufficient to meet caregivers' needs.
- Methods of distributing funding for respite should promote flexibility.
- Funding support for respite should emphasize accountability and transparency.
- Community partnership and collaboration proved to be vital elements in administering a program of this nature.

The Respite Care Demonstration Project represents a first step toward meeting the needs of family caregivers in Alberta. The project is informed by the findings of rigorous research and is adapted to the

unique challenges facing caregivers in Alberta. The conclusions described above attest to the opportunity to develop responsive respite supports in today's Alberta.

This opportunity is strengthened by an active, engaged disability community. The Demonstration Project was led by ADF, and represents collaboration between government, numerous disability organizations, and hundreds of caregivers across the province. The project generated expertise and momentum throughout the community, and Alberta's government has an opportunity to involve community partners to further develop and implement respite supports.

If there is a single lesson to be taken from the Demonstration Project, though, it is this: there is a way ahead for improved respite supports in Alberta. ADF's Demonstration Project modelled a flexible, community-driven respite program that benefited caregivers and fostered collaboration across the province, and this progress can and should continue.

The future involves recognizing family caregivers as important participants in the health system. Family caregivers need support. They are not passive recipients – they play an essential role in community-based care, and an investment in respite is an investment in a health system that is supportive, inclusive and sustainable.



Alberta Disabilities Forum
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