IN FOCUS >

Mental health in ALBERTA

Population: 4,849,906 | **Rural:** 15.2%[77]

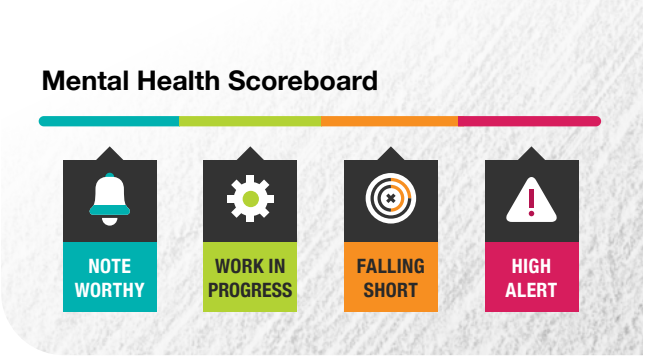
As unveiled in its new policy framework, Alberta is focused on recovery. The Government of Alberta recently announced the creation of Recovery Alberta, a new mental health and addictions organization that will be responsible for delivering mental health, addictions and substance use health (MHASU) services. Its mandates include improving access to treatment and services, which is important given Alberta's higher-than-average rates of suicide, poor mental health, substance use disorders and unmet need for services. Stigma and discrimination are areas of concern here: the reported rate of sense of belonging is lower here for people reporting poor-to-fair mental health. The Compassionate Intervention legislation that is being considered will mandate involuntary detention and treatment for people with substance use disorders, which harm reduction advocates signal could undermine the health and well-being of people who use drugs.

Grappling with a toxic drug supply for nearly a decade, Alberta has the second highest rate of apparent opioid toxicity deaths, and a higher rate of hospitalization due to alcohol harms, which signal a need to increase access to harm reduction services. Furthermore, the province faces a housing affordability crisis that needs policy attention.

IN FOCUS: ALBERTA

Indicator		Indicator Category	AB	CAN
1.1a	Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	5.5%	6.3%
1.1b	Bilateral Health Spending for MHASU	Policy	40%	31%
1.2	MHASU Strategy	Policy	Out of date	Out of date
1.3	Decriminalization policy	Policy	–	Low support
1.4	Harm reduction policy	Policy	Moderate support	High support
1.5	Mental Health Acts	Policy	High concern	–
2.1	Perceived mental health – poor/fair	Population Mental Health (MH)	29.3%	26.1%
2.2a	Prevalence of mood/anxiety disorders (12-month)	Population MH	11.9%	10.6%
2.2b	Prevalence of substance use disorders (lifetime)	Population MH	24.4%	20.7%
2.3	Rate of death by suicide	Population MH	14.3	10.9
2.4	Rate of hospitalization for self-harm	Population MH	52.2	64.9
2.5	Rate of apparent opioid toxicity deaths	Population MH	39.4	20.8
2.6	Rate of hospitalizations caused entirely by alcohol	Population MH	333	262
3.1	Percentage of population needing mental health care but needs are unmet or partially met	Service access	9.0%	7.8%
3.2	Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	62%	61%
3.3	Number of psychiatrists per 100,000 population	Service access	10.6	13.1
3.4	Supply of MHASU healthcare providers	Service access	1,907.2	1,721.4
3.5	30-day hospital readmission rates for MHASU concerns	Service access	11.3%	13.4%
4.1	Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	17.4%	15.8%
4.2	Poverty rate	SDOH	8.1%	8.1%
4.3	Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	53.9%	46.1%
5.1	Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	9.9%	9.1%
5.2	Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	49.7%	54.4%
5.3	Reported rate of drug-related offences	Stigma and discrim	146	162

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population



POLICY

Although Alberta does not have a formal mental health, addictions and substance use (MHASU) strategy, it has been public about its approach to improving MHASU care. Branded the "Alberta model" of care, the government's "recovery-oriented" policy framework was presented in a series of guidance documents, which puts treatment and service access at the forefront.[78] Each year, the Alberta Government releases a Mental Health and Addiction Business Plan along with its Budget Estimates. The Business Plan lays out key government investments in programs and services along with performance metrics for that year. A formal strategy would provide the community with a view into the government's longer-term plan.[79] In 2019, Alberta created A Provincial Action Plan for Youth Suicide Prevention (2019-2024) that includes a Youth Suicide Prevention Grant Program, the funding of which was increased in 2024 by $1 million for a total investment of $4 million over the next two years.

NOTEWORTHY

Alberta is working to improve mental health, addictions and substance use health (MHASU) service access, including better access to addictions treatment.

Following the release of its 2024-25 budget, the Government of Alberta announced the creation of Recovery Alberta, a new mental health and addictions service delivery organization (formerly part of Alberta Health Services). The funding allocated to Recovery Alberta as well as the new Canadian Centre of Recovery Excellence is $1.55 billion, which amounts to 5.5% of the province's overall health budget.

In Alberta's 2023 Bilateral Health Agreement with the federal government, which includes a renewed commitment to spend the remaining funds from the Shared Health Priorities Agreement from 2017, the province agreed to invest 40% of this funding in MHASU, which is higher than the average spending across Canada (31%).

Sections of the Mental Health Act were deemed unconstitutional by Alberta's Superior Trial Court and flagged by the Alberta Ombudsperson in 2019 due to the high number of complaints.[80] The Act has since been modernized (2020) with a commitment to monitor progress, although new complaints to the Ombudsperson raise concerns about how well the recommendations are being implemented and highlight the need for more work.[81] Since 2023, the Alberta government has been discussing legislation that would allow involuntary treatment for addiction, which has been criticized by human rights and harm reduction organizations.[82]

WORK IN PROGRESS

The Mental Health Act was modernized after complaints about constitutionality, but new complaints suggest more work needs to be done.

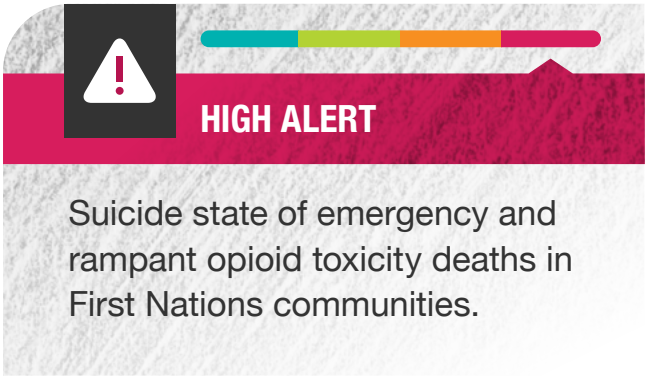
Policy Response to the toxic drug crisis

In 2024, in response to the toxic drug crisis, the Alberta Government introduced the "Alberta Recovery Model," a policy framework drawn from the American Substance Abuse and Mental Health Services Administration's recovery-oriented system of care. This system focuses on opioid agonist therapies through both rapid access clinics and virtual clinics and bed-based care, with a considerable investment in treatment. In the lead-up to this policy announcement, the Government of Alberta froze funding in 2020 to supervised consumption sites and conducted an evidence review, which created additional requirements for the services to meet provincial standards for care. Currently, Alberta has four supervised consumption sites and two overdose prevention sites.[83] The Alberta Government also published a review of safer supply services and introduced "The Community Protection and Opioid Stewardship Standards," with the directive to make people transition from safer supply prescribing arrangements into opioid agonist treatment programs.[84] In light of the new policy orientation, advocates in Alberta are calling for a scale up of supervised consumption services, greater distribution of sterile equipment for drug use, and safer supply.[85]

POPULATION MENTAL HEALTH

At 14.3 deaths/100,000 people, the rate of suicide in Alberta is higher than the national average of 10.9/100,000. Half of all suicide deaths in Alberta occur in Edmonton and Calgary. Suicide is of particular concern for First Nations communities in Northern Alberta. The rate is higher in communities with limited access to mental health care and supports, notably in rural areas of the province and First Nations communities. Recently, a council representing five First Nations in the region declared a local state of emergency due to the rise in suicide deaths.[86] Furthermore, workers—particularly men—within many of Alberta's industries are at elevated risk for suicide due to the challenges associated with working in isolation, in physically demanding roles, and under the unpredictable pressures of farming, ranching and fossil fuel energy production.

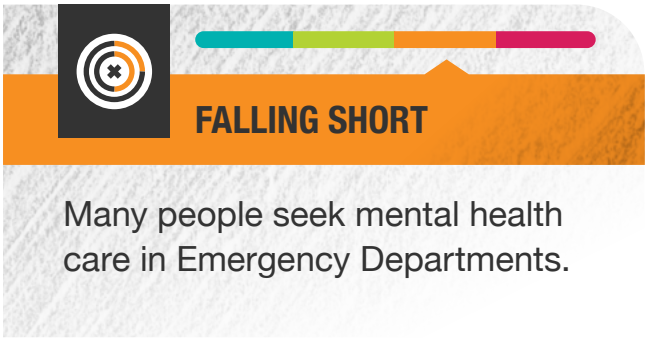
Alberta records the second highest number of deaths due to opioid toxicity, after British Columbia. The 2022 rate, which was 32.9 deaths per 100,000 people, has since risen to 39.4 deaths per 100,000, which is far higher than the national average (20.8 deaths/100,000). First Nations peoples in Alberta are disproportionately represented in the number of deaths compared to the non-First Nations population. First Nations persons accounted for 22% of all opioid deaths in 2020, although they represent 6% of Alberta's population.[87]



SERVICE ACCESS

Albertans face challenges accessing the MHASU services and supports they need. The percentage of Albertans with unmet MHASU needs is higher than the national average: 9% vs. 7.8%. A higher number of Albertans are seeking mental health care in hospital emergency rooms: 10.8% compared to 9.5% nationally. In addition, a lower number of psychiatrists work in the province: 10.6/100,000 compared to 13.1/100,000 nationally.

Access to services is particularly limited in rural parts of the province where rural Albertans are seeking out mental health supports wherever they can. According to a recent report by the Alberta Centre for Sustainable Rural Communities, there is increasing pressure on Family and Community Support Services (FCSS) in rural Alberta.[88] While FCSS mainly offers preventative social services, they are facing increasing demands from clients for mental health support, as well as income, food and shelter supports.



SOCIAL DETERMINANTS OF HEALTH

Housing affordability is at a crisis point in Alberta. Population growth, coupled with limited housing supply,[89] has contributed to a 20% jump in rents in the last year, the highest increase of all provinces and territories in Canada.[90] The data show that Albertans with poor-to-fair mental health face a core housing need (17.4%) greater than the national average (15.8%). Low-income Albertans are particularly vulnerable to housing insecurity. In 2022, the wage needed for a one-bedroom apartment in Alberta was $21.42/hour, significantly higher than the current $15/hour minimum wage.[91] This suggests that low-income Albertans face significant barriers to accessing adequate and affordable housing. Currently, there are no rent controls in Alberta.[92]

STIGMA AND DISCRIMINATION

Albertans reporting poor-to-fair mental health experience slightly more incidences of discrimination and victimization than average in Canada (9.9% vs 9.1%) and report a lower sense of feeling connected to community (49.7% compared to 54.4% nationwide). The rate of drug-related offences in the province is 146 per 100,000, lower than the national rate 162 per 100,000.