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CMHA Newsletter

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Editorials

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A Tragedy With Wide-Reaching Consequences

For almost three weeks, Saskatchewan and Canada have been focused on Humboldt after the terrible Broncos bus accident. The outpouring of support has been overwhelming.

But let us remind ourselves how wide-reaching this tragedy has been. It's not just the families of the dead and injured, but also the billets, the fans, those players who had played with team members previously. First Responders have been especially affected. In short, it has affected anyone who dealt with any member of the Broncos. It has affected people in players' hometowns as well as anyone who went to school with them. The need for services such as counseling will be long-term and wide-spread.

Need for Collaboration in Developing Mental Health Services

It would be great practice and a step forward if the Provincial Government, the new Saskatchewan Health Authority, and the mental health community, perhaps as represented by the Saskatchewan Mental Health Coalition, could collaborate on where new money for mental health is spent. Too often, governments are chasing different goals than those closest to the issues. In Saskatchewan, we have record wait times for children who need to see child psychiatrists for diagnosis and medication. We have complex patients who consume extraordinary resources who need assertive community treatment. We have problems in emergency. We have too many interfaces between our consumers and the justice system, and we need school resources re-instated. Our system has been underfunded for decades and can't adequately meet all the demands placed on it. In many cases, resources are not available and the consequences are tragic. The Federal Government has provided resources, but its priorities are different from what patients and families in Saskatchewan need. Kudos to the Feds for recognizing the need and opening their purse, but their prescription doesn't fit every province.

Need for Consistency in Services

We also need consistent services across the province, services that are both appropriate and science-based. The larger centers should have the same array of programs to support a wide range of needs, as we know people gather where they can get the services they need. There should be more affordable housing supports across the province, because the mental health sector knows how important good quality housing is to mental health. There should be formal peer support happening in Saskatchewan because the evidence suggests it is good practice. There should be group therapy, early intervention, community mental health beds and specialized emergency access. It shouldn't be a matter of special interest by a leader or a passing whim that fades or a program that ceases when the proponent leaves.

Remember CMHA Sask Division in your will. Bequests of any sort help us to ensure that our programs and services continue to be available across the province, and that we are able to lobby for better services for consumers who need assistance.

News

Saskatchewan Health Authority Changes

The new Saskatchewan Health Authority is changing the way things work in mental health.

It was announced on March 30, 2018, that Colleen Quinlan would be the new Executive Director of Mental Health and Addictions for Saskatchewan. Colleen is known to many, especially in Regina. A registered psychologist, Colleen most recently worked at the Ministry of Corrections and Policing as Director of Mental Health and Addictions and as Acting Director of Health Services. Colleen has been an employee of the former district and region for over 28 years in a variety of clinical settings.

The Saskatchewan Mental Health and Addictions community looks forward to working with Colleen collaboratively in the future. We await further changes to see how and whom we interact with daily as we advocate for improvement.

Welcome to your new position, Colleen!

Delay at Saskatchewan Hospital North Battleford

It has been announced that the opening of the new Saskatchewan Hospital North Battleford will be delayed. The builder, according to the government, says the hospital may be delayed by three months after the previous completion date estimate of June 1, 2018. The project is worth $407 million dollars and is billed as a public-private partnership.

Les and Irene Dubé Donation to Mental Health

Once again, the Dubés have shown their care and concern for mental health in Saskatchewan, and have donated $1 million for furnishings and equipment for the new Saskatchewan Hospital North Battleford.

This comes on top of the money they recently donated to ensure that Saskatoon has a separate assessment area for persons suffering from crisis and who have come to hospital. The Dubés also donated millions of dollars to the inpatient unit at Royal University Hospital. We are thankful for their continued support.

Recommendation on Mental Health Commission

Dr. Danielle Martin and Dr. Pierre Gerlier-Forest, two health policy experts, have recommended to the federal Minister of Health that several arms' length health organizations be wound down or merged for increased efficiency or to allocate resources differently.

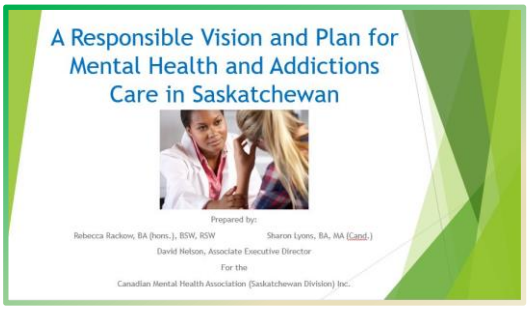
One of these organizations is the Mental Health Commission of Canada (MHCC). It is considered to be a pan-Canadian Health Organization, and it has defined its role as 'raising awareness of the mental health and wellness needs of Canadians, and to catalyze collaborative solutions to mental health system challenges.'

The Government of Canada will study the recommendations and respond in the future.

Saskatchewan Mental Health Coalition

The Coalition met in Regina on April 4, 2018. Representatives from sixteen provincial groups attended, and each representative provided an update from their organization. After lunch, the group received presentations on CMHA's proposal for Primary Care, on the survey work around community-based organizations that practicum student Latoya Reid did for CMHA SK, and a report on the Ottawa meeting that CMHA was invited to regarding Métis health services. The proposal for primary/collaborative care was discussed and received positive feedback.

CMHA Recommends Primary Mental Health Teams



CMHA Sask Division met with Scott Livingstone, CEO, Saskatchewan Health Authority, on March 19th in Regina. At that time, Dave Nelson presented Scott with a new report called "A Responsible Vision and Plan for Mental Health and Addictions Care in Saskatchewan." Among other things, it calls for increased integration between primary health care and more specialized services in mental health care to maximize the funding available for mental health. This concept is often called "Collaborative Care" and is in place around the world.

While Canada is generally thought to be a high-income country, Saskatchewan has many aspects of lower-income countries. Saskatchewan has a small, scattered population over a large geographical area. Its economy is cyclical because it is driven by commodity sales. There is a need for culturally-sensitive services for a growing indigenous population, like many low-income countries. Finally, mental health services are underfunded; many mental health services are not publicly funded and beyond the reach of many who need them.

It is essential that mental health care be preventive as well as supportive. The use of a team of individuals with a variety of skills and training/education could be helpful with that. Having a formal mental health team can help with prevention in different ways. With primary prevention, it can help minimize risk exposure, provide patient teaching, and promote healthy relationships. Secondary prevention can be early detection of signs of mental illness. Tertiary prevention can be ongoing supportive care, promotion of adherence to therapy, ongoing promotion of healthy activity, mobilization of supports, and early alert of relapse, all of which are relatively low-tech interventions.

Lower-income countries utilize specially-trained lay workers to provide many of the services described above. The World Health Organization has published a guide for lay workers who work in mental health, which may be helpful for those who live in rural and remote sites.

Eating Disorders

BridgePoint Center for Eating Disorders in Milden recently had the benefit of a Master of Psychology and Counseling practicum student, Caitlin Malloy, who did a research project titled "Day Programs vs. Residential Programs, Why We Need Both!"

As is the case with many other mental illnesses, there is a gap in the available treatment options and programming offered for those with disordered eating in Saskatchewan. Currently, treatment is accessed in either an acute setting for those requiring medical intervention or through residential programming at BridgePoint in Milden, SK, where participants are required to be medically stable upon admittance and throughout programming. This leaves a substantive gap in services for those who find themselves in a position where they are not sick enough to require hospitalization but are too sick or unstable to attend residential programming.

Eating disorders are still often not considered a mental illness in society! Eating disorders are real, complex medical and psychiatric illnesses that can have severe consequences for health, productivity and relationships. An estimated 725,800 to 1,088,700 Canadians will meet the diagnostic criteria for an eating disorder. (Stats Canada, 2016). As the population in the province of Saskatchewan continues to grow, so will the prevalence of eating disorders.

There has been talk in the health community about the need for a day program for eating disorders. What Malloy found is that this is indeed a service that is necessary. However, it was made clear in her research that there are many benefits for both residential and day programs and access needs to be determined on a patient-by-patient basis, and neither program option should be discredited. Proper treatment for eating disorders is imperative for the maintenance and treatment of the individuals' well-being, and adequate treatment programs are essential to prevent and minimize the economic burden of this disorder across several Saskatchewan Ministries.

It is BridgePoint board of Directors' hope that funding will be provided to be able to meet the needs of the community in the future.

Research Corner

Trauma in Communities

Here are a few ideas about trauma and recovery from grief:

1. Grief is a personal experience and belongs to the person experiencing it. Don't tell a person how to feel or what to do.
2. Stick with the truth. Say "I know this hurts." Don't talk about how they lived a good life or how they are in a better place or that things will get better. You don't know that.
3. Don't try to fix things. See #2.
4. Be prepared to witness pain and see #3.
5. This is not about you. Be prepared to be ignored, and be prepared not to have questions answered. Your friend may not be able to be a good friend now.
6. Anticipate. Ask what you can do. Don't assume they want the house cleaned up. Always ask first.
7. Run interference. People can be overwhelmed by visitors.
8. If you are asked about the person, stick with the truth. "X has better and worse days." Also, "grief is with you for a long time."
9. Love. Being present is helpful. Admit you don't have the answers. Sit quietly. Be there.

(Megan Devine, refugeingrief.com)

Borderline Personality Disorder

Children who have experienced childhood sexual abuse are more vulnerable to mental illnesses like borderline personality disorders, depression and post-traumatic stress disorders. All of these have treatments associated with them, and some of these treatments may overlap. But sometimes people are more interested in finding out what's 'really' wrong with them rather than working towards recovery, and will see multiple doctors and professionals.

It is important to determine with a therapist what is bothering the person, and/or holding the person back, rather than trying to narrowly define the diagnosis. These are all clinical diagnoses that are made by describing the symptoms and experiences to someone trained to make it. The goal is always to feel better and function better, and a combination of things may be tried to feel better.

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Depression

Dr. David Goldbloom, Senior Medical Advisor of CAMH, says that depression affects 1 in 10 men and 1 in 5 women in their lifetimes. It's more than just sadness; it's sustained and broad and is more than a low mood. It's numbness, and lack of reaction to things that normally bring us joy. People report feeling numb, exhausted, unmotivated and sad over a long period of time. Concentration and decision-making may be more difficult. The first step in treatment is often getting the right diagnosis after a thorough assessment. Dr. Goldbloom says the family doctor's office is a good first step in finding out, as he feels the family doctor is the front door for almost everyone. He thinks family doctors are well trained to help with diagnosing.

In living with depression, Dr. Goldbloom emphasizes the concept of recovery, and he recommends the use of self-help books to help navigate through the journey. When the depression is tough and doesn't go away on its own or easily, a peer, a family doctor or a counselor may be helpful in making suggestions about how to proceed. Sometimes medications are needed, sometimes not.

More people today are talking about depression. The word can be used in the wrong sense to express worry, being upset or frustrated. Depression has had varied names, such as exhaustion, through the years. The fact that many famous people speak about depression gives more people permission to talk about their own situations.

With the advent of the use of more team practice environments, there are often people who can provide therapy to patients rather than being referred out to private counselors.

Borderline Personality Disorder (continued)

People with borderline personality disorder have difficulty sustaining relationships and regulating emotions, behavior and thoughts. Some turn to self-harm and suicide to cope. People may be extremely angry and at the same time not attuned to their emotions.

BPD has often been looked upon as having a "bad" personality. New evidence shows that people with BPD can be treated. Some have success with dialectical behaviour therapy, but there is a shortage of clinicians and programs. Programs may take as long as a year; however, there is research going on to see if briefer treatments work. With new treatments, people are feeling more positive and are able to have a more satisfying life. There are several good videos on the CAMH YouTube channel.