CMHA Newsletter
September 2017

Canadian Mental Health Association
Saskatchewan
Mental health for all

Crystal Meth Crisis in Saskatchewan

The CMHA has heard from around the province that Crystal Meth has once again reared its ugly head in Saskatchewan. While opioids have been in the headlines in major centers across the country, here in Saskatchewan the problem is crystal meth.

Initially the problem occurred along the Yellowhead highway, but has spread to other larger and smaller centers.

In June, the CBC reported that data from the Ministry of Health shows that crystal meth cases presenting at drug treatment have grown by 200% in one year, from 2015-2016. There are calls for a strategy dedicated to crystal meth, because the problems are different than opioids.

The crystal meth problem necessitates more staff, more security, different models of care and more community support for success in reducing harm, both personal and social. We hear reports of damage to medical equipment during psychotic episodes in ERs. We also understand that these patients tie up police for hours as they need to be closely watched before they are transferred to the care of the hospital, and sometimes they must be heavily medicated to maintain safety for all involved, which also delays assessment by a psychiatrist.

Further, these patients tie up detox and inpatient beds so that those with urgent needs have difficulty being admitted. All beds are currently full, with overflow beds being used frequently.

We look forward to some action in this area as the needs are urgent.

Mental Health Coalition: Enjoy the meeting on September 11th.

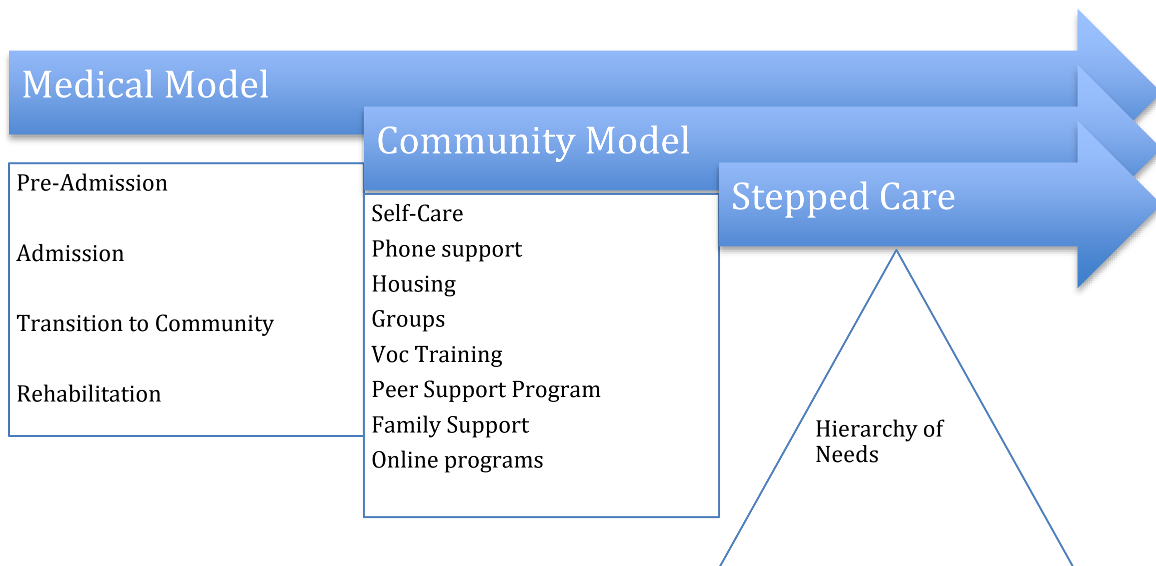
Province backs away from 10% cut to CBO Budgets

On August 17, the Provincial Government announced that after a significant review, it was reversing its decision to require 10% budget cuts from health-funded Community Based Organizations (CBOs).

Community-based organizations arise when there are gaps in care provided by the formal system. Groups like the Canadian Mental Health Association, the Schizophrenia Society and the Alzheimer Society are national organizations. Groups like Phoenix Residential Society in Regina, CMHA branches throughout the province or the Crocus Co-op in Saskatoon are local groups who use science-based programs that are locally focused.

A great deal of care, guidance and support is provided for the mental health population by these national and local groups which is not provided by government-run programs through health regions. These groups provide services in the mental health continuum and any decrease in capacity would be felt. All mental health programs including government-run programs in health regions, have suffered from decades of underfunding and often were the target of cuts, such as the loss of inpatient beds and community staff.

The prospect of cutting 10% from the budget of many groups was dire for those who used their services. For some, it might have been cutting a program and for others it might have been cutting a care provider, but in either case our consumers would have suffered.



What Should our Mental Health System Look Like in an Amalgamated Region?

Health Regions are amalgamating. How will that affect service provision in Mental Health & Addiction Services in the province of Saskatchewan?

What do we, as the mental health and addictions community, want our system to look like? Here are some ideas gathered from across the country and around the world:

1) Public Education and Prevention Programs Upstream
2) A dedicated but connected Mental Health/Addictions Emergency in major centres;
3) Adequately resourced inpatient units with adequate inpatient capacity that provide the proper therapeutic environments for different diagnoses;
4) Special inpatient units for complex patients;
5) Adequately resourced Day Hospitals to assist in the transition back to the community;
6) Community Step Up/Step Down beds, as promised by the Government when SHNB was being re-developed;
7) Dedicated security in units;
8) Collaborative Mental Health care practices, involving primary care physicians with psychiatrists and mental health teams;
9) 24-hour care, seven days a week;
10) Walk-in care in major centres;
11) Telehealth mental health care for rural and remote services;
12) Funded peer support programs;
13) Networks of care providers who use each other as resources;

Human Rights – CMHA staff met at the end of August with staff from the Saskatchewan Human Rights Commission in Saskatoon to discuss systemic discrimination against the mentally ill. For many years, mental health services have been underfunded in Saskatchewan. This is despite the urgent and well-understood need for services for mental health consumers. Funding hasn't, and doesn't match the urgency or incidence of addiction, depression, anxiety and psychotic disorders. In 1960, there were 4400 mental health beds in the large institutions in the province. These institutions were unsatisfactory in many ways but provided for everything, including meals and recreation. The promise with de-institutionalization and community living for all was that the funding for the beds would be transferred to services in the community and support for those de-institutionalized. That never occurred to the extent that was needed. Currently, there are just over 130 inpatient beds in the province, not including the rehab beds at Sask Hospital in North Battleford. While the implementation of the SAID program has been a positive change, persons with mental illness for many years lived in poverty (and still do), in unhealthy and unsafe housing, having little money for healthy food, recreation or transportation. As such, many live poor quality lives and die much younger than their healthy counterparts in the population. Discussions are also planned with the Child Advocate and other opinion leaders in the province.

The C.A.R.E Program – The CMHA Sk Division is very pleased to have someone with Rebecca Rackow BA BSW's background providing leadership in implementing the C.A.R.E Program. The acronym C.A.R.E. refers to the Caregiver Affected Recovery Education Program. Rebecca has a wide range of human services experience, including working with seniors, children with special needs and in research. Rebecca has degrees in both Psychology and Social Work, and therefore has a broad view of the issues in the mental health field.

One of the main goals of the CARE program is to educate caregivers to those with special needs or diagnoses or undiagnosed conditions such as depression or anxiety or any other person needing care, and to remind them that self-care is not selfish. Peoples' situations are often unique but they require care. Rebecca began to develop this program after she recognized that caregivers are seen by the system as disposable, in that when they burn out they can be easily replaced. Often employers predict that a caregiver will only stay in a position for several years because the work is so hard physically and emotionally. Of course, family caregivers don't have the luxury of moving on even if they are burned out.

Rebecca argues that almost every person is in the position of being a caregiver at one or several points in their lives. Copies of Rebecca's workbook are available directly from Rebecca at 306 525-5601 x 224. Rebecca is planning a day-long workshop to work through the concepts in the workbook and from that perhaps building a support group if that is the desire. Rebecca's email address is: Rebeccar@cmhask.com.

Remember CMHA Sask Division in your will in order to support our ongoing work on reducing stigma, advocating for increased funding of mental health services across the province, ensuring the best quality of programs and providing suicide awareness and mental health first aid programs.

UPCOMING EVENTS

September 24, 2017 -- Mini Indy in support of OSI-CAN

September 18-20, 2017 -- Mental Health for All Conference, Toronto

CMHA Cash Calendar Sales – Support CMHA by buying a cash calendar:

You might wonder how purchasing a cash calendar helps CMHA? While CMHA has several sources of funding, the money brought in from the sales of the Cash Calendar helps fund much of the advocacy and public education work that CMHA does on an ongoing basis. This year's edition is in celebration of "100 Years of Making Mental Health Matter" This year we opened up the artwork to the general public through social media, in celebration of CMHA's 100th Birthday in Canada. The calendar includes beautiful artwork as well as impact statements illustrating how art supports their mental health. So far, we have many very supportive and positive statements about the calendar and the powerful message it sends.

You can purchase a calendar by going online to www.sk.cmha.ca or by calling 1-800-461-5483. Draws start mid-January 2018 so get your calendars soon. They make great gifts and great Christmas gifts. There are daily draws of $100 and several through the year of $1000, and also a $25,000 Sweetheart Draw on February 14th, 2018. There is also a draw for a trip, Roughrider vouchers and a spa getaway package.

CMHA Position on Medical Assistance in Dying

On September 7, 2017 the CMHA National Office released its position paper on Medical Assistance in Dying (Maid).

"**Our Position**:

As a recovery-oriented organization, CMHA does not believe that mental illnesses are irremediable, though they may be grievous or unbearable. We recognize that people with mental illnesses can experience unbearable psychological suffering as a result of their illness, but there is always the hope of recovery.

CMHA's position on medical assistance in dying in Canada is that **people with a mental health problem or illness should be assisted to live and thrive**."

The position paper also outlined four recommendations:

1. Support Recovery
2. Continue to invest in community mental health and addictions services and supports
3. Develop a national suicide prevention strategy
4. Invest in research to accurately predict and understand the course of illness in mental health and substance use.

Research Corner

Research of interest

Mental Health Programs In Schools

A growing body of research shows that school mental health programs make a big difference. A research review published in the Harvard Review of Psychiatry suggests that there is evidence that "large-scale, school-based programs can be implemented in a variety of diverse cultures and educational models as well as preliminary evidence that such programs have significant, measureable positive effects on students' emotional, behavioral and academic outcomes." The review was led by Dr. J. Michael Murphy EdD, of Massachusetts General Hospital, and colleagues. Because untreated disorders can persist into adulthood, it is important to provide the estimated 13% of children and adolescents who have significant mental health problems with early intervention. Dr.Murphy and his colleagues estimate that the eight largest programs implemented have reached over 27 million children in the last decade. The largest is PBIS or Positive Behavior Interventions & Supports, and the second largest is called Friends. PBIS focuses on positive social culture and behavioral support for all students, while Friends aims to reduce anxiety and to teach coping skills and managing stress. While these programs and others have been implemented in 'high-income' countries, many lower income countries are also implementing such programs. With better data collection, the researchers believe these programs have the potential to improve population-wide health outcomes of the next generation. (Source-

Trauma Informed Care: Trauma results from an event or series of events that creates physical and psychological stress reactions. There can be both primary and secondary trauma, the first type where you experience the trauma and the second where you are exposed to someone else's traumatic experiences. Trauma informed care is grounded in

Trauma cont/ and responsive to an understanding of the impact of trauma. TIC emphasizes the safety, physical, emotional and psychological, of providers and survivors. It has been estimated that in the US, 26% of children younger than the age of 4 have witnessed a traumatic event. Seven to eight percent of adults will have PTSD during their lives. Behavioral health service providers can benefit greatly from understanding the nature and impact of trauma and the benefits of a trauma-informed approach to counseling. (Source SAHMSA)

Alcohol Low Risk Guidelines

Since no level of alcoholic consumption is safe, Low Risk Guidelines for Alcohol were developed in 2007 by the National Alcohol Strategy Advisory Committee after extensive consultations across the country. The group formulated 41 recommendations in four areas: health promotion, prevention and education; health impacts and treatment; availability of alcohol; and safer communities. Alcohol is a legal psychoactive drug which generates jobs and tax revenues for governments. It is also a public health issue: in 2002, the social harms from alcohol were estimated to be $14.6B, or approximately $450 per Canadian. The Low Risk Drinking guidelines suggest that women drink no more than 10 drinks a week with no more than 2 drinks per day; and that men drink no more than 15 drinks per week with no more than 3 drinks a day most days.

With over 70% of the population over the age of 15 indicating that they drink occasionally or regularly, moderate use of alcohol should be a priority for all levels of government, especially given the focus on preventing drinking and driving. (Source-Nat'l Alcohol Strategy Working Group)