Canadian Mental Health Association
Saskatchewan
Mental health for all

Editorial

Attention is currently focused on the problems of crystal meth and opioids, but CMHA Sask Division hears time and time again that the real problem with addiction in Saskatchewan is alcohol. CMHA is interested in alcohol abuse because alcohol is a depressant. Depression is a huge problem in Canada, in all age groups and can be a factor in suicide. Nationally, 80 per cent of Canadians drink. Alcohol-related harm was estimated at $14.6 billion in 2014, according to the Canadian Centre on Substance Use. As well, alcohol killed 14,800 people in 2014. It has been established that there is no safe dose of alcohol[1]. A study in the Lancet, published last year, suggested that alcohol was a leading factor in 2.8 million premature deaths in 2016[2]. There are 'low risk' guidelines set up that suggest drinking no more than ten drinks per week for women and fifteen for men, with no more than three drinks per occasion for women and four for men. These guidelines are set to help people moderate their consumption of alcohol.

In a recent article, Daphne Bramham[3] decried the lack of attention to this issue despite the troubling statistics worldwide and here at home. She wonders why governments don't encourage people to abstain totally, given the harms of drinking and the connection to cancer. Governments, she says, are addicted to the money that alcohol sales bring in. Marijuana has been legalized, and many are pushing for legalization of all drugs. There is pushback, however. Two Canadian research centres want tougher regulations "to mitigate the costs and harms of alcohol use and addiction." CAMH (the Centre for Addiction and Mental Health) in Toronto wants a minimum price for all alcoholic drinks at $3.50 in a bar, or $1.75 for off-premise sales. A national drinking age of 19 is also recommended.

CAMH and others decry the fact that the focus has been on smoking to the detriment of effective alcohol policy, saying that customer choice and convenience are being given priority to public health. With liquor sales bringing in $12.15B to federal and provincial governments, $1.6B more than five years earlier, restricting sales is not seen as beneficial.

Alcohol is not an ordinary commodity. Studies show that when there are more sales outlets, there are more deaths. Hopefully, the attention given to addiction will mean more focus on the quieter but statistically more serious problem of chronic alcohol addiction. The future survival of the health system depends on preventing diseases like cancer, obesity and heart disease, which are all side effects of alcoholism.

[1] The Lancet, August 23, 2018, Alcohol Use and burden for 195 Countries and Territories, Global Burden of Disease, U of Washington

[2] Ibid.

[3] Vancouver Sun, May 2, 2019.

Canadian Mental Health Association
Saskatchewan
Mental health for all

New CMHA Branch in Rosetown

January 2019 saw the opening of a new branch of the CMHA in Rosetown. May 10 was the Grand Opening, which coincided with Mental Health Week.

Carmen Ledding has played an important part in starting operations at the branch as the branch coordinator. With an education background in psychology, Carmen has strong connections with the education and mental health system. While actively setting up the Branch, Carmen also took some of the training that CMHA has to offer, such as ASIST training, Mental Health First Aid and the C.A.R.E program in Regina.

Carmen identified two major initiatives for the branch: Develop and host an interagency network for mental health practitioners in the area; and Developing a support program for parents of children who suffer from mental health illness, which was an expressed need from local practitioners. Parents receive information and support from the group.

Unhurried Care, Patient-Centered Care

Dr. Victor Montori is somewhat famous for calling for a patient revolt several years ago at a TED talk in 2016. He told the story of a patient named John, who agreed to take another blood pressure pill even though his blood pressure was already low, because his doctor (in the US) got paid to follow certain guidelines to get compensated. The doctor was held accountable for his patient's A1C and weight, but didn't pay as much attention to the patient's chronic pain. In some cases, patients are cut adrift because they aren't meeting certain parameters for the practice according to the insurance. Dr. Montori called for slow and kind care, saying a revolution was needed.

In a recent article published October 29, 2019, Dr. Montori et al, in NEJM Catalyst, talk about unhurried care and what it is that interferes with a patient getting the care they need. Increasingly, (like in his TED talk), doctors must do paperwork that shows they are providing the right kind of care and prescribing the right drug in order to get credit or payment for their services. This is part of their accountability and is increasingly important in terms of appropriate care initiatives.

Patient-centered care involves conversations between the provider team and a patient, and allows the patient to make choices as to how the care proceeds. Many people have never been formally told or have asked what their care plan is. Patient and family-centered care recognizes that patients should be able to participate in all decisions.

Patients need to know that they have a say in their care. As part of Patient First, patient- and family-centered care was introduced in Saskatchewan. Along with that were patient decision aids that

helped patients to ask questions and be involved in the process of deciding what to do next. This includes mental health care.

Saskatchewan Health Authority should continue this important work.

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Opiates and Pain Control

Pain control is important for those who suffer from chronic pain, and the fact that hundreds of people die every day in Canada and the United States from opiate overdoses doesn't negate that fact. People still need pain control. The stigma attached to addiction prevents some people from getting help with their addiction to pain medication.

Physiotherapists suggest that lack of access to physiotherapy is a reason that opiates are the first line of defense for pain in many patients.[4] That is an issue that could receive more attention from government, as many people can only access the service through extended heath benefits provided by their jobs. While some access is provided by the health system, wait lists are long and treatment is often urgent post-op in order to ensure the best outcome and return to a normal life.

Opiates have many negatives. Overdose of course is the first and most important issue. Dependency on opiates is another, and attached to that is the fact that opiates can also have paradoxical effects. Recent studies[5] show that opiates can increase pain and also inflammation in some cases. Opioid use has changed over the years, with the development of long-acting drugs for use in palliative care, combined with the short-acting drugs for breakthrough pain.

The availability of this type of drug is problematic especially when not all the mechanisms are understood well. There is a continuing need for research into pain medication, including CBD oils.

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Strep Throat and OCD

PANDAS is the acronym for Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal infections

Children may be diagnosed having PANDAS if they suddenly develop Obsessive Compulsive Disorder (OCD) or a tic disorder or an existing one gets worse. The symptoms often occur overnight.

"Infection with Group-A Strep is a common childhood illness. Scarlet Fever is also a source. In some children, a faulty immune response to the infection may mistakenly attack brain cells, causing behavior to go haywire."

So far, researchers can't identify which brain cells are affected, and why so few children get PANDAS even though many are infected with strep.

Children may also get symptoms like those of ADHD, anxiety, mood changes, trouble sleeping, bed wetting, changes in motor skills and joint pain.[6] They may have episodes or bad and good days.

[4] Physiotherapy.ca, retrieved Feb 19/20

[5] https://journals.lww.com/painrpts/Fulltext/2016/08300/The_dark_side_of_opioids_in_pain_management__.3.aspx

[6] NIH, NIMH,

Treatment is antibiotics after a positive throat swab for Strep. If the swab is negative, the physician should search for occult infections such as sinus. The child's toothbrush should be replaced and other family members should be swabbed to see if they are carriers.

Other treatments are CBT and SSRIs. Children with PANDAS appear to be sensitive to SSRIs so a 'start low and go slow' approach is best. For further information, parents can contact the International OCD Foundation.

Building Resilience

It is helpful to develop resilience skills in order to be able to deal with obstacles and difficult events in life. Resilience is an ongoing process that requires time and effort and includes a number of steps.

A pamphlet from the American Psychological Association (APA) suggests that resilience is: "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences."[7]

Further, resilience is ordinary and not extraordinary. Many people are able to do it. It doesn't mean that people don't experience trauma or distress, pain or sadness, but it means that people are able to cope with all of the trials of life.

There are a number of factors in resilience: the capacity to make realistic plans; a positive view of yourself and confidence in your strengths and abilities; communication skills and problem solving; and the capacity to manage strong feelings and impulses. These are all things that people can develop in themselves through a number of strategies.

"Developing resilience is a personal journey."[8] Here are a list of ways to build resilience:

- Accept help and make connections.
- Avoid seeing a crisis as a barrier.
- Develop goals and take steps to move towards them.
- Take action rather than detaching.
- Learn from tragedy and loss.
- Trust your instincts and see your strengths.
- Keep a long-term perspective.
- Visualize what you want and be hopeful.
- Exercise, walk and get sleep to keep your body ready to deal with any situation.
- Journal, meditate, be spiritual.

From their life experiences, people can learn from their past by considering what stresses them, reviewing how stress affects them, who has supported them, what they learned from specific events and what has helped most.

The pamphlet urges maintaining flexibility and balance by letting yourself experience strong emotions while realizing that sometimes you may have to avoid them at times; taking action to deal with problems but also resting to re-energize; spending time with loved ones to gain support; and relying on others while relying on yourself.

Since life is a journey, there will be highs and lows, but steps must be taken forward to reach your goals.

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[7] APA website, retrieved Oct 1/19, The Road to Resilience.

[8] Ibid.

Canadian Mental Health Association
Saskatchewan
Mental health for all

Teen Suicide

Teens have their whole lives in front of them, and it is hard to imagine that they would want to end their life. However, suicide is a major public health concern and is the second leading cause of death in the 10-24 years age group[9].

Many times, parents are unaware of suicide ideation in their teens. A recent study, reported in the online journal Pediatrics in February 2019 that indeed not only were many parents unaware that their teens had suicide ideation, but that the teens were also in denial of those thoughts.

The US study, conducted through the Children's Hospital of Pennsylvania at Philadelphia, involved over five thousand adolescents and their parent cohort, from the Philadelphia Neurodevelopmental Cohort (PNC), which has over nine thousand members.

Important in this study was the fact that participants were recruited from the health network, and not from a population seeking mental health services. The number of participants was over five thousand.

The study used a structured interview call GOASSESS, which measured a number of variables. Additionally, parents were administered a short version of the Family Interview for Genetic Studies to screen for family history of suicide.

What the study found was that as children got older their parents were more aware of their thoughts of death or suicide, especially for adolescent girls. It was the opposite for adolescent boys. Additionally, non-white parents of adolescents were more likely to be unaware of their childrens' thoughts of death and suicide. Also fathers were more unaware than mothers.

If adolescents had received behavioral health treatment, there was more parental awareness of thinking of death and suicide ideation. Also, a family history of suicide led to more parental awareness of their adolescent's thoughts of suicide.

The study also found that 'greater psychopathology was associated with more parental awareness of thoughts of death and suicide ideation',and less denial of those thoughts by the adolescent.[10] In other studies, children in bad situations of aggression and maltreatment were likely to deny ideation. The demographics of different studies were thought to be the reason for differences in different studies.

The study also showed that racial minority parents may have less awareness of their adolescents suicidal thoughts.

The study's conclusions were that, given the high degree of parental unawareness and adolescent denial of thoughts of death, a brief screening may not be sufficient at health checkups. The authors called for more training for pediatric primary care physicians and for getting information from multiple informants.

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[9] The 10-24 age group is in the US, in Canada the age group is 15-24.

[10] Jason Johns et al, Parent-Adolescent Agreement about Adolescents' Suicidal Thoughts, Pediatrics Feb 19.

Canadian Mental Health Association Saskatchewan
Mental health for all

Speech patterns may predict future psychosis in those at risk

New research results offer hope of earlier identification of young people at clinical high risk of psychosis, through machine analysis of their speech patterns. This is useful so that treatment can be started earlier.

Psychosis is defined as being a condition that is "characterized as disruptions to a person's thoughts and perceptions that make it difficult to recognize what is real and what isn't."[11] Psychosis can be caused by a variety of conditions, including schizophrenia, depression and bipolar disorder. Language and speech are important sources of information for psychiatrists to be able to diagnose and treat mental disorders.[12]

The small study from 2018, published in the journal World Psychiatry[13] showed that computer-based natural language processing analysis could be helpful in predicting subsequent onset of psychosis. The studies were undertaken at University of California Los Angeles (UCLA) and New York City.

Disturbances in language are often evident before the first episode of psychosis, and using certain computer-based language analyses tools to be able to identify changes in flow and semantics can be helpful if identified in the prodromal stages of psychosis.

Researchers had previously shown that reductions in semantic coherence and in syntactic complexity could predict psychosis with high accuracy. This study cross-validated the methods and also discriminated normal speech from speech in psychosis. The machine method was highly correlated with manual linguistic predictors. Next steps will be to see if results are valid in larger study populations and in other languages besides English.

[11] National Alliance on Mental Illness
[12] Corcoran et al. World Psychiatry, January 19, 2018.

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Understanding Collaborative Care and the need for it in Saskatchewan

In 2018, after many years of working in the field on spreading the model, Dr. Nick Kates and a group of researchers provided a 'model' for collaborative mental health care that would work in a variety of settings, including in rural and remote areas and urban settings.

In Saskatchewan, we strive to use a "Stepped Care" model in mental health as described in the Kates paper, meaning that a patient receives a higher level of care depending on the nature, duration and severity of the symptoms/case. We also know that most mental health care is provided at the primary care setting, and that general practitioners provide most of the care. There is often a need for collaboration between psychiatrists, who are experts in symptoms and prescribing, and family doctors, who are more accessible to their patients and are specialists in the vast area of family medicine.

Many primary care providers/family doctors are adept and comfortable with providing mental health care, but others are not comfortable diagnosing and delivering services. Consequently, care may not be delivered or may not be adequate, and the case may become urgent and require entry into the emergency and inpatient settings.

[13] Corcoran et al.

Canadian Mental Health Association Saskatchewan
Mental health for all

This, combined with the scarcity of psychiatric professionals in Saskatchewan even in urban settings, means that family doctors must be supported in providing care in order that psychiatrists' time be utilized efficiently and effectively[14] by seeing only those who are most acutely ill, and that they are able to provide support for family doctors.

Collaborative Care, then, is where primary care and mental health providers "share resources, expertise, knowledge and decision making to ensure that primary care populations receive person-centred, effective and cost-effective care from the right provider in the most convenient location and in the most timely and well-coordinated manner.[15]

The above paper gives a very good account of how Collaborative Care could work in any mental health system. It would be important reading for everyone interested in an improved mental health system.

Some statistics from the Canadian Psychiatric Association website (Dec2019)

-People with mental illness are more likely to die from suicide compared to those without mental illness, and also have higher rates of physical illness.
-Almost 40% of male offenders need further assessment at admission to see if they had mental health issues.

-30% of female offenders were previously hospitalized for psychiatric reasons.
-Mental health disorders account for more deaths in developed countries than cancer or heart disease.

-70% of young adults with mental illness report that their symptoms started in their childhood.

-28% of young adults aged 20-29 report having a mental illness. By age 40, 50% will have or have had a mental illness.

-The proportion of Canadians at high risk for mental illness has increased to 35%.

-500k Canadians every week are unable to work due to mental illness.

-Mental illness can cut 20-30 years from the lifespan of sufferers.

-With almost 4000 deaths annually, suicide is the 9th leading cause of death in Canada.

-Mental health disorders in developed countries account for more deaths than cancer and cardiac disorders.

[14] Kates et al, World Journal of Biological Psychiatry, April 2018.

[15] Ibid.