June 23, 2015 Grand Falls-Windsor Afternoon Session

Dr. Bruce Gilbert:

This afternoon's session. My first task is to introduce MHA Kevin Pollard who's going to introduce this session and tell us a little bit about what this is all about.

Kevin Pollard:

Thank you, good afternoon. Is this Toronto Maple Leafs? You can hear me? Thank you so much everybody for coming. Thank you for coming this afternoon. We appreciate carving time out of your busy schedules to be here today. From the All-Party Committee we're delighted to be here to hear your perspectives and your thoughts on mental health and addictions, today, services and programs. I have the pleasure and delight to be here with the All-Party Committee. I'm going to ask each person to name themselves and their district, please.

Tracey Perry:

Hi, I'm Tracey Perry. I'm the MHA for Fortune Bay - Cape La Hune.

Christopher Mitchelmore:

Christopher Mitchelmore, I'm the MHA for The Straits

- White Bay North.

Gerry Rogers:

Hi, I'm Gerry Rogers and I represent the people of St. John's Centre and so happy to be here and look forward to hearing from you.

Kevin Pollard:

Well, thank you so much. Without any further ado, Bruce, you can take it away and have a great afternoon everybody. Thank you so much.

Dr. Bruce Gilbert:

Okay, thank you. I'll just draw your attention to the slide. This is going to be up for the whole time, so that you can jot down how you can have additional input, if you'd like to have input after today. I want to remind you about the session that's happening at 6:30, I believe, 6:30 this evening which is a different session. It's round table, it's more conversational. We call them dialogue tables. That's going to be in the cafeteria. You're welcome to come back for that as well.

We have a series of presenters. These are either individuals representing themselves or individuals representing organizations. We have a flow, it was

basically first come first serve. People have put in the choice to have either 15 minutes or 30 minutes. Within that 15 minutes or 30 minutes you have to remember that that also includes the time for any reaction from our esteemed Panel here, comments, questions. So try and remember that. My job is to be a really friendly, helpful announcer guy who is also ruthless. When I start to see you going over time I am going to remind you. I have a couple of cards. I'm going to have a ten-minute card and I'm going to be within your sight line and I'm going to show you a ten-minute card when you have ten minutes left in your 30 minutes and I'm going to show you a five-minute card when you have five minutes left in your 15 minutes. And then if I mosey on over here and start standing beside you, you will know that your time is up. And that's important because we're a little bit behind, there's a lot of speakers but don't worry it's all going to work out just fine.

So without any further ado, I would like to invite our first presenter up, Mrs. Kathy Hearn. Is Kathy here?

Unidentified Female:

Ms. Kathy Hearn.

Dr. Bruce Gilbert:

Ms. Kathy Hearn. Ms. Kathy Hearn, you are either eligible to stand at this podium or sit at the table. You have a choice.

Kathy Hearn:

I'll stand at the table.

Dr. Bruce Gilbert:

Okay.

Kathy Hearn:

I mean stand at the podium.

Dr. Bruce Gilbert:

Okay. And you have 30 minutes.

Kathy Hearn:

Can I use the microphone instead of that?

Dr. Bruce Gilbert:

You can. You can use both microphones. There you go.

Kathy Hearn:

Thank you very much. Nice to be here today. I'm going to start right in because I know (inaudible) 30 minutes. My name is Kathy Hearn. I'm hoping that what I share today will help you understand the many

sides of mental health and addictions. As a registered nurse I have seen so much misunderstanding by health care workers, and that was including myself at one time, and Human Resources staff when it comes with dealings with people who suffer from mental health and addiction problems. I have always made sure to reach out as a nurse to make the patient feel comfortable and at ease, that are people that have been dealing with mental health issues. I found that when I share that I have dealt with depression myself most of my life, they listen to me more intently as they're surprised by my honesty but I believe also it's because they know they are not alone.

I have always believed that talking about mental illness helps us accept that it is an illness and talking about it openly, as I do, will help others to speak out to become stronger knowing it's okay to speak up, to speak louder, to not fear and to be heard.

I was undiagnosed with depression for my years when I worked as a DJ with VOCM for nine years. I went about my life doing the right things, raising my

son, who is now 33, as a single mother. When I went into nursing school in 1989, I would struggle some days but I kept going, not knowing why I had bad days where I just couldn't get myself into life, into living, and I pretended for many years until I could pretend no more. Suicide was never an option for me though as part of the illness I did have thoughts that bombarded my mind that ending it could be or would be the only cure.

While at nursing school, I'm going to go all over the place here now because I have to, I have to paint a picture and I only got so much time. While in nursing school, I met in a man in Corner Brook who I married. He was the road to hell of mental, emotional and physical abuse. It took me the statistical seven times to leave him before I finally left. That was 15 years ago and a lot of good things have happened since then. I have been working with Central Health since that time, April 2000. I came home to my younger sister's wedding and to my older's brother's birth of their first child. So it was a life invigorating move for me.

The first time the problem in my mental health was when I had to settle in Gander and developed a strong fear, my husband who had not been my ex at that time legally was quickly put to the top my list of things to do, I heard only a matter of hours that he had left Nova Scotia, was on his way back to Gander, I became sick to my stomach, (inaudible) in the fear from the pit of my stomach. I went to a doctor, a general practitioner who put me off work for three weeks. That started a pattern in the last 12 years of my life with every year being off for at least four, five, six and last year it was eight months. And I am happy to say that I'm back to work and I'm doing good right now. But I will continue.

I could not leave my apartment, only when it was dark I could venture out to go to the nearest late corner store. My youngest son was eight at the time. I had two boys. My first born at the (inaudible) age of 21 I was and he's the one, the 33-year-old man who's also a beautiful individual, and my youngest is 23, born nine months after I married, after my second year of nursing school on the 13th of July. Why I picked the 13th, I have no idea. I wasn't

(inaudible).

My husband was one hour late for our wedding. It started from there. That should have been a red flag but I waited. I just kicked red flags aside so to speak. I wanted my son to have a father and I wanted to feel safe at home. Three weeks in my marriage we split up, when his foot went into my beautiful guitar. Music had been my salvation over the years and now my instrument destroyed. Music has taken me on many journeys in my life and I have written about love and life, perseverance. Music is one important love in my life.

I do realize I am going from one place to another speaking with you. I can only paint a picture for you. I do have an end to this. Please be patient with me and I say count to ten and take a deep breathe. I'll do that myself. There was a time when I just couldn't pick up my guitar to sing. I lost my song so to speak. After many years of not writing, I wrote a song called "The Music Lives Inside" which is a song of hope for those of us who are struggling with trying to lead a normal life.

Psychiatrists are not all across the board I found knowing and being knowledgeable, being respectful to patients. They should be knowledgeable not just about treating symptoms with medications that could be hit or miss. For me, over the last 12 years has been a big miss. I would have to say as a medical professional that therapy has been, and let me correct myself here, first of all prayer has been my savior leading me to thinking wisely (phonetic) and reaching out for a therapist, and she was an angel.

At this point every year of working, I worked in ICU, I was above the institutional average of sick leave and I said that's like comparing apples and oranges, really. And I do think it's (inaudible) issue that we're here to discuss but it all plays a part in the big picture, of misunderstanding mental health. Stigma in mental health, lack of education from employees from all aspects of health care to the important decisionmaking of wonderful minds but no real knowledge of mental health made evident in the comment to me at one time when I was told about taking an escort, that I could not do mental health escorts because aren't they violent. Okay? That's

true. It happened.

Eight months I went through last year without, I came back to work for eight months now after a dark pit of depression and it is only because of therapy. Again, my therapist brought me to the realization that I am becoming well. I went through desensitization therapy as I had to deal with every kind of woman issue with traumatic events which there was no need to detail, trauma is trauma. It affects people, many people with wounds that can't heal because it is not getting the proper treatment. Proper treatment is proper healing and a happy customer, a happy patient.

We should take a look at Ontario's mental health care system and adopt many of their ideas maybe. There was no issue with adopting the Ottawa model of nursing. I will just smile sweetly at that as it has its advantages and disadvantages. Mainly, we cannot forget the person behind the illness. My first real eye opener into my descent about five years ago when I was so desperate and again (inaudible) as I could not afford ongoing therapy and when you take

breaks while in therapy it can be refusing for the patient as we suffer alone, isolating themselves friends and family, from the world as I did. And I had many a thought where I said to my psychiatrist, maybe if you get me admitted to a psychiatric ward I can get the tools that I need. I really thought that would help me. And I didn't care about the stigma, about being in what people say psych ward. I didn't care about that, I just wanted to be well. And my health insurance only covers so many sessions a year, and there is no direct billing like dental. So I couldn't get weekly sessions but thanks to EFAP where I work I did get weekly sessions. And right now I'm just going monthly.

I think our brains are more important than our teeth. Our brains are complex. There are thought changing therapies, many different types of therapy to help heal the broken, to change a lifetime. I thought that being admitted to the psychiatric ward just before Christmas, I spent six to seven days there, I was discharged a couple of days before Christmas. I had a mad shopping spree and a tree like Charlie Brown's Christmas tree. Me and my

youngest son, we always had a strong bond, and still do. I'm going all over the place because I got to get everything in. There was always love at our home. There was one thing in our home, there was never a shortage of love. Love goes a long way. And he remembers the love and he remembers the music. He was the only one I would sing for. He would say, mom, can you sing, I've got his joy. He loved my song and the part, I'll never give it up, never give it up, never give it up, never give it up, a tongue twister but he loved it.

So here I am, a patient, depressed with suicidal thoughts after the second day there on psychiatric ward. My wonderful sweetheart of a nurse, and she was, she said to me, Kathy, you've got to fight for your life or you'll be swallowed up by the depression. It initially shocked me. She knew there was no real help for me available. I had to fight alone. Alone is a dark pit that you try to climb out of before you can truly experience life and people.

She also knew I wasn't actively suicidal. I just needed a place to go to get my thoughts together

which is why I wanted to go there and to get help I thought would change my life. I asked, why isn't there any group discussion? Why isn't there psychotherapy? I noticed an acoustic guitar behind the nursing station and with a knot in the pit of my stomach asked if I could use it sometime. I had become friends with many of the patients while I was there, so many hurting people with no direction, just take these pills.

Now, I'm not saying anything wrong with medication okay, but therapy is very important and response to where is the therapy, I asked the nurse, or show me the therapy, she said, this is an acute care facility. There was no acute about it, maybe one or two but most of the people there had been there for weeks, some months, and the extent of therapy was the patients gathering in A living area watching TV and chatting if they could talk.

Frankly, I never shut up and I listened intently. I became a mother to a lost 19-year-old young man encouraging him to persevere, that he mattered to me and watched his attitude change from the care and

attention I gave him. Helping him forgive those who had wounded his young life. One afternoon I asked another patient with a person sitting on the couch, who I thought it was a patient that I didn't meet, I was told this person is the recreational therapist. Okay, I asked her if we could have karaoke that evening and we did and we had a lot fun and some people got up and started to sing. I took that step. And many said to me, what are you going here, you don't seem like you're sick. But I did, I was in my own way but I think it opened my eyes to realize that I was really blessed myself in my life. I sang my heart and soul out that night. The next night I took out the guitar in the main living area and can anybody sing Christmas carols and it changes people. Music can change people.

I read three novels that week, the first time I read that much in my life in one week, three novels, three true crime books. So my concentration wasn't too bad I guess. I had a roommate who was so terrified. I was helping her, encouraging her through the night as she was simply terrified. Giving me medications is not the only answer to

illness and mental health. There were many heartfelt moments as I became close to these other patients to their plight and to their pain helping them. I guess it was the nurse in me, I don't know, but I'm just a naturally caring (inaudible) person anyway.

I will never forget a former retired nurse who I had become buddies with there. She was so funny but also very confused and hurt deeply by the death of her husband. Her first evening she asked me what I worked at. I told her I was a nurse. She said after speaking me for a few days, she said, there is nothing wrong with you. I was in a wrong place for the help I needed but that's all that was available here in Newfoundland for me. But I was in the right place to have experienced what help there truly is for people admitted to psychiatric wards. For me and others I could see plainly there is none. At that time I felt there was none. Just the GP checking to see at the psychiatric ward if you're mental okay. And the psychiatrist who had the attitude, I'm sorry to say this, but (inaudible) and in a rush to get you out the door he didn't know I was a nurse and then when he found out I was a nurse for some reason his

attitude towards me changed. Why is that, I asked myself? Why? I'm no different than anybody else. Let me say, it wasn't my personal psychiatrist, as my personal psychiatrist has been supportive, very supportive as he possibly can and can be a therapist as well. The last five years have been the worst for me. My son is 17, getting in with the wrong people, became addicted to drugs, OxyContin. As a nurse and a parent, I was appalled at how long it took me to finally get him the help he needed.

Dealing with thugs, RCMP and my car being vandalized seven to eight times in one year, windows smashed, tires slashed. Make no wonder I was afraid to go out the door. Kind of rhymes don't it? My son (inaudible). This is not funny. He was beating up (inaudible) of his life and that's well documented.

Finally after Ramona Dearing interviewed me on CBC I wanted to get word out that our youth needs special care as well. That we need immediate help and that's before they built the youth centre that's now here in Grand Falls.

Thank God for Emmanuel House and Choices for Youth and the Stella Burry Society, my son is now 23 years old. He's thriving in his life, struggling right now to get an education is only his problem right now. He is going through a lot of red tape, but he's determined as he never finished school. He was bullied from the time he was in grade seven up to grade 11 is when he left. Anyways we're so happy he has received a conditional acceptance to CONA for an electrical program. My son never finished school, and there are some people that are out in St. John's. I want to thank Gerry Rogers, actually, and Lorraine Michael for directing him in the right direction.

He never wants to move back to Gander again. He's been out in St. John's since he's been 18 years old. He has too many bad memories in Gander. I want to say that my son right now, like I said, is facing many roadblocks trying to do the right thing and get his education, but there are many more out there like my son who have went through mental health and addictions and rehab and they're stuck in a rut because they can't go any further. That's all I think should be included when it comes to mental

health care, with not only our youth but everybody. Everybody should be all inclusive here.

Anyway, many more out in our province -- I'm lost here, just give me a second. A lot of people, what happens to them, they try and try to get ahead in their life and because they have so many roadblocks coming up against them they haven't got the fight in them to persevere. Changes need to be made in our sponsorship programs, to those who truly want an education and trade to better their lives after they had went through their rehabilitation. My son sent me a letter yesterday, I was going to read but I am not because it is going to take up too much time but I basically told you in a nutshell.

And finalizing my last year's journey after the death of my mother three years this October and my father who died September past, it was weekly therapy that got me to leave my house finally, to walk out the door. Days at a time I couldn't leave, or weeks, because of agoraphobia, fear of people, and I'm a former, I sing and I write songs and so that's almost like it doesn't fit at all. Why was I like that? I

had plain fear. Then my brother invited me to sing in a contest at his club and that started from there me singing again. And tomorrow night I have a gig, my first gig in about seven years at Legends in Gander.

I'm back to work full time with no period of time off, as I made sure I was going to show them that I am well and I want my job back and I mean I was close to losing it because all the time I had off with depression. Really close to losing the job that I loved with all my heart. So I'm back to work full time, like I said, and right now I'm on vacation, my first vacation I considered in years which is absolutely wonderful. My first live gig, like I said, tomorrow and I hope to bypass all that.

I am live my life right now for the first time in many years. Therapy never ends. I haven't had any in a few months now but I am planning on biweekly therapy with a therapist here in Grand Falls to continue to heal, as it is a process, one day at a time. I ask you to listen to me and hear me from my experiences as a patient, as a mother, as a health

care worker. This is what we need. I would like to add, I have had many chats with psychiatrists on locum regarding mental health care needing a huge change. So this is not just coming from me, this is coming from my discussions over the years from the psychiatrists from St. John's, from all over our province.

Number one, this is what we needed to change. We need a huge change. Find a huge place of land, begin building a new mental health care facility and when it's finished tear down the Waterford for God's sakes and discard the name as it carries too much negativity with it. Don't try to renovate the Waterford. Tear it down. And a lot of people are saying that. That's what we, the people want. Build a facility that takes into consideration the many aspects of mental health here from the design to the colors to a gym, a well-supervised pool, a beautiful walking trail, trained therapists and availability of many choices of therapy, talk therapy, desensitization therapy, music therapy. There is many therapies. Motivational speakers even to listen to live and not by tape or recording, though it can

be used sometimes, recording. There are many gifted motivational speakers (inaudible), I know that could be an asset to our mental health care system.

Number two, don't forget our youth, that they are the future of our province and, thank God, there has been a starting point with the new youth facility in Grand Falls, but, again, I would like to ask (inaudible) Society, maybe they could give us a lot of workers.

Number three, educate our health care workers from Human Resources from the top right on down to the medical and support staff. There are many human rights violations happening every day because of lack of education with regards to mental health, and words like "psycho", "nuts," are not terms to be used nor the attitude, "here comes another one." That's another quote I've heard, here comes a nut. It's an illness. A diabetic requires ongoing monitoring who has medication and lifestyle changes. A patient who has a heart attack becomes stabilized to get to the Health Sciences cath lab for intervention, if

required. If not, then an open heart surgery that can help them to save their lives if necessary. A surgical patient goes home with discharge instructions and home care, if required, and a nurse to check on them every two to three days. A mental health patient goes home, shuts the door, turns off the phone and hides. Better homes supports in home care when it comes to mental health, as a person depressed can barely care for themselves let alone the area they live in. Not all patients but many, I was one. Now I rent a room at a friend's, gave most of my furniture away, all of it, really. I feel I'm where I'm supposed to be right now in my life. I would love to keep up with ongoing therapy so I don't (inaudible) slide. Financially it's not feasible for me to get therapy that I'll have to get and I think to myself, my nerves, what about the people that are on fixed incomes. At this time in my life, as I had managed before in the past, which is why I can't afford that, but anyways, a therapist, private or through our facilities, should be readily available.

Number four, hire more trained psychologists. Let social workers do their job and not the job of a

trained psychologist or therapist.

Five, there should be separate mental health facilities. This might be a dream but this is what I think. There should be separate mental health facilities at each port (phonetic) in Newfoundland and Labrador, St. John's, Clarenville, Gander, Grand Falls, Corner Brook, Stephenville, Port aux Basques, and Labrador. At least three spots there in Labrador. There should be a daily open social group meeting for coffee, tea and encouragement with trained staff, maybe even to hear a motivational speaker.

Where do we get the money for all this? (Laughs). Unlike (phonetic) the government spending on a regular basis, fundraisers and yes the horrible, dare I say, taxes. Sometimes we have to bite the bullet. We want to be heard, will you listen? Thank you for your time and God speed. Am I over my time?

Dr. Bruce Gilbert:

No, you're not over your time at all. There's six or seven minutes. I don't know if there's comments, if you'd like to respond a little bit.

Kathy Hearn:

Sure.

Gerry Rogers:

Kathy, I have a question. Thank you very much for your presentation. And when you said that you were getting therapy, where did you get that therapy? Like what did you (inaudible)?

Kathy Hearn:

I had to go to a private therapist in order to get in right away. I had to seek out my own therapist.

Gerry Rogers:

And so did you get that through EAP?

Kathy Hearn:

EAP, I did. I did. But it was like you're told you only get six sessions, like. And they were kind enough to give me a total, I think, of 18 sessions altogether, which is great. They don't do that all the time but they let me know six sessions is all we offer. But the thing is, there needs to be a safety net there for a person who needs that therapy, that they know it's going to be there. It costs close to $200 and there's no direct billing and you got to have $200 in your pocket to give them and then you can apply for Desjardins to get so much money back.

Eight-five percent you'll get back, but not everybody has health insurance.

Gerry Rogers:

And did you ever try using the mental health workers that are part of Central Health?

Kathy Hearn:

Yes.

Gerry Rogers:

And?

Kathy Hearn:

I wasn't very impressed. The intake assessments alone, it takes you about, well, I know it took me about three or four months before I got in for an actual intake session, and you're talking about someone who's really, really depressed and you're left at home. And it's only because I had good supports, I did, and family but I had, like I said, I (inaudible) myself and all that. But anyway, yeah. I really wasn't really (inaudible) until I lost my train of thought there for a second, but it is very important that I think everybody has equal access to the therapists. It's very important with getting well when it comes to mental health. Medications is not the only thing, truly. Anybody else have a

question, comment or?

Christopher Mitchelmore:

Thank you, Kathy, for sharing your story. It's a very personal and the details and I think one of the things that you're doing here today by sharing it and talking and how you've been there and the radio and speaking out for the services, it's important that we talk and share. Have you been able to, I guess, is there a support group or is there a way in which people are talking in the community more about the depression?

Kathy Hearn:

Yes, I do find it takes, for somebody to feel comfortable with the other person before they speak. A lot of people talk to me, it's only because I am very open about it in my work, in the workplace or wherever I am with my friends and they want it to be kept a secret. I'm working in day surgery now. Sometimes when patients come in you have to give a list of medications, and when they show you that they're kind of hesitant to show you that. And I take it, I'm like sure that's only an antidepressant. Why are you afraid of that? Well, you know, it's just you know the way society is now. Okay, I

understand. It's okay to be dealing with depression. It's no different than any other illness. I have depression. I'll say it them, I've had to take medications because of depression. And right now I'm not on medication but it's only because of the therapy, to tell you the truth, that I am at a place in my life now where I'm thriving better than I ever have and I'm happier than I've ever been, and I'm coping with the things that come at me. Before I couldn't cope with anything. And I just wanted to hide away and now I'm coping. And people need the tools to be able to rise above all of the darkness they've been in. Everybody is different. Everyone's story is different. So, that's all I have to say. But if you have anymore questions I'll tell you anything just about.

Kevin Pollard:

I just want to say thank you, Kathy, for sharing. It takes a lot of courage to do that and (inaudible) your personal story. It's very exciting for all of us. I think (inaudible) I was going to ask, is everybody the same? Like when you have a mental illness issue, like is it a one size fits all? Here's the medication for A, B, C, D, here's the

medications for you, another medication for somebody else. Like is it all different, unique or?

Kathy Hearn:

Everybody is unique. Every single individual that has the illness, mental health illness are unique just as they are unique as a person. The illness affects each person in a different way. Some could be more intense than others. Medication, it's not all the same medication. For years I must have been on 15 different medications. Not all at one time but like they tried this, try that one, something else, but what it came down to I realized I needed therapy. Therapy is really important. I mean it's just the same as, like I said, if someone has a heart attack you're not going to just say to them, well, we'll just keep you here in bed for a few days or couple of weeks and maybe you'll go up for a dye test in a month but you might be dead by then. You got to, you got to get on top of the community.

Kevin Pollard:

What do you mean by therapy?

Kathy Hearn:

We need a band of therapists psychotherapists, psychologists. We even need, yes, and see within the

health care system there's so many people out there that are getting help that takes months and months to even get anybody to be seen. I remember somebody, my ex-boyfriend who went out to St. John's there last year, it took him over a year to get seen by someone, and this man was almost catatonic I will say. And he's now, only now, getting the help he needs. So time is of the essence. Time, therapy, very important.

Dr. Bruce Gilbert:

Keep your song.

Kathy Hearn:

I will. And I have a song, I'm going to tell you it's on YouTube, it's called "Shoes" and I wrote it about mental illness. It starts with a K, my name, K-a-t-h-y H-e-a-r-n, and you can look up the song "Shoes" and it talks all about mental illness. Comparing it to shoes, worn out shoes, and sturdy shoes. Okay?

Dr. Bruce Gilbert:

Yes. Thank you very much.

Kathy Hearn:

All right, thank you.

Dr. Bruce Gilbert:

Thank you, Ms. Hearn. Okay, our next presenter is Ms. Rachel Hodge. And Rachel, you have 30 minutes as well. You can stand or sit, your choice.

Rachel Hodge:

I'll stand.

Dr. Bruce Gilbert:

Okay. And I'll do the same thing with the card. I might just put it there here and you can say it.

Rachel Hodge:

Okay. All right, thank you. My name is Rachel Hodge. I'm a single mother of two teens which one of them has a number of mental health issues. I'm a professional mom. Mental health is labelled under the health minister's office. That is true but it also plays a big part in education, justice and finance as well. I have a lot to say and I can take a whole day or more but I am going to tell you as much as I can and the things that stuck with me over the years. And maybe some ideas to think about.

My dealings with mental health started a few years before I had my children but the most important is my children. I will start with my experiences with the

school system here in Newfoundland. I believe the school system is not very well equipped to deal with mental health children or mental health in general. The school believed my son was ADHD. I didn't fully agree but I didn't fully disagree. The school wanted him on meds which I did for a small amount of time when he was six years of age. I didn't feel comfortable with him being on meds.

I talked to the school counselor and the special needs teacher. I told them I felt there was more going on with my son. He was having trouble reading and writing and, to me, understanding things or even understanding what was going on around him. My question was, how can we give meds for something if we don't have the proper diagnosis? The school wanted meds but I didn't agree. I had one of the school staff say to me, yes, he's not ADHD, he is mentally retarded. And those words the person used, even if he was mentally retarded it is not the way you tell a parent or using those words. They haunted me for years.

My son spent a lot of time sitting in the office

in the lower grades. Certain teachers did go above and did really care and take the time for him. Those are the years he did do well. My son got to junior high. I know the school believed he was ADHD. I didn't fully disagree so I went and had him put on meds. That year he did really well. I know the meds did help but the school and the teachers worked harder with my son because he was on medication. I still believed there was no going on with my son. He was in grade seven and had so much trouble reading and writing. He was reading and writing at a grade two level and I still say he didn't understand a lot. Over the years, I had four different schools across the province tell me my son fits into a category of five percent of the population in school. The most recent one that said that to me I asked what should we do, disregard that five percent? And their reaction was no, certainly not. And they also said, it don't help that the government is cutting teachers.

My point to make is the children in our school needs a mental health professional at every school, a professional for school, for teachers and for parents

as well. Understanding means everything. More kids are trying to ask for help. Children in our school today are cutting themselves and depressed and the guidance counselors are having trouble dealing with how many children are coming forward to saying I want to die. But these children who are coming forward are strong to ask for help. We need to open up the conversation in every school across the province starting at kindergarten. There are so many that don't say anything at all.

I don't believe the traditional way of teaching is working anymore. I believe it's time to upgrade the way the education is taught, just like everything is upgraded. Our children are depressed in our school systems, our education system and, for that matter, our teachers are too.

I did a little bit, I've been looking into different things on education. Sir Ken Robinson is an English author. He's a speaker, an international adviser on education in the arts of government and non-profits. I've been looking into a little bit of his studies and his vocational speaking, so I don't

know, it might be something you guys could look into. And also Dr. Roger Walsh, he's the scientist that studies how to be happy and healthy. Okay.

Well, the justice part. Here's more, my son government involved with the law. I told RCMP, prosecutors and lawyers I believe there was more going on with my son. The RCMP needs more training that the RNCs receive, if not more than them. It seems like everyone is having trouble dealing with people with mental health. The involvement with the RCMP or RNC needs to be better experiences for families and for the person, or youth in my case, with mental health problems and also for the RNC and the RCMP.

I had one RCMP officer tell me there is nothing wrong with my son and he understands everybody better than some of the people he arrested. I guess maybe that could be true, depending on the person being arrested. I told him that was his opinion and I would rather leave it to the professionals. I was trying to be as open and as truthful with the RCMP as I could, and all I got was that I was a liar and an

officer actually said that to me in one of my son's arrests. Well, anyway, my son did have some good experiences with the police but my son believes that they won't believe him or help him.

He had officers laughing at him when he was in the backseat of a police car. My son do have a good probation officer here in Grand Falls and he had a wonderful mental health worker in Grand Falls as well. Things got to the point that my son was ready for help so he was going to go to Tuckamore Centre. In the meantime, he was at Whitbourne on remand for a psychiatric assessment and waiting for Tuckamore to open. He does have a number more diagnosis other than ADHD. Psychiatric assessments was done at the Janeway. I was fighting to get my son into Tuckamore. I believed that with what they had offered in their brochure was the best place, rules regulations and routine. He did go. Wow, the hope that gave me was great but he was kicked out in seven days or less and charged with assault. As per rules and routine, that was being changed every day there. There was no rules or regulations. Maybe that was because it was just open.

Someone told me it was the Newfoundland silver bullet. That was (inaudible). He still wanted to go back to Tuckamore. Tuckamore said he had to behave and change his pills. He was of good behavior but couldn't get his pills changed which was out of his control. Whitbourne felt that he didn't need his meds changed but had to wait to see the psychiatrist which was once month at Whitbourne. So the two psychiatrists was supposed to talk but in the meantime my son did what was required of him, and Tuckamore refused him to go back. This was a big blow to his mental health.

I went to St. John's on 23rd of December and bailed him out. We knew he was going back to Whitbourne to face the things he did do wrong. The difference I seen in my son when he got back from Whitbourne was he seemed to have more control over himself. He said the programs in Whitbourne helped him but it was hard for him to be there, but he would rather go back to Whitbourne not Tuckamore.

He went back to Whitbourne in February. There was a little problem with him having his meds and what

time they were given in the nights and on the weekends. At first, it didn't seem so important but I kind of got on their butts a little bit and then they got his meds regulated very quickly.

He went to trial in St. John's for the assault charges in Tuckamore but I couldn't be there in court. Financially I couldn't. I didn't have the money to go across for the trial. What I do know is the judge spoke up for my son and he won his case. He could go back after all. But everything he was through he didn't want to go back. So he was to finish his time at Whitbourne. He was doing fairly good there. He wanted to go to open custody. When he was at open custody the first day I was told my son and I could have contact from 7:30 a.m. to 10:30 p.m., except 6:30 p.m. to 7:30 p.m. for quiet time. Well, things seemed to be going good until I had to remind my son to take his pills and he had to remind the workers there. I was really concerned because his meds aid him in his behaviors. So, I called the social worker in St. John's and left a message. I told her if meds aren't given properly that he will have problem with his behaviors. I called the youth

advocate about it and they gave me a number to call the coordinator of the open custody facility. In the meantime, my son was having trouble and nobody was telling me. I found out by my son calling me a number of times saying he was bored. When I was on the phone with my son the workers were playing the X box and my son wasn't allowed because he was being punished for something. So he had to watch the workers play. My son had about a week left to come home. He left open custody and went to the mall and came back and he was unlawfully at large, so the RNC to the youth detention and charged him again. When he was in youth detention, the place in St. John's, the facility where they took him out of open custody and they put him in youth detention to hold him before he went to court.

Now, that night the open custody refused to give him his meds and the detention centre in St. John's don't give meds at all. So he asked for them as well. He went to court with no meds, talked to a lawyer. He pleaded guilty because he did leave. So he did do another 20 days at Whitbourne and ended up having to go back to open custody for seven days. I

left messages at the coordinator's office and I did at the open custody facility and I didn't get no call back. There was two days he was back at open custody facility and two days he was grounded and not allowed out, and he was the only youth there. It was on a Tuesday and he was upset. One of the workers there asked him for his smokes because he wasn't allowed to have them. The worker told him to give them his smokes and he can keep the lighter. My son did listen to him and said I got punished which I understand that he did something wrong so that was the right thing to do. My son wasn't very happy but he calmed down after. Later on that night he called me upset. The workers blamed him for smoking and he wasn't. He was very upset that he was getting blamed for something that he didn't do. So he told me he was getting blamed for it, it was just as well for him to do it.

My son also told me that night the reason he left the first time was he asked a worker what, in the open custody facility, what would happen if he left. The worker told him there's the door, use it. The worker didn't tell him what would happen and the next

day my son left. I told my son to speak, ask to speak to the youth advocate, and he did but the female worker at the open custody facility didn't seem to like that and told my son he had five minutes to get off the phone. I spoke to the worker and I let her know he had mental health problems and what they were, and I told her I am trying to help calm him down. She gave us five minutes. I told my son to go to bed. They did let my son call the youth advocate that night but nobody was in that late at night.

Next morning my son called me 7:30 a.m. I asked him what was he doing up so early. He said nothing. And I heard a thud and my son saying don't hit me. The worker replied and said I didn't bleeping hit you. Then my son and the worker were arguing. I got scared. I called 911. I couldn't believe a worker hit my son when I was on the phone. I was scared for my son's safety. The RNC officer, the worker told me the worker wouldn't be charged because my son inadvertently hit by the worker. And my son wasn't supposed to be on the phone or even allowed out of his room until 9:00 a.m. I told the social worker

from St. John's I wanted him removed from there and put back to Whitbourne but they didn't do that.

The night before he was to come home, and a couple of days after the worker hit my son, the same two workers that was on the night before everything happened, the female worker went into the room where my son's things were, she grabbed the lighter and said it was contraband. My son grabbed at it and grabbed her hand and the other worker told him to let go. And my son did let go. They called the RNC. When I was talking to the worker on the phone my son sounded like he was being hurt so I got scared again. My son was charged with assault again and was at the Youth Detention Centre in St. John's again and was in front of the judge with no meds again. He ended up staying at Whitbourne for a night where they made sure he had his meds, and went up to the court the next day.

He was told he would be sent home in a taxi after court. That didn't happen. He was to stay at Choices for Youth for a night and then sent home on the bus the next day. My son had an appointment at

11:45 with his psychiatrist here in Grand Falls, but if he came home on the bus he would miss his appointment. So I borrowed the money and left at 5:30 p.m. in the evening and got him home at 5 a.m. in the morning and made his appointment.

Anyway, in all it seems like one of the workers of the open custody facility inadvertently hit my son and no charges were laid. And my son grabbed the worker's hand there to get the lighter and was charged with assault. I say monkey see, monkey do. Why is it okay for one to do but not the other? These workers should be trained professionally in these fields, not instigators or antagonizers of youth in their custody.

In all, my son did get some help in Whitbourne and did well. Whitbourne did well by my son. But they are guards there trained to be guards and it's a jail for youth. Maybe the government should have turned Whitbourne into Tuckamore/Whitbourne. Maybe the government should be thinking about this for a new jail that is needed or can be it Whitbourne or maybe one mega building or two buildings close together.

Justice and mental needs to go hand in hand.

I guess you're wondering where finance comes into all this. I have fought and scraped and scrounged to do everything and I will continue to do so in everything. I feel stressed and money is a very big part of that. It affects my mental health. So that is where finance fits in for me. And it can be the big roadblock.

My son is home waiting for an appointment with a mental health work. He had to get re-referred all over again and he's on a waiting list, hopefully that will be sooner than later. My son asked me why am I doing this? It's not going to change what already happened? I told him no, it's not going to change what happened. I had to speak up for him and the youth before him and the youth after him. A lot of these children don't have someone to speak out for them. Our experiences might help change the things for the better. I have and will keep fighting to teach my son right from wrong and face the things that he has done wrong. We will get through everything. Thank you for giving me this opportunity

to be heard and for me to listen and learn. I am very nervous.

Kevin Pollard:

Have we got time for comments or reaction or what?

Gerry Rogers:

Rachel, thank you very much for telling your story, the story of your son. So now he's back home and he's waiting to see a mental health worker.

Rachel Hodge:

Yes. Well, here in Grand Falls he did have a mental health worker before going into Whitbourne, now, well, God bless, she's off on maternity leave. They got somebody taking her place. But he had to be re-referred so we're just waiting. He's on the waiting list, so, and he's got a great probation officer so she's always calling them too trying to get him in, so.

Gerry Rogers:

So at this point do you feel you're getting the help or that he will get the help that he needs?

Rachel Hodge:

Well, right now, if the mental health worker was there when he got out it would be more, it would be like it did help him before he went to Whitbourne and

even when he was out over Christmas she was there automatically. But now that he's out, he's been out a few weeks now and we don't have ....

Gerry Rogers:

How old is he?

Rachel Hodge:

He's 17. Really right now it's waiting. He's following his rules. He's doing good day by day. I hope for the best, but like I said I won't give up on him and I'll keep working. I (inaudible) when I call on his buddies so I can kind of (inaudible). I've contacted members also when (inaudible) with my son. So everybody knows about me.

Gerry Rogers:

And so, he's now on a wait list to see a mental health worker?

Rachel Hodge:

Yes.

Gerry Rogers:

An outreach worker, is it or?

Rachel Hodge:

Well, Stephanie Squires was his mental health worker previously to him going to Whitbourne and she's off on maternity leave. So it's just the one that took

over her spot, so. Stephanie done great by (inaudible) and I see quite the difference. It would have been, like I said, he did receive a lot of services from Whitbourne but it would have been better if, you know, it was great. I thought it was going to Tuckamore would have been the greatest thing for him. What was offered was wow, and there was access for me there as well with my son, but it didn't turn out that way. And I would hope that (inaudible) would come back, now he's 17 so it's not something I would make him do, it's a choice he has to do and maybe when they get a little more experience at Tuckamore maybe it will be all right for him. I'm not quite sure.

But now he still has legal, he has to go back to St. John's and everything and face trial and stuff like that and still deal with his legal matters out there. So we'll still get through it. But as for, I don't know, I said Whitbourne did do good by my son and I did see a difference in him when he came back. He does have more control over himself, so.

Gerry Rogers:

We're hearing a lot from people who they've gone

across the province, we're hearing a lot from teachers and from guidance counselors and from parents and social workers the need to have social workers and mental health workers in the schools and how important that early intervention is.

Rachel Hodge:

It would be better, even for understanding. Like I still don't fully understand everything but I'm getting curious and I'm trying to locate and search and participate. This is here so this is an opportunity for me to participate, so, and speak out. So, like I said, I don't know what it's going to lead to, like I told my son, but maybe it will, maybe it won't. But it's a learning experience for me as well.

Christopher Mitchelmore:

Rachel, I think it's really important that you came out to share your story so that all of us can hear. We have heard at other sessions different gaps that exists when one becomes a certain age and the service. I think what we've highlighted especially around your own story is that your son should be awfully thankful he has such (inaudible) that he as that family support because that's really key. And I

think that the health care or the system if it could be improved to have that link like you have highlighted and that's something that we can strive to at least make that change when your son was released that he would have that link, rather than being put back on a wait list and going through the system.

Rachel Hodge:

Well, there's another point I would like to make. The holding area in St. John's where the youth go and wait. Now, like I said, I don't know, like in Whitbourne they made sure he had his meds. Open custody was a little, it was me making sure with me on the phone with him making sure. Now once I made such a big issue about it that's when they tried to get things together in the open custody facility. But in that little space there where they're held before court, the justice place, that youth justice in St. John's, there is no meds give to them, right. So he's going, they're going from there to court. So like he's not just ADHD, he has intellectual problems. And well, he's been diagnosed with many, many more problems and because the meds don't do everything but it does aid in a lot of incidents too.

And him going to court and maybe having an outburst or, I mean not paying attention. Like he goes to court or speaks to a lawyer, he don't know, he can't tell me their name. He can tell me details of the things that happened. Like I knew that he was proud when he went to court and won his case. He was so excited and this is the only way I knew because, well, he's 17 and technically he's more or less they look at him as of age. Yes, he is of age but mentally he is not of age. But, the way I learned about the court session was my son was excited that the judge finally, someone stood up and spoke for him. So that's how I knew that he did win his case and he was excited that they offered to go back. But he refused to go back where everything, he was referred to go back to Tuckamore. Tuckamore sounds good.

Kevin Pollard:

Rachel, you said your son was 17. At which age or what age do he access the system?

Rachel Hodge:

You mean justice?

Kevin Pollard:

Or yeah, justice or health.

Rachel Hodge:

Well, when he was four years old I lived in Ontario. He did have an assessment done with a Dr. (Inaudible). I did notice something. I'm his mother. I know I knew there was something going on but exactly what, I mean I'm not a doctor, I couldn't diagnose it. The doctor did diagnose him being behind but they didn't pinpoint. He was four years, yeah, four years and five months but they diagnosed him as being three years of age intellectually overall. So, they didn't exactly diagnose. He was too young to be diagnosed with ADHD. That's what they felt in Ontario. So mostly when I come down here, the school in grade one he started having behavioral problems and issues in school. Now, I knew reading and writing was an issue because, like I said, I'm his mother and I did spend the time, I wasn't a parent who not .... I really, school, education is important. I know that from my own experiences. And you want to change things for your children. I can still change things for myself for that matter but I got to deal with my kids first. I had my chance the way I look it. I'll have my chance again but my children are first right now.

So, the medications (inaudible), not through doctors or anything. I had him to many of them. So it wasn't something like the doctor said, okay, your son is ADHD, he's my patient. It was something more along the lines of okay, the school system wrote him a letter, we believe these kids are .... They didn't, the way that it worked is I don't think it's right. Like I said, if there was a professional in the school to take it from a professional and have more understanding makes a big difference. I came a long ways since my son started school and knowledge and getting curious and having to find information for myself. So, I'm a lot further than I was when I started now, right. But no, I started with the school.

Dr. Bruce Gilbert:

Thank you.

Rachel Hodge:

Thank you.

Dr. Bruce Gilbert:

Thank you very much, Rachel. Another great fascinating presentation. Not only is your story important for its uniqueness but all of the presentations from all across the province are being

recorded and they'll be transcribed and then there'll be documents that the Committee can review, so they'll have a chance to revisit your presentation in a text format. They'll all be available on the web as well if anybody wants to see what you're saying. And then they'll be looking through all of these presentations to see the unique parts but also to see where the patterns are lying as already here. There are things you're saying that are resonating in the families from other places. So it's all excellent and very important.

Okay, our next presenter is Ms. Sheila Trask. Where's Sheila. There is she. And she's presenting as the Chair of Community Minders and Sheila has 15 minutes, so I'll put a little five-minute card there for you.

Sheila Trask:

You won't need to.

Dr. Bruce Gilbert:

Okay.

Sheila Trask:

Okay. Thank you for the opportunity to fit me in today. I only found out about this this morning and

I thought it was really important. I wanted to hear what was going on and I also wanted to give some input because I think mental health is a community issue. It's not about mothers (inaudible) to love you but they're trying their best. I'm a mother too and I know what it's like trying to deal with the system. And it's not the workers' fault, they're dealing with their frustration. So if government truly does want to listen to the people then they need to hear what we're saying.

I'm going to address for a second cutbacks, and I think it's important that you acknowledge that when you cut back in the school system, and I'm an employee of College of the North Atlantic and I put my hand up because I'm not allowed to speak as an employee of the College of North Atlantic. But I work at College of North Atlantic and everybody knows that we've had cutbacks. That impacts people's mental health. Not just the people, the teacher, but the students and our system. They're frustrated. I talk to people across the island and what we're seeing is province wide. They're seeing an increase in students with suicidal tendencies. We're seeing

an increase in students with mental health issues. And I'm not talking a small increase. I've been here 15 years. When I came here probably ten percent of my class probably was struggling with anxiety, depression. Now what we're seeing is as high as 80 percent, and that's not a lie. I think you should take a really good look.

In Central Newfoundland, one of the reasons that I founded Community Minders is because I have a passion for mental health and suicide. Why? Because as a teenager I was suicidal and I'm not afraid to tell people that but I'll tell you what doctors said to me back then. Nobody understood it. You know what they said to me? Whatever is wrong with you, my dear, you better get your act together. Now we know in today's society we don't do that. I'm a suicide intervention trainer, I've been doing suicide, I train people in suicide intervention with the system of Newfoundland and Labrador. I also had founded Exploits Family Positive Thinkers Club so that people in the community can find ways to help ourselves. That we could get together and we work diligently and from a passionate perspective to try to live decent lives.

And I'll tell you how important it is. I brought Jeremy Bennett here in May. I don't understand why I never knew about this thing happening here today because I get involved, I've gone to all the round tables that have been there, brought all my students. Every educator should have an opportunity to come here, but when I asked Jeremy to come here I sold out 220 tickets in three days. So that will go to tell you, not because Jeremy is so good, and he was good, I'm not taking that from him, but people are so interested in stress, anxiety and depression. The need was so high I put on another show the next day in the afternoon. The schools were calling me. Social workers are stressed out. The guidance counselors are stressed out. Teachers are stressed out. And guess what, we got a bunch of stressed out kids. Now people will say that's parents. It's your issue, you cause your kids to be stressed. Well you know what, it works both ways. Because our children are in the school system longer than they are with us, because when we get home from school we give them supper and off to bed they are, when they're young. When they're older they don't talk to us and we're struggling to talk to our children and say tell me

what's going on in school. Why do kids get in high school and start failing when they are A students going up through the system and they get in high school? I've got three teenagers and I'm telling you that kids cannot get through the system, and then all of these kids who have some kind of magical high school diploma that can't get them in university end up in the system. And there's a reason for that. Because what we need to do is we need to take care of people when they're young. When we're asking for help. And asking for help and getting a letter in the mail in less than 24 hours with your 16-year-old has not contacted our department, therefore they'll be removed from the system does not work. And that's a policy and procedural. When kids are 16 years old and they have mental health issues they are not adults. Their parents need to help them. And like that woman who spoke earlier, God love her that she could be there, and you know what, as a parent and every parent in this room and every parent in this town, when our kids turn 16 years old we can't even find out if they show up to an appointment. Now that's not the workers fault, that's because that's the law they got put in place. Well, when a kid has

mental health issues and they're 16 years old, they're not capable. They do not answer the phone. Anybody here got a teenager who answers the phone at home? No, they barely answer their cellphones. So it's really important that the policies and procedures that are in place actually work and help our kids.

Another thing I want to tell you is that the suicide rate, if you don't know it, and I'm sure you probably do, the suicide rate is increasing and increasing and increasing and increasing, and we've seen, I don't know, there's been four in the last six months of youth in this area. And you know what, there is a reason for that, people need help. And cutbacks do not give people the help they need. And if you don't help people in the beginning, if we don't do preventive care, suicide prevention, well then you're going to have to deal with the aftermath. And for every person who dies of suicide, there are hundreds of people who are impacted by that. And when it's a movie star or someone with a high profile then we're talking millions of people, and we're asking for trouble if we don't address the issues.

I'm sorry, I think it is more important, if you don't look after mental health you have physical health problems. Mental health leads to physical health problems. Most people who go off work with physical issues it could have been prevented, if their mental health had been taken care of. And we're talking about mental wellness before you end up with a mental illness. And I see it all the time, there's so much drugs in the classroom. And I'm not talking street drugs, I'm talking everybody is on prescription. Oh, you got a pain in your chest, here take one of my Ativan. And I'm like freaking out going you can't take that. I got a little bit of a tightness in my chest. Well, you could be having a heart attack. And you're going to take an Ativan. Like, you're masking. Like, I'm not antidrug but I'm just saying it's a serious issues and we need to take care of people and that's why I'm here today to say that.

Dr. Bruce Gilbert:

Do you want to stay up for another few minutes?

Gerry Rogers:

Thank you so much. We're hearing more and more and more everywhere we go about the increase of anxiety

and depression among young people. And starting really, really young. It's happening again and again and again.

Sheila Trask:

Well, parents are stressed out and their kids are going to be stressed out. And in today's society everybody is overworked. Every time you cut something back that doesn't mean there's less work, it means that more people got more work to do. You got no time. And so, we're trying to balance our own lives, we're stressed out. And in every profession I hear it about people that work in the hospital, the people that work in the schools, it's rampant and it's almost heartbreaking to see how guilty parents feel, and myself included, because we don't have help anymore and we're interested and we're trying but how did it get there. Like how did we get there? When kids, like I heard someone speak earlier about ADHD. If a kid is daydreaming, they got ADHD. And then there's a three-year waiting list to be tested just in case. But you know what, a lot of times there's a lot of symptoms that are very similar to ADHD for a whole bunch of other reasons, and they could be physical, it could be mental health. There's a lot

of things that give off the same symptoms but there is a big increase in the push on you should be on drugs, you should be taking Ritalin, which is not always the case.

So, early assessment is crucial, is very crucial. And as we know with young kids, if you're on a list that's three years long, jeez, now you're a youth maybe or your problems have exemplified which means that your parents are so stressed out. Your brothers and sisters probably now have developed problems because all the time and energy and stress. You know what I mean? Like, it just multiplies. And it is a serious issue and I think we've been ignoring it in this province. And like I said, I've been living here for 15 years and I've seen it grow and grow and grow, and there's times I sit there and I go, oh my God, what's happening. And I'm not the only one because I talk to people at other campuses and they said, oh, yeah, we had the same issue. And it's really difficult to teach when you've got people with so many issues and they're mental health issues because everybody is challenged.

Christopher Mitchelmore:

Sheila, I think you and your group are certainly doing some really impressive things. I think we're living in exponential times where we're trying to do so many things at all once and sometimes it can be really overwhelming, and by bringing in speakers and showing that level of interest and having that community dialogue is key.

Going back to the 16-year-old service, we're hearing that time and time again. As a member of the House of Assembly we don't have exceptional training on dealing with all issues but I mean I've had calls to my office where people have said they're suicidal and you have to deal with all of these types of issues in your every day lives. I think having more open discussion and having a resource where you can reach out to, like, the organization where you can bring people in and know that there are some supports there that's really helpful for a lot of people. And I would encourage that we do more of this community dialogue so we can be heard.

Sheila Trask:

And we're doing that without government money and

there's a good reason for it, so that we can do what is we have to do with without going through so much.

Christopher Mitchelmore:

Red tape and different things.

Sheila Trask:

Yes, that's a nice way of putting it. But because it is important, and last week I got appointed for the Community Coalition for Mental Health. So I'm a central rep. And I'm quite pleased to be doing that because of the fact that I am passionate about this stuff. I have a really strong interest in it. I think it belongs to part of our life and there's lots of people that work in the system that we can (inaudible). I was dealing with three different people contacting me this morning about mental health crisis, right, and I'm trying to help people just how to work through the system and just here's who you contact. They feel like they're not being taken seriously and if you don't take people seriously they take their lives.

Kevin Pollard:

Rachel, your first statement really, among others, really caught my attention, grabbed my attention. You said that it's a community issue. That's so

true. It's not a community issue only, everybody's issue, mental illness and addictions, community, (inaudible) agencies, government, school, family, anything out there it's considered nobody's issue and I thank you so much for driving that home. It's everybody's role and responsibility to add to the equation to come up with some solution. And thank you for being so proactive in your thinking on this issue. Appreciate that.

Dr. Bruce Gilbert:

Okay, thank you very much, Sheila. Okay, next up we have Phillip Blandford. Is Phillip here? And you have about 15 minutes.

Phillip Blandford:

All Committee Members, my name is Phillip Blandford and I have had a lot of dealings with mental health and addictions. I've been addicted to cocaine in the past; have gone through dramatic experiences that left its mark on me, I tell you that much. And I know that there are moments because our life, our life changes in moments. One moment can change your whole life. I know there have been moments when I wondered if I can go on anymore or like you want to reach out so bad you want someone to talk to but

they're not there because they have hours, hours of operation. And in my opinion that's a hard because that can be the meaning of life or death for people. So I think that counselors need more flexible schedules so that when the crisis happens they feel like they have someone they can talk to. It can save a life. And I know they have a mental health and addiction line but do you have a relationship built them? Do you trust them? No. It's not easy. I have lost friends. I've seen parents lose their children, and losing one life should be more than enough to change things. Just think about if they were your children, what would you put in place?

I know our lives are so different now and our society is so bogged down with everything and parents these days they grew up in a different time than the kids are. Life is so much harder now with kids. They had trouble finding themselves. They get lost between the cracks because classrooms are so overcrowded, the teachers, they do the best they can but people fall through the cracks because people hide. There is that stigma attached to mental health and addictions. People feel like there is something

wrong with them, that they don't want people to know what they struggle with. Well, yeah, I think that's where I really wanted to go there.

Gerry Rogers:

Phillip, thanks so much. How did you get help with your mental health and addictions?

Phillip Blandford:

It took a long time. There was a lot of trial and error with counsellors for me, really, because we all have different personalities and we all attach to certain people based on those traits and stuff like that. So I went through about three or four counselors before I found the one I talked to here in Grand Falls which has dramatically changed my life for the better. But, being able to reach out when you need it most, right. Like you can have an appointment, you can go in but that might not be the time that you're feeling it all and it's all coming to the surface, right. I've had times when I've been home and I've just been so overwhelmed, I just want to reach out so much but it's not there. And I don't think anybody should, no one should have tooken their own life and it could have been prevented. There should be something in place. Losing one life is too

many.

Gerry Rogers:

I'm so glad you found a counsellor that you needed to work for you, that you were able to work with. Is it through Central Health or?

Phillip Blandford:

I think I called, yeah, I think I called the hotline. But it takes a while to get to that point, right. We're all scared what we're going to see when we start going, what we're going to face inside ourselves but it gets to the point where it is either that or I didn't want to lose my life. I didn't want to do that to my family, but that's me. Not everybody else is like that. A lot of people are scared. So I don't know if they could be educated in the school system. There could be, like, presentations so the kids could know it's normal and there's these resources here they can reach out to, private confidential but it's a very scary world out there now and we need change more than ever.

Christopher Mitchelmore:

Phillip, I think one of your messages around needing services when you need them is really key and you talk about the relationship. But I mean, is there a

way of which we can get the message out as the government or policymakers who we can use advocates where people who have their experiences can share, like yourself, who would be willing to share your story and let people know that the services that are 24/7, like the suicide prevention line or the Kids Help Line or what is there is an okay service. You can get the support there or?

Phillip Blandford:

No, because like the relationship, because you could be going through so much and got this relationship built, she knows everything about you and what you're dealing with. You're calling this person who that's the first time you might talk to. Like they have their things that they can say because they're trained but like it's got to hit you. They got to know you, right, to bring you back off the edge of that cliff.

Kevin Pollard:

Phillip, what do you mean by flexible scheduling? You mean to say if you need help say 2 a.m. or 3 a.m., there's no one there to help?

Phillip Blandford:

Well, I know that they have their schedules from the

morning to, like, 8:30 till, like, 4:30. Like, how many counselors say they have a good many appointments that don't come in in the mornings? Like I know, I know counselors too, they are so bogged down, they're busy with their lives but I guess we need more supports, more people in place, I guess. Maybe you could have relationships with more than one counselor maybe. I don't know. Maybe more like a group effort or. It's not easy I know but to tell people. Because everybody, maybe like case, like case to case each person could be different but they'll need different things, right. So maybe they could go case by case. But I know like they've got certain procedures that apply to almost everybody, so maybe there can become some change there.

Gerry Rogers:

We've heard a lot from counselors and psychiatrists when they talk about the big wait lists for psychiatrists where people come in for morning meetings and appointments and if you're on heavy meds and it takes a while to get going in the morning, so they're looking at it, how do we provide services that are more flexible and respond to the need of people. Like what do you say? That makes sense.

How do you do that?

Phillip Blandford:

I don't know if there was like, I guess though that would be like they will have to agree to it, maybe like I seen places that, like, if they're off they can take a call, still get, like, get paid for it, do it that way. Like, if they talk to someone for half hour, they get pay for a half hour. But I guess that's at their discretion, right. Like I know you can't be like open 24/7 to answer. I understand that completely. But there can be more wiggle room, more extended time. I find that there's been some moments I'm lucky I didn't go over the cliff but like I said not everybody. Some people they do.

Christopher Mitchelmore:

So, Phillip, do you find that when you get counseling services and things like that, that they're good services and the support is there within the system or?

Phillip Blandford:

See, it comes down to the people too. You can train somebody all you want but sometimes they're just not qualified, but they're there anyway. Right. The same thing with everything. It's like education too.

There's so many teachers out there. They don't do an interview now to get into education. The teachers are trained. Well, I met teachers that shouldn't be in the classrooms but they're there. And once you're in the union, that's it. (Clapping). It's my first time.

Unidentified Female:

You're doing great.

Unidentified Female:

Don't let it be your last.

Unidentified Female:

That's right, don't let it be your last.

Gerry Rogers:

Are we okay for time, Bruce? Yes. So what's happening in your community then around people your age for abuse, mental health stuff, what's happening?

Phillip Blandford:

I think it's worse now than ever. People are lost more now than ever. Like, you're told to be (inaudible), you go work the rest of your life, do this and do that. Want us to be a man. What is it? Like, that's changing. There's boys out there. Like they're told that you must do this and this and this to be a man. And they're afraid to share their

feelings and they keep it all bottled up inside. That's what leads to these problems. Keeping everything in, afraid to let it out. That's what my problem was. I never even knew I had a problem till it struck me right in the face.

Unidentified Male:

Phillip, I hope you don't mind me putting you on the spot. Let's say we've got a great big wait list say rather than say you accessing a specialist, how would you feel about, let's say, six or seven or ten people the one time in a group go in and sitting down face to face? How would you feel about that? Would that work or?

Phillip Blandford:

That's person to person again, right. Some people are comfortable with that and some people are only comfortable with one on one. But like I meet with people who are recovering addicts who meet with people who are off the books too, they are not getting paid for it really. Those, I find those people help a lot too because they've been there. They know what it's all about and they can help you more than a lot of people can help me because they know what I've experienced, and when I say things

they tell you, yes, that's true, I experienced all the same things and we share stories and stuff. It really helps. It makes you feel not alone. It makes you realize that it happens everywhere and there is people out there just like you.

Christopher Mitchelmore:

We've heard a lot peer to peer support is really important knowing somebody who's been there or can share an experience or talk about where they've got some services or help and not everybody knows where to go and get the services that exist. Maybe everybody doesn't know about Community Minders or other services that exist here in Central.

Phillip Blandford:

Yeah, I think the word needs to get out more. People really need to have the information because like this, I'm lucky I found it really, it's just by chance. I had to dig deep to find numbers and the people and I had to really push myself to go through the different counselors to find the right one for me. Like I was going to go to Humberwood. I was waiting eight weeks. In those eight weeks period, man, I could have took my life and I would have just been another number and that would have been it.

Move on to the next one.

Gerry Rogers:

Wow.

Unidentified Female:

I have a quick question for you. You mentioned that you had an issue with opioids, right? Cocaine and stuff like that?

Phillip Blandford:

Cocaine.

Unidentified Female:

Yes, and the thing is, is that you had to get that from somebody. Was the person that sold it to you, were these people put in jail and stuff like that, because that's illegal?

Phillip Blandford:

Yeah. See everyone gets lost. Everyone has to find their own way. Like it's funny because the person I used to get it off, he had a father who was an alcoholic, and he has not had a very good childhood and maybe that led him down the path where he didn't fit in society. He tried to make his own way through drugs. But like I say, he give it all up. He is a changed man. People are afraid to be themselves. People are afraid of being judged. But there should

not be no fear.

Christopher Mitchelmore:

Thank you.

Phillip Blandford:

Thank you.

Dr. Bruce Gilbert:

Not too bad for your first time. Keep that up.

Phillip Blandford:

Thank you.

Unidentified Female:

Well done.

Dr. Bruce Gilbert:

Okay, we're now going to have Ms. Carolyn Forsey who has a Power Point, I believe. And, Carolyn, you have 30 minutes. I'll do the ten-minute thing with you, although I haven't had to do it because you've all been very quick. And I'm using it full time, so. Are you going to take the table?

Carolyn Forsey:

No. Good afternoon, ladies and gentlemen, and thank you for holding these meetings. I am incredibly nervous right now because I've told this story so many, many times and time after time after time after time it's fallen on deaf ears. And my plea to you

today is to please hear. Please hear how we live, please hour what we're doing, please hear what we're going through and please help us because you do have the power.

My presentation to you today is a story. A story that's 21 years in the making. It has a beginning, it has a middle and you can create the end. It is the story about why a brain injury due to (inaudible) that became autism syndrome, narcolepsy syndrome and apathy syndrome. The doctor wrote, "Given the pervasiveness, intensity and the severity of the affirmation (phonetic) semiological picture, the patient is incapable of independent living." The patient is my son. But you know this story affects my mental health, the mental health of my husband, the story also affects the mental health of our daughter, our family, our friends, our community, and you here today.

The beginning. The beginning was filled with misdiagnosis, ineffective treatments and lack of appropriate education and medical care. Let me take you into the prison. It was the summer of 1997, I

was one of hundreds sitting at the Geneva Centre for autism in downtown Toronto. It was a professional development seminar that would update my certificate of clinical competence in speech language pathology. It was a good break for me and a chance to see the big city and spend some time alone watching television into the wee hours of the morning and getting those long baths I enjoy so much. It was a rare thing indeed to spend time by myself. Julia was 12 then and Daniel almost four. He had been sick a lot. And the last two years had taken its toll on all of us.

The presenter went through the symptoms. Daniel had two out of the four. That was five in total. One more would give him the diagnosis of autism. My body was visibly shaky. My throat was too dry to swallow. My breath, I could not breathe. I told myself the very words the nurse in the labour room told me just a few short years ago when I gave birth to our beautiful baby boy, our gift from God. In through your nose, out through your mouth, in through your nose, out through your mouth breathe, don't panic. The presenter read part three. I could not

wait for her explanation. Daniel had delays in all three. She read the disturbance is not better accounted for by Rett's Disorder or Childhood Disintegration Disorder. His disturbance - his disturbance - had never been accounted for. Oh my God, what was happening. The pieces of the puzzle had come together. No, no, it wasn't autism, not Daniel. They told me not to worry. They told me that lots of boys don't talk until they're four. What, autism?

I'd gone back to work too soon after he was born. Any type of fit mother would spend the first full year at home. Oh my God, no. I don't remember how I got out of the building on Davisville Avenue that hot summer day. I only remember running and running with the fear of a person whose world had just collapsed on top of her. The streets were full of noise but I could not distinguish any sounds. My heart was pounding like it was about to jump out of my chest and my eyes saw no people only imagines of their likenesses.

I passed a toy store. Daniel doesn't have

imaginative play. The words of the diagnostical statistical (inaudible) were pounded in my head. Lack of very spontaneous make-believe play or social imaginative play appropriate to developmental (inaudible). I remember Julia's play skills. She would spend hours and hours with her babies, combing their hair and tucking them in into the little bed she made herself out of a Kleenex boxes. She would often hold her baby dolls and recite to them from such wonderful children's writers as Robert Munsch. I remember her soft and tiny voice echoing through the halls as she quoted, I love you forever, I like you for always, as long as I'm living my baby you'll be.

I've passed the toy store. Daniel doesn't like ice cream. It's not one of his six favorite foods. Insistence on sameness tactile defensiveness. Oh my Jesus, my sweet, sweet Jesus, please don't let it be autism. Please. I passed the ballpark. Daniel doesn't play with others. No interactive play. Little or no eye contact. He has parallel play. He will by himself for hours and hours thrashing himself in the mud unaware of its coldness and dirty texture.

Where are you Jesus? Where are you? My baby is gone. I lost my baby and I didn't even know.

I passed a massage therapist clinic. Daniel will never know the love of a woman. He will never know the pleasure of being touched and caressed. I was like Alice in Wonderland, running and running making no sense of the world that I was falling into, the world that was becoming mine. The world was upside down, not the way it should be. Somehow I found my way back to the hotel. Why do they make those stupid plastic keys? I tried again and again. My vision so blurred I was unaware as to where the strip was. My palms so sweaty, I kept losing my grip. I was inside. I threw myself on the bed and I cried. I cried for my husband. He's such a good man. He doesn't deserve this. I cried for my daughter. What responsibilities she would have after we are gone. I cried for myself. A refrigerator mother is how the literature used to describe me. A mother who did not know how the love and therefore my child chose to live inside the prison of autism. I was a cold and distant mother who brought this on. Could this be true? A non-fit speech language pathologist. I

should have known. I should have not believed their false promises. I cried for my son, my sweet and precious baby. What kind of life would he have after we are gone. A life not worth living, a life buried deep inside the prison of autism? I got into the shower so the tears could be washed away with the water and the sobs could be dulled. The pain was real and intense. It could not be restrained. There would be no running, no hiding, no covering it up.

The middle. The darkness came over us and for 17 years we fought with every fibre of our beings. We searched and tried to implement every reasonable practice we could. We took Daniel to Philadelphia and had him injected with secretin because we read that people with autism lacked secretin. We rallied government. We trained in Applied Behavioral Analysis at UCLA and brought it back to this province. I enrolled in my PhD in Special Education. We enlisted social workers, teachers, educational assistants, child management specialists, politicians, doctors, the list goes on. Some did not know, some could not care. Some tried but they just didn't have the tools. The first politician that

ever listened, truly listened, was Anna Thistle. Believe, believe, please, that one meaning, one well-meaning politician can change the world because Anna changed ours. She offered us hope. She allowed us to see the boy inside and the boy inside became the title for my book.

Eventually we had to move far from our beloved province due to financial reasons. We were paying $10 an hour for therapists to work with our son because there was no one who could, and every cent came out of our own pocket, every cent. Our line of credit was $51,000. There wasn't a house to sell and pay off the loan, there wasn't a truck to sell and pay off the loan, it was a line of credit, $51,000. Ironically enough, I became superintendent of Student Services for the Northwest School Division in Meadow Lake, Saskatchewan. I went to work every day and I trained teachers, educational assistants, psychologists, social workers and speech language pathologists how to work with the severest of the severe. Meanwhile, school for Daniel was a tortious nightmare. Workers burned out. They were afraid of our son, and rightly so. During those days, the

answer was to throw more medications at Daniel, SSRIs, antipsychotics, sleeping pills, antidepressants and even natural hormones. As Daniel got older, the symptoms became more severe and more pronounced. He became very violent. We removed him from school, resigned our jobs and returned home to Newfoundland. It just became impossible to go to work every day with black and blue marks, with eyes void of sleep, and with souls and spirits that were black, very, very black. It took too much energy to fight the demons of mental illness. Of course there was no one to tell, no one who could understand and no one to counsel me or my family.

One might while I was home with Daniel in Botwood he grabbed me by the hair and I could not escape. His grip was so intense that I felt like he was going to rip the scalp right off my head. When I managed to break free, I bent back his fingers. I called the Crisis Help Line at the Waterford Hospital. Surely someone there would listen to my cries, my torment, my pleas, my mental illness. Sadly, the male nurse that answered could not put me in touch with a doctor, he could not recommend a medication, he would

not offer anything. His answer - his answer - call the RCMP. I thought about it for an instant of time, call the RCMP, my 21-year-old brain-injured son who does not talk, is not toilet trained, and doesn't understand. I thought about what Daniel would be like incarcerated and me, what would become of me. I would become an inpatient at the Waterford. Two lives would be destroyed and many, many more affected. I curled up into a ball on the floor and I cried for a very, very long time. But on that journey, after almost 20 years, we did meet someone who understands the brain. We met Dr. Hugh Mirolo, originally from Argentina, and we did not have to go to Argentina to find him. He was practicing right here in Newfoundland at the Waterford Hospital. The Crisis Help Line did not know of him. He's one of Canada's only practicing neuropsychologist. I found out about him from another all but destroyed family. This is the article that went right across Newfoundland and Labrador last summer, *Bound by clinical shackles*, Dr. Morilo, the caption "no one to help as child becomes unmanageable adult." I'm just going to read a small excerpt. Most of Daniel's medication are contraindicated for people with brain

injury, Morilo says. For instance, while on SSRI antidepressant is a perfectly good medication for someone with depression. In a brain injured patient it is known to cause aggression. The skin and the brain share a common embryological origin, he says, so it's not uncommon for acne creams to also have a negative effect. Along with autism, Daniel has a history of incidents that may have injured his brain, from being delivered by forceps as a baby to having a seriously high fever as a small child. Medications change as Mirolo requested. The Forseys saw a change in Daniel within 24 hours. He was calmer. You would see him smile and you never saw that before. He would smooth the cat. There was no aggression. He wasn't coming after us. He was more settled. It got better and better. That was in August of last year. Daniel, now 21 and a regular patient of Morilo's, have been moved from the waiting list as an emergency case has only had one aggressive episode since. The Forseys, so close to moving Daniel into a home for 24-our care, are no longer stepping on eggshells waiting for his next outburst. He goes out to restaurants with his family and enjoys ATV rides, both things he could never do before. Nonverbal for

most of his life, he responds when his mother calls him on the phone. Who do you love and who do you live for, I ask him. And he always answers, my mom.

Because Morilo knows the brain, he was able to change the wrongs and release our son. Morilo was able to diagnose the symptoms, target them and address them. But why, ladies and gentlemen of our province, and why, ladies and gentlemen of our government, did it take almost two decades? So much pain, so much hurt, so much lost time. We often think what Daniel may have been like if someone had helped us earlier.

The end. Today we have an amazing social worker involved. Amazing. Two wonderful support workers, two men laid off from the fishery in Comfort Cove, Newfoundland working with the severest of the neurological impairments, my son. I think it was Phillip who said, God love you, Phillip, God love you, because you talked about making the connection. It don't matter how many degrees I have, two bachelors, a master, a PhD, got them all, but if I don't connect, if you don't connect, if our workers

and psychologists and psychiatrists don't connect you might as well send us to McDonald's and give us a Happy Meal. (Clapping).

A talented doctor, the Neuropsychiatric Association sadly, there was no family doctor as he left Botwood for British Columbia. We are on the wait list but we will never let Daniel fall off the radar again. We need to continue this journey so Daniel and all the Daniels can have a quality of life after we are gone, and so others with brain injuries and mental health impairments can be helped. These things are for certain. 1) mental illness is not going away; 2) autism is on the rise. When my son was diagnosed, 1 in 1500. Today depending on what research you read, as such as is 1 in 47. 3) autism is one of the clusters on how the brain can be injured; and 4) as you heard here today, and thank you, the cost of human suffering is far, far too great.

This is where you come in. And I address you, my Panel, with every fibre in my being because this is hard. I came from the gutter. I came from nothing

but an alcoholic father, who bet us for past time. I got out. I got out, I rose above it, because my mom told me education is the answer, Carolyn. And now I'm back and I'm begging again, and it just feels like that we shouldn't have to beg. But this is why I ask please help us to put the pieces of the puzzle together. This is what we need: 1) An inpatient team of well-trained people who understand brain injuries and mental health, depression, in a hospital where correct observation and diagnosis can take place. This neuropsychiatric unit should be able to do the work of the ICU and ER. 2) We need an outpatient team who can work together on the same wavelength; and 3) and sir, you said this and you used this word, "communities". Sir, communities. Where you share with our loved ones and have a quality of life and engage in neuropsychiatric activities that enhance the neuroplasticity of the brain.

The end to this story, ladies and gentlemen, is in your hands to create. Please know that we, and I think I speak for all of us, we are here with you to walk the walk and talk the talk because we are burned

out and we're worn out. We're just plain worn out. We need you to take over. We do have the human resources in Newfoundland and Labrador. We do. Please get the right people on the bus and place them in the right seats.

On behalf of my son and from a heart that has been in the dark for far too long, please build us the bridges that we need and please don't take too long.

Gerry Rogers:

I want to take say thank you, Carolyn. We heard from parents with adult children with autism, adult children with schizophrenia and how really tough it is, particularly if you can't get the help you know that your adult child needs but also to hear your story and those years.

Carolyn Forsey:

Thank you for understanding, because understanding is the first (inaudible).

Unidentified Female:

So, in your journey then do you find peer supports for you and your husband and your family now more so than there were past?

Carolyn Forsey:

Yes, there are more supports now. It's just one more (inaudible). There are more supports now because of messages like this today and people like you who bring it back, but there's still - and I think it's mentioned here today - a lot of nervousness and nervous tension and shame around mental illness. And I think you mentioned that if my son was a diabetic no one hesitate to give him insulin. Nobody. I would be a negligent mother if I did not treat him for his diabetes. But I begged (inaudible) for people to treat him and to treat me for mental health.

The first time I did a presentation, I presented to CBC and the next day I went to work as a speech language pathologist. I walked into the staff room full of teachers on a chesterfield down and across the room. And when I walked in with my bag of therapy, one of the teachers said, "imagine you a speech language pathologist and your own son don't even talk." That was the level of support.

Unidentified Female:

Who said that?

Carolyn Forsey:

A teacher. And thank God, that's why we cannot stop, any of us who cares about mental health, and as black as the days are, Phillip, you got to find the light, and I really appreciate you understanding.

Christopher Mitchelmore:

Carolyn, and I really thank you for sharing this because I think understanding is a big part of this because not only understanding the situation and the experiences that you went through with your son, but also the public understanding that it extends way just an individual. It's the mental health and the stresses and strains that it places on family, on relationships and on the greater community as a whole. I think having these types of discussions and sharing your story is such a powerful message that it's going to help so many other people and I think it will lead to improvements in the system. Knowing that we have such an esteemed professional in the system, I was not aware of that. So thank you.

Carolyn Forsey:

The Crisis Help Line was not aware of it.

Unidentified Female:

So, is Mirolo gone?

Carolyn Forsey:

No, he's not gone. He's practicing in the Waterford Hospital. We just spent three days in there with him, the 15th, 16th and 17th of June, and he's very much on the go. Speaking of the community, I went to the Botwood town council, my husband did a presentation and asked if we could have a home where we could do music therapy, art therapy, animal therapy. Denied. We went to Susan Sullivan begging, went to Clayton Forsey, no relative, begging, deaf ears, deaf ears, deaf ears. That's why this is hard. Not only in this moment, not only this moment but when you give back and you're sitting behind the desk and people are coming at you with 10,000 things to do. Make this a priority. Put us on your docket, because you know what, I'll knock on the doors for you until my knuckles bleed, if you will support us in this issue.

Dr. Bruce Gilbert:

Okay, folks, thank you once again. We're going to take a short break, ten minutes. Five minutes? A five-minute break.

(Off the Record).

Dr. Bruce Gilbert:

... Barry Manuel, and we're here with a committee, they can explain that. Lynette is the President of the medical staff of the Central Newfoundland Regional Health Centre. Do I have that right? You (inaudible) mental health section, I guess.

Dr. Lynette Powell:

I'm here for the Youth and Adolescent Steering Committee.

Dr. Bruce Gilbert:

Oh, steering committee, okay. Anyway, they have 30 minutes, so take it away.

Unidentified Male:

Okay, thank you very much. Can everybody hear me okay? I'd just like to welcome everybody here today and certainly to the Committee for allowing us the opportunity to speak today. Welcome to beautiful Grand Falls-Windsor, sunny central as we call it, as you can see more evidence of that here today. We get lots of that kind of weather here. I'm very pleased to be here on behalf of the Town Council of Grand Falls-Windsor in support of this very, very crucial issue and not only in Grand Falls-Windsor but all over Newfoundland and Labrador and certainly across

the country. You'll hear from Dr. Powell very shortly. She'll get into some details but from the town's perspective we are 100 percent in support of this initiative, and when you look at Grand Falls-Windsor you know already that it's the centre of health care for mental health and in particular for youth, and evidence of that is with youth addiction centre, of course, I believe you guys had the opportunity to visit today. And we're so blessed to have a great core of health care professionals who get it, who are proactive, who are energetic, who have recognized this as a very important issue that needs to be addressed with more action and more attention. And with that, of course, they had gotten a lot of stakeholders together back in April at a meeting to discuss the issue around youth mental health. I think there was about 40 to 50 people in attendance there. It was a huge success. And being able to mobilize for stakeholders initially is always a challenge but we were so impressed with the buy-in from the community. All the key people in the community who deal with youth on a regular basis in the different professions were more than willing to take part, and from that a steering committee has

been struck. Many of the steering committee are here today and it will be the steering committee's job to be the core group, to push this agenda forward so that we can take action.

And one more thing just before I ask the members of the steering committee who are here today to introduce themselves, and then we'll get into Dr. Powell's presentations, is you hear all the time about government and strategic investment, and it's no different when it comes to youth and mental health. And strategic investment really I believe should point in the direction of Grand Falls-Windsor who have already established themselves as leaders in mental health services and we look forward to being able to push this agenda even further.

So what I would like to do now, I just ask the members of the steering committee, I myself am pleased to be a part of the committee and I have already been introduced. And perhaps we'll start right here with Rodney Mercer. I know Rodney is a member, so we'll get Rodney to and then just please go ahead in succession and do your introductions and

then we'll get Dr. Powell to come up. So thank you very much.

Rodney Mercer:

Perfect. Thank you very much. Welcome to Grand Falls-Windsor. My name is Rodney Mercer and I was a part of this committee from the onset. As an individual, a substitute teacher in the community and a member of our council I was concerned with what we were seeing in the community and thankfully frontline workers like Dr. Lynette Powell and others stepped up to the plate and was able to get a group of people like this together. And our goal is to see nothing but success and with the group of people that we have on this committee I think anything is possible. So, I'm just glad to be part of the committee and glad to be here with you guys today, and, again, welcome to Grand Falls-Windsor.

Unidentified Male:

Pleasure to see you again. As I told you earlier, Dr. Jared Butler, the Chief of Family Medicine here in Grand Falls-Windsor. I was born and raised in the community and, like everybody else on the steering committee, I have a vested interest in seeing mental health issues based on our youth here improved. (Inaudible) about the challenges in that area, there was a huge spike in the last number of years in the

issues that we're seeing growing in the emergency room and the family medicine office. It's my pleasure to be here representing my 26 (inaudible) department. (Inaudible) the chief there also is a practicing family physician in the (inaudible)

community. Thank you.

Trina Barnes:

My name is Trina Barnes. I'm a parent advocate and I'm here today because I have four children and growing up is hard, and I refuse to let society do their due diligence and lead them down the wrong path without any assistance.

Nancy Barry:

Good afternoon, my name is Nancy Barry and I am very privileged to be part of this committee. I am vice principal at one of the largest primary elementary school in the province. We house 440 K-3 students, and in my 23 years of teaching I have been the vice principal for ten. And in those ten years the issues that concern mental health and my students at such a young age has (inaudible), especially in the last 12 years. I actually said before I came in that 50 percent of my day, and I am not the counsellor in any building, is dealing with students who have a variety of mental health issues, and I'm certainly passionate about this committee and I hope that it goes in the direction we always wanted (inaudible).

Amy Coady-Davis:

I'm Amy Coady-Davis. I'm a councillor here in Grand

Falls-Windsor. I just wanted to say from the town's perspective and as a member of council this topic is so important. I'm so pleased that we have such dedicated physicians in our communities to take this head on and really push it forward. Even without this steering committee, this has been their agenda and we've been working with them for some time on this. So kudos to them. And I mean, like I said, they're so important to our community and we're so happy to support. I'm also a mother of three children so this topic is near and dear to my heart, as well in having them move up through the school systems and the different challenges that they'll face from their peers and just from growing up. So I'm certainly happy to be here to support.

Janine Taylor-Cutting:

Good afternoon, my name is Janine Taylor-Cutting, I'm the guidance counselor at Exploits Valley Intermediate which is our grade seven to nine school here in Grand Falls-Windsor. So, I'm also really happy to be a part of this committee. As a school counselor, I think, and I've only been a school counselor for about six years. Before that I was teaching. In the past six years I've seen a huge

change from when I did my masters degree to now, so it's a very short period of time. As of this year, the need has greatly increased.

So, I think what we do is we work as gatekeepers in the school system. Counselors are the first line sometimes (inaudible) presented with mental health issues. We do a lot of work in terms of helping them get support with their families and then linking them up with services. And I found that in our community we've had a really good team approach with that. And this committee is sort of the testament to that.

We also are concerned with doing things in school and in the community that are proactive. So I also see this committee as a way for us to work together to put some things in place that are proactive in the communities, working with our younger (inaudible) in their lives. So thank you so much.

Paul Lewis:

Good day, my name is Paul Lewis. I'm the principal of Exploits Valley High School. We are one of the largest high schools in Central, 500 plus students. On a daily basis (inaudible). Every day we're

dealing with meetings surrounding mental health. And to echo what Nancy said, we've seen a huge increase with it. So this committee and the mindset you guys came at it from is awesome and we really need to do what we can to help our students. So thank you.

Karen Beresford:

Hi, I'm Karen Beresford and I work with the Exploits Valley Community Coalition for the Family Resource Centre and the Healthy Baby Club Program. We're a primarily funded by the Federal Public Health Agency of Canada with some poverty reduction strategy money from the province.

My interest mostly here is working from determinants health approach in the work we do. A lot of the work we do, besides the Family Resource Centres and Healthy Baby Clubs, are offering supportive wraparound programs, and so we're members of the Housing Homelessness Committee, the FASD Central and ASD Provincial, Mothers Mental Health programing, Committee Against Violence, Violence Prevention Initiatives, lots of different wraparound supportive services. And mental health seems to be in every angle, whatever way you're looking at it.

I'm also a parent of a child who has some difficulties growing up with mental health and I'm just so proud to be a part of this committee and look forward to having a collective voice because as we all know we can all do our little piece of work but until this is (inaudible), you're not going to make the change that needs to happen.

Unidentified Female:

Hi, I'm (inaudible). I'm down here. I'm the executive director with the Women's Centre and I partner with many, many people here. So glad to be part of this committee. Many of the women and men and children and youth come that through our centre have a lot of mental health issues for various reasons, because the way the dynamics of your families have gone, and I'm sure that if you were working at mental health and addictions you would see daily faxes and e-mails coming from me where I refer so many clients. They must be sick and tired of seeing my name signed at the bottom. And I certainly appreciate the fact that we're going to be able to get our ideas out to you.

Lorraine Hearn:

I am Lorraine Hearn. I work with Violence and

Prevention South and Central. I work under the province (phonetic) of the Violence Prevention initiative. I was (inaudible) with this committee but one of our staff members are gone and certainly I'm interested in saying as most everybody else said, (inaudible) mental health.

Dr. Lynette Powell:

Thanks everybody so much. So I'm Lynette Powell. I'm the local family physician here in Grand Falls. This initiative is very important to me in my practice because this is so much of what I do every day, and I can tell you that I've been in this town 12 years and over the course of 12 years I have seen and done things that I never thought I would have to do as a family doctor because I don't feel (inaudible) unnecessarily to be able to have the (inaudible). One of my biggest (inaudible) of the system is a lot of times I don't have the collaboration with all these people. It's not necessarily easy to (inaudible) other services. So it's very important to me that this committee (inaudible).

I guess (inaudible) Mental Health Commission of

Canada in 2011 suggested that one million children are living with mental illness between the age of nine and 19. Just in the last three to four months in Grand Falls-Windsor I know of at least three suicides of people under the age of 25. Every time I hear it breaks my heart. (Inaudible) the system. Something failed for somebody to get to that point. So, I think a lot of these things that we've seen recently, these recent kind of suicides have really led a lot of us to become a lot more aware we need to be move involved.

I guess a 2005 study from the British Journal of Psychiatry suggested that all people with mental health problems at age 26, or all of them, half of them met diagnostic criteria for some mental illness at age 15, and 75 percent of them met criteria by their late teens. So I think this really highlights two very important facts about mental illness. First, we need to be intervening early. It's critical. Emotional behavioral responses are formed in the early years. They became more resistant to change. So we need to really make sure the kids (inaudible).

Second, the cost of mental illness is extremely high because of the length of time over which these costs are incurred is great and there is a great loss of productivity. So, we, as a community, a community of Grand Falls, as concerned citizens, we take the initial steps to recognize that this is a critical issue for our town. We're motivated to give of our time and we've already done so to (inaudible) and improvements.

As Barry said, in April, under the guise of a professional facilitator and mental health consultant a group of about 40 of us from education and nonprofit organizations, health care, addictions, Child Youth and Family Services, local churches, the RCMP and our town council, we came together for this meeting to really explore the system as it currently stands and we compile, really, the little (inaudible) the resources that we do have so that we can try and start plotting how we could make a difference. The result of that meeting is a lovely bound document that we want to give you guys today and it came from our facilitator. So we've got some extra copies bound. They're very nice. The town has been very

generous in making them look pretty for us.

So since we've done this report, as you can see, we have moved forward on several of our action items. The first item was to establish a local steering committee which is what we see around the room. I'm very proud of you (inaudible) these people. Many of them provide more than health care on a daily basis (inaudible) anybody in the system. I learned a lot from the educators and I realize that as much as I think I see, they deal with ten times more every single day with less resources to do it. So, I'm very proud to have these people here with me.

We have already met with the government consultant on primary health care, Cameron Campbell, to share our thoughts and our future directions. I guess part of that (inaudible) at the end is community action plan that the steering committee will be looking at over the coming months to see how we can implement pieces of it. Some of it is going to be outside supports, some of it is definitely things that we as a committee can work to do.

So one of the first things that we did do was look at other places that have done things that have worked of communities this size. So we've looked a great deal at things that have been happening in British Columbia. There's been some great primary work done there on community collaboratives (phonetic) that involve multiple stakeholders, including the youth and the adolescents. So we'd love to see our community be used as a prototype to bring a model what's been happening in BC to our province. One of our committee members, Dr. Kris Luscombe, actually met with the BC team a couple of years and at that time they were very keen (inaudible) to look at ways that they could implement outside of British Columbia. When I spoke with Cameron Campbell about this, he actually was very aware of this and had visited BC and he had seen this model in action. Actually, he was very keen and thought that it would be a very good model for Newfoundland to be looking at. So their model, basically, is a collaborative care community-based model involving all providers, including the youths and their families and the goal is to improve communication and collaboration and improve the

system by increasing access to service. The model has been very well received in BC and has actually got a lot of international attention and the implementation actually started in communities the size of Grand Falls-Windsor. I actually have a fact sheet there. It's just a very brief thing from Shared Care BC which actually outlines some of the things that they have done. There's certainly lots of more information from BC but I think they definitely are the leaders in this.

So, in closing, I just, I really hope that people can see opportunity that exists in this community. We were very lucky at our stakeholders meeting. We had a senior administrator from Eastern Health with us and she was absolutely floored at our ability to get so many people from so many areas in one room with a common voice. She basically said to us, this is very difficult for us to do in large centre. So I'm very proud of you guys for making this happen in your community. We brought people together from every area of the system. We recognize that everybody here volunteers to NGOs, everybody has a role. What I like about what's happening in BC is

that they really have involved every piece of the community to make this work. Actually, there was a short video I was going to show, I forgot about that. Do I have time, it's like two minutes?

Dr. Bruce Gilbert:

Yes.

(Video played)

Dr. Lynette Powell:

So, I guess, just in closing, this (inaudible) really want change in this community, want to be able to do more. We have extensive expertise in this community and sitting around a table with people and you realize that the skills are all here, the people know what needs to be done, we just need to be able to do it. Being able to collaborate, we need coordination, we need collaboration and all these things are going to help us get quality service and better access.

I guess we would like to explore opportunities for Grand Falls to look at something like it's been done in BC. One of the things that I would like to see happen is us for to look at getting them to come here and help us understand how we can make that happen here. So that's actually one of my priorities and I

think in talking to the group within their plan it's one of things that came out of that. So that's one thing that we're going to be really putting some time and effort into. We would like to do it by engaging public, engaging government but we are going to go to whatever needs we need to in terms of looking for resources for our town to be able to do this.

The stakeholders' meeting that we already did, it cost us a lot of money but people were willing to give because they felt, okay, it was important thing for our town. So we, very quickly, with the support of our town and support of a whole bunch of different (inaudible) were able to put that together and get a lovely action plan put together. So, I guess our real goal in being here is to say we want to engage government. We want you to be part of this. We think that this could very good but we're going to move forward on this.

Gerry Rogers:

Grand, Grand Falls, it's just grand. This is so great. And as you know, it's not government who are the leaders, it's (inaudible) that push government, right. We heard from everybody, the increase in

mental health issues among our youth. From all the work that you've done here, what's going on? What is it?

Unidentified Female:

People hear a lot (inaudible). I'll leave it open to anybody.

Unidentified Male:

I would love to have the answers.

Unidentified Female:

And thank you. (Inaudible) the society has changed. The dynamics of family has changed. We have four-, five-, six-, seven-year-olds who have anxiety just on a daily basis and where they have to sleep at night and I know that they seem small in the big scheme but they do all add up, so that what they need are coping strengths and resources to be able to help them deal with what's going on in their lives at such a young age and then they continue to do that as they grow and develop, (inaudible) but that's part of it for sure.

Christopher Mitchelmore:

I think what you've done here is you've broken down a lot of the problems that exist within government, I guess, because you've been able to get health

workers, some education, community workers all collaborating, justice, coming together and looking at building something good from the grassroots, from the ground up and the network of people that you have I think is a step in the right direction to be getting government truly engaged and to be a working partner. So I really commend you on what your initiative, what you're hoping to do and I look forward to listening as you're going forward and reviewing the action plan.

Gerry Rogers:

What has been the response so far then because you met with the consultants, so what has been the response so far?

Unidentified Female:

So, I guess, I mean, we're still very early. This meeting happened in April. I will tell you, and this actually came to (inaudible) when we actually decided to proceed with this, I almost had to close the door to people, there's so many people said I want to come in. Like, I'm being a part of this because this is so important.

Gerry Rogers:

(Inaudible) of people.

Unidentified Female:

Yeah, yeah. So the community response has been amazing. And just as an example, the day of somebody said why is there nobody here from Child Youth and Family Services. Inadvertently it overlooked in the invitation pile. So one of our RCMP officers said don't worry about it, we'll get somebody. Half hour later in walks a Child Youth and Family Services worker who said I should have been here, why didn't you call me. So people want to be involved. So the community response has been excellent. It takes a lot of energy to mobilize something like this. I fear we're going to lose momentum. There's so many arms to this, we need to be able to -- I see the next steps in my head. I want to get people here but there's so many variables in being able to do that, from the funding to organization to everybody's every day lives. We finally get the steering committee up and running, the summer is coming. So I realize that there's a lot of things that we're going to have to work through. When all this started I never heard one no. I never heard no from anybody. I asked what we were going to do. So I know the energy is there, the location is there, just keep it going, right.

Unidentified Female:

Right, yeah. (Inaudible).

Unidentified Female:

(Inaudible).

Gerry Rogers:

So you're looking then for some kind of something, whether it's a body or an agency then, to be your coordinator to make sure that this actually goes forward.

Unidentified Female:

I guess part of it, there's more, there's little steps that I see we have to make. There's bigger things that I want to do. It's not just me, there's so many other voices here. I mean, one of the things I want to see is to bring some of these people from BC and I want to see how we can make this happen here. But that's my priority. There is so many other people here who can have so much more to add. So I guess we have big goals, we have little goals. I'm trying to take little goals at a time. Give it some indication from different places that we may be able to get some funding to even get somebody down here to speak to us from this program in BC. I know they've been very interested in being engaged. So,

again, we have work through a lot of that. So I guess that's where we are. Right now we have a piece of paper with an action plan that in a perfect world would make our community look very good on a mental health perspective for our youth. So I want that to happen. That's the end goal.

Christopher Mitchelmore:

Sounds like the community capacity building program could be something that could be tapped into to bring in travel for someone with that expertise. So there may be some opportunity (inaudible).

Unidentified Female:

So any suggestion. We have some people on the committee who are very, know lots about this stuff but anyone who's (inaudible).

Christopher Mitchelmore:

(Inaudible).

Unidentified Female:

Yeah, we'd love to get some suggestions.

Gerry Rogers:

Some of us could push on your behalf.

Unidentified Female:

Yes, yes. Thank you for the opportunity for coming in here today actually. We appreciate it. (All

talking at once).

Unidentified Female:

I work with Violence Prevention (inaudible) but I'm also on the Provincial Advisory Council for the Status of Women and we presented several years ago now and still continues to have conversation of developing a community model. As you heard most of us say, as non-profits we share the same board, we work on each other's boards and we've been trying to have a community model that would house us in one space where we can make better use of the resources and the funding and the expertise.

I've listened to a lot of stories here this morning. I have a couple of things I wanted to say. I've been deeply touched and moved and I understand we need to come together to make this a community issue because violence hasn't been mentioned much here this morning but it's very much an issue and a lot of what everybody is talking about. So I think that that could be dealt with on a community level because, sadly enough, I've been around for a few years. When we first started, trying to take violence away from women. Violence is not a women's

issue, it's a community, it's a social issue but if you look at how things evolve it's back to being a women's issue again. So we know we've still got a long ways to go. And when we talk about addictions, and God love Phillip for speaking up, I myself has a family member who says the only thing that can kill his pain and his rage is cocaine, and we hear that all the time. So when, we as antiviolence in women centres, see people in our office they don't come and say I'm a victim of violence, they come with (inaudible) issues, they come with addiction issues and several others. So coming together as a community and having that support from government is so very crucial at this time in our lives.

Dr. Bruce Gilbert:

Barry has a comment now.

Barry Manuel:

I was just going to say, I mean Lorraine has said it at the end there, the support of government, from a provincial government standpoint I mean that's what we're looking for, Lynette is looking for support. And we recognize that the issues that have been spoke of here, they exist here loud and clear, but the other thing from a provincial government standpoint

that may be obvious is that this not only can have direct positive impacts here in Grand Falls-Windsor, but if we're allowed and able to carry out the work here it can have far reaching benefits. I mean other communities in the province, the ripple effect from the work that gets carried out here and what I would believe to be a success could help all over the province and even further than that. So that's important when talking about today's model.

Christopher Mitchelmore:

Yes. So it certainly seems like you've built a capacity here. You have the team, you have the groundwork, so it would be a great place to model.

Unidentified Female:

Two weeks ago I was in Halifax on the Atlantic (inaudible) Conference and the whole premise of the conference was all speaking about the bubble wrap generation that we're raising and injury prevention as being right from the beginning to our parenting programs and teaching children to be resilient. It just gave me a whole different brain on looking at it, you know what I mean. It starts right from birth to death. We all have a piece in that somewhere.

Unidentified Male:

Okay, thank very much. I have two things to say. (Inaudible) the Office of Public Engagement, one of our three, four lines of business is collaboration support. We have trained partnership brokers. In fact, (inaudible) who lives in Springdale is up there organizing that room right now for tonight. She's not only a trained accredited partnership broker but now has trained a trainer and has been flown around the world various times at other people's expense to share her skills. We often put our field workers in the camps of clusters of groups that want to move things forward. That's one thing. The second thing is that there's a new fund being rolled out in the Office of Public Engagement called the Collaboration Incentive Fund which is meant to be a flexible, small pot of money to help new collaboratives come together, and that's why I wrote that down and gave it to you when we (inaudible). There are some new things out there too that you discovered here today. Thank you.

Bruce Gilbert:

And may I remind you, that this evening we have two hours to get into some very deep conversation about some of these options and possibilities, so I would like you all to show up to that. It's going to be good. And next up we have Mr. Corey Bradbury. Well, Corey you got 15 minutes. I'll give you the little notice thing, if you need it. Maybe you don't. Take it away.

Corey Bradbury:

My name is Corey. I'm a recovering drug addict, alcoholic and (inaudible). I first was diagnosed with mental health when I was 19 years old. I think I heard a lot of good things said here today, that if somebody jumped in and helped me prior to my late teens things wouldn't have happened the way they did, but it happened for a reason and what that reason is I don't know yet but there's a purpose and (inaudible).

I've been a drug addict and an alcoholic, like I said. I've been, since the age of 13, I've been working on the street. I done the streets in Ontario and (inaudible) in and out of jail, the whole nine yards. And I got clean and sober in October of '97 and stayed clean and sober for 13 years. Got quite involved with 12-step programs and going into the men's jails and putting on 12-step meetings. Where they can't get out, we go in and put meetings on and I get a lot from that.

My issue with issues I have is having people around me that's walked in my shoes or I've walked in their shoes. If you haven't walked in my shoes, you don't know what drug addiction, alcoholism or mental health is. I am all three (inaudible). I was somebody suffering (inaudible). And I really thank the committee for getting together and starting to look at ways that we can better the system to create less of us, our younger people and turning into full-blown addicts, alcoholics and to deal with issues of growing up, of abuse, the physical, the sexual. There's so many issues that some of us kids have gone through and are going through today and if

that's not dealt with, this is what usually happens. We run to alcohol, drugs or something to mask the pain, to mask the shame, to mask many, many, many different things.

And now, like I said, I got clean and sober in '97, I was living on the streets. I was found rolled up in a piece of carpet behind the Salvation Army Thrift Store in the middle of October of '97 with my brother who passed away two and a half years ago. I carry him with me. Got his ashes on my cross on my chest here. And we both rolled up together and slept that night. And I woke up the next morning by a police officer. Somebody was after going to the police and thought we were a couple of bodies murdered and rolled up in carpet and left for dead.

Now, I was in a lot of old spots in my life but that was the lowest of the low, and that day I decided to make a call. This was in Brampton, Ontario, to the detox centre, and my brother who is a diabetic, I take care of him while we were on the streets, (inaudible) for food and I would wait, I remember one time waiting behind this pub that used

to have a sausage and hotdog stand out front and we'd wait until they pulled away and then any garbage they threw in the garbage or hotdogs on the ground we'd pick up and that's how we go through life.

But I went to detox and they were for seven days and the frustrating part about going through that process was I had to ask for help. When I went to the detox that day my brother told me that he had called the hospital and said that there was a bed open for him, and that was the first time in my life that I was put in the position that there was only one bed, me and my brother both needed it, and I got very selfish at the time and said I need this bed and so on and so forth. My brother got very upset, started screaming he was going to commit suicide and all that, and so my journey began, and they'll only hold you for seven days. After seven days you're out the door. Now I told him if I'm out the door in seven days, I got nowhere to go. My mother is here with me. She's been a great supporter. God love her. There is one (inaudible) when I was trying to find a place to stay behind her house and in the garage or anywhere (inaudible) and she was upstairs

in her bedroom looking out and I knew she couldn't do anything for me. And that was quite hurtful when I (inaudible).

But anyway, when I was at the detox I told them if you let me go after seven days I got nowhere else to go. Now it wasn't offered to me, I had to ask for it and they set up for me to go to a safe house for a month because they had somewhere for me to go for three month but again that was a treatment program in Northern Ontario which I think should be also here in Grand Falls-Windsor.

Now, my experience over in Nova Scotia, I moved to Nova Scotia and was quite involved again with 12-step programs and so on and so forth, and the mental health system over there is amazing. They would have programs, six- to eight-week programs where it got us with mental health issues out of the house. All in one spot, all understanding each other and would have different activities for us to do from eight to four o'clock in the day which really helped. It helps target the real issues that we were dealing with and it give us an opportunity, a right out, issues and

problems and having them addressed and that kind of thing which I think we need more of here in Grand Falls-Windsor.

I struggle here in Newfoundland. I have dealt with depression, clinical depression and generalized anxiety for 24 years now and my last bout of depression hit me just over two and a half years ago and I'm still going through today, struggling. I get out of bed, I'm a lot better over the last five or six months. At least now I'll come out of my bedroom and just a couple of weeks ago started back full time. So I've come a long ways and that's through wanting to commit suicide every day. Every second of every day I wanted to commit suicide. (Inaudible). I felt there was nothing, there was nothing to live for. I had a family member this morning which cut like a knife and this kind of explains the stigma around mental health and addictions because we are judged. I feel we are. And I'm no different than you. I just made some wrong turns and made some wrong choices along the way and I had to learn the hard way. But, yeah, it cut like a knife. I got to say, it's a family member this morning concerning

mental health and depression and I guess he's from the era of not understanding his conditions. And he said to me, he said, Corey, he said, it's all in your head. And I looked at him. I said, you know what, no, it's not all in our head. If it was all in my head I would be able to do a whole lot more than what I'm unable to do over the last 27 years. I would be a lot further in life. I'm feeling know that I'm getting around, I'm feeling better. I've got goals. I want to become mental health addictions counselor and if I got to die trying that's where I'm going. But with responses like that, it only sets you back a little bit and it makes it harder to (inaudible) with mental health and addictions.

I can keep going on but that's about all I have to say. It seems like to me in the last little while I'm grateful that this is happening. I feel that it's taken the death of Robin Williams for something to start happening. Why has it taken so long? I had many friends commit suicide. I tried to commit suicide. I thought about suicide every day (inaudible). I could be one (inaudible). So there's something has to be done. There needs to be more and

more support. Right now I have a psychiatrist that sometimes my appointments are cancelled on the day of the appointment. I need to see my psychiatrist. I need that connection. I need that support. I need that help. I have a mental health addictions counselor who I see on a regular basis, sometimes cancel appointments. My family doctor, I'm doing all the things that I need to do and I'm going down all the avenues that I need to go down (inaudible), but there's so many roadblocks and the wait. I've got to fight myself. I have to push myself every day to get (inaudible).

Unidentified Female:

So when you get these cancellations, usually how long is it before they can be scheduled? Is it a long wait?

Corey Bradbury:

Sometimes it's upwards of a month, towards a month and a half. Like I said, it's only in the last six months that I started on a new medication. It has really done wonders but I've fallen back again and the level is at the maximum level that it can be at now. So right now it's just trying to push myself to do more than what I've done before. (Inaudible), the

last two and a years, it's only been the last six months I've come out of my room.

Christopher Mitchelmore:

Corey, I'm really pleased that you came and presented and shared your story that you have and just knowing how helpful you've been to other people with 12-step programs and your want and desire to become a counselor and I encourage you to keep doing that. I have a question around when you were in Ontario. Was there a wait list or you can just walk in and get to detox service (inaudible)?

Corey Bradbury:

Well, you just walk in, there's a bed. If there was a bed open you can walk in. Walk right in and get it (inaudible) for seven days and however (inaudible).

Christopher Mitchelmore:

So you've kind of highlighted some gaps that we have around our wait list and around safe houses and different services that we don't have here.

Corey Bradbury:

Like now, like I think right now some people might oppose it but I think the methadone program that we have, I don't think it should be. I think the money should go somewhere different. I was on opioids. I

detoxed myself. It was the sickest thing I've ever gone through for two or three days but then I was over it. I see it. I see the methadone being used and abused and I think if you're an adult enough or man enough or woman enough to pick up that drug, you got to be man enough or woman enough to lay it down and go through what you have to go through to get through it, so.

Gerry Rogers:

I'm really, really happy you're here, Corey. Have you hooked up with the correctional, like, with Bishop's Falls here?

Corey Bradbury:

I'm going to. Yeah, like I say, I just started coming out of my shell the last couple of months and started to go back to 12-step meetings and (inaudible) had another organization. I don't know if anybody has heard of it, CHANNAL.

Gerry Rogers:

Yes, we have.

Corey Bradbury:

Yeah, fortunately in Grand Falls-Windsor, I started going there on a Wednesday night with a core group of maybe six or seven of us and (inaudible) group here

in Grand Falls-Windsor was called to St. John's. And there was nobody to put in her place. Instead of having somebody put in her place before she left, it would have made all the difference in the world. Now Wednesday night comes around.

Unidentified Female:

Did you say CHANNAL?

Corey Bradbury:

CHANNAL.

Unidentified Female:

Yes, okay. Yeah, (inaudible).

Corey Bradbury:

Yes, she was taken and, like I say, went to St. John's and we were told there will be somebody coming to take over the program.

Christopher Mitchelmore:

And I think that goes back to one of our earlier presenters, Phillip saying around relationship and that transition.

Corey Bradbury:

Right now, sorry, just to jump in. Now it's another trust issue because I don't trust easily. Now with somebody new coming in and now I got to get comfortable all over again to open up and feel safe.

Unidentified Female:

If I may, I'm related to Corey, so I've been here listening to him and I got to say good on you. (Clapping). A man earlier was speaking about relationships and that is very important. I know you can't pick and choose who you want to see. I worked with the Department of Justice. I'm an adult probation officer. I found that about Lynette's (inaudible) youth. I worked with youth from 18 to 33. I see drug addiction in my office every (inaudible). Relationship issues is right and Corey can probably attest to this. A lot of people that I see in my office sometimes that's one of the biggest issues and we're trying to get them to their goal in mental health and addiction services. Some of them seen some of the workers there. Who might be good for one person, doesn't really fit the other person. And I say to them because they don't realize that they can move up and say no disrespect but I'm not comfortable. I'm probably not comfortable talking to a male, I'm probably not comfortable with this person because she's overbearing. Just tell them you're not comfortable and someone else will see you. And if you go over there and they're recommending group

(inaudible), you're not ready for group, tell people that because relationships, it's like we have one, they all do good work but we have one worker in particular and she's just fantastic with clients that go in because she was obviously (inaudible) good relationships. So I have to say like relationships is a big piece.

Gerry Rogers:

And I wonder, is anybody else offering kind of peer support groups here?

Unidentified Male:

Yeah, there is. Another one out in Mount Pearl is Better Days Support Society.

Unidentified Female:

Yeah, that's (inaudible).

Unidentified Male:

Yeah, and Better Days it's called, Better Days Support Society. That's Robert Bishop. He's a suicide awareness or assist, is it?

Unidentified Female:

Yeah, he's (inaudible) assist.

Unidentified Male:

I have spoken to him a couple of times and I think down in New-Wes-Valley there was a (inaudible).

Gerry Rogers:

But nothing here directly linked. Maybe somebody needs to start something. Is there any plan for CHANNAL to bring someone here? (Inaudible)?

Unidentified Male:

Yeah, there are. There's a job posting for her position. I think, it's either this week or next week.

Unidentified Female:

I won't be present tonight. I don't know if there's such thing as this being nonpolitical and tonight being political. I have no clue.

Unidentified Female:

No.

Unidentified Female:

But I still have to put my political punch in. That we have been for years talking to, and I will say violence prevention in general, about you are never going to help people get through violence and mental health issues without helping people who have addictions and who are violent. And we're working on the violence prevention program that started in 2006 was supposed to end in 2012, we're still status quo. Our suggestions were put forth that there needs to be

programs for men who abuse and men who have addictions and whatever. And that got taken out. And so politically speaking, I would like that to be noted that that's one thing we definitely need to be put back on the agenda for government. That we cannot continue to help victims if we don't. People who are addicted are victims. I don't know if anybody who is a victim that doesn't have some kind of a mental health problem and they need help too.

Unidentified Female:

Dr. Gabor Maté says that addictions start with pain.

Unidentified Female:

I've seen that on Facebook.

Dr. Bruce Gilbert:

Okay, any last comments here for this gentleman?

Gerry Rogers:

Thank you so much. Good job.

Dr. Bruce Gilbert:

Okay, our last presenter for this session this afternoon Angie Willmott. Angie is the President of the Newfoundland and Labrador Counselors and Psychologists Association. Correct?

Angie Willmott:

Yes.

Dr. Bruce Gilbert:

Take it away. You have 30 minutes. I'll give you a little longer.

Angie Willmott:

I'd like to start out by thanking you all for this opportunity and listening to the previous presenters just gives me hope. And like (inaudible), I went through a period of feeling like in my own job that I don't think I can keep doing this. This is not sustainable. This is taking the life out of me, and then I became more involved with my association to try and make change and very hopeful that we can all work together to make positive change and move forward. So I'm here today representing the Newfoundland and Labrador Counselors and Psychologists Association. So we're a special interest council of the Newfoundland and Labrador Teachers Association. So we're professional counselors and psychologists that work in the K-12 education system. And so we have our own special interest council because our needs are unique to typical teachers. Our focus is advocacy for our members and professional development. As with other education folks, our primary purpose is to guide our

youth in reaching their full potential so they graduate from our K-12 system as independent and healthy young adults with clear direction, skills and motivation to engage in fulfilling careers and lifestyles and positively contribute to their communities. So that's our goal, is that everybody leaves being highly functional, happy and productive.

We also have this special responsibility of being in loco parentis which means in place of parent. The legal responsibility of a person or organization to take on some of the functions and responsibilities of the parent.

When I started almost 20 years ago in this area, that meant something different than what it means now. So that's really ballooned to fill the role and the responsibilities of parent. And I see much more in my role as a school counsellor today doing many more things that I would presume a parent would do.

So what do we do? We have a unique skill set for the purpose of addressing a continuum of needs presented by the K-12 population. That actually goes

from say Kinderstart to what we call Level IVs, Level Vs, the students that stay on. Our training combines primary mental health care, wellness, child and adolescent development, psychology, counseling, assessment and education. So we've got a broad scope of practice.

We also have unique access which I think makes us very important in this mental health and addictions picture because we get to have access to the K-12 population for the entirety. So it enables or the potential is there to have consistent continuum of service from prevention and strengthening, resiliency building to intervention for 13 plus years across student development and learning, right. It is very unique. And I push this because even with the primary health care I felt in talking to other professionals many people aren't aware what we do, so that was something I wanted to do today.

We know that research clearly indicates that prevention and early intervention is key when you're dealing with issues of learning behavior, emotional mental health. And without support individuals who

are struggling will often develop dysfunctional coping skills which further complicate and extend the scope of necessary treatment. If you get treatment early you can go on to reach your potential and be highly functioning. The longer you wait often the more problems are there.

Stéphane Grenier spoke last year, we were at a conference, talking about prevention and the importance, and one of the stats he shared was every dollar spent in prevention saves you four dollars in intervention costs down the road. So certainly prevention saves money.

Talking about Gabor Maté, who we also had this year at our conference, a phenomenal individual, renowned addictions expert, and he said we really need to refrain how we look at people with addictions issues. The source of addictions, he says, is not found in genes and it doesn't suddenly happen when you're an adult. But really, a primary cause is early childhood environment. And he looks at early adversity, stress, mistreatment and certainly childhood abuse increases the susceptibility to

addictions through the impairment of neurobiological development which then impairs the brain's circuitry that's involved in addiction motivation and incentive. So in a sense you exhaust the brain. A small child who's doesn't have a sense of safety, who doesn't have a sense of security and they're stressed to the max, their brains are exhausted in the sense of balancing that natural self-regulation of your brain chemicals. And please jump in if I say anything wrong.

So then at that point as well Dr. Maté would talk about as a small child you learn to cope and your coping mechanisms as a two-year-old or a three-year-old keep you safe. But holding on to these coping strategies as a 15-year-old, 16-year-old, 25-, 40-year-old are not functional and even though they help you feel safer they actually cause greater dysfunction in your life. So I encourage anybody to research Gabor Maté. Lots of stuff on YouTube as well. He's phenomenal. He also talks about from the flip side -- I could talk about him for 30 minutes easily. Even the suppression of your emotions, he looks at emotional health and looks

at the network in the brain. Emotional health and physical health use the same system in your brain and so suppression of your emotions is actually highly correlated with autoimmune disorders because if you suppress your emotions you're suppressing your immune system. So we need to refrain how we look at health and mental health. They're not separate. They do go hand in hand. They certainly affect each other.

A few stats, you have an idea of what we kind of deal with in the school system, these would be traditional stats. They've changed somewhat. We look at about 15 to 20 percent of our population traditionally would have learning disabilities. With the new DSM-V we suspect, as assessors, that we'll be seeing that increased to 25 to 30 percent of the population.

We have typically five percent with Attention Deficit Disorder and you see a comorbidity often between learning disabilities and ADHD which further complicates that.

Ten percent LGBTQ, lesbian gay bisexual

transgender career population which is much higher risk for mental health issues, drug addictions, due to high level of discrimination that's still present.

It's been said earlier, 70 percent of mental health issues become evident in childhood or adolescence. So we see about 15 percent of our population with mental health illness or mental health issues. And I just listed some of the things we see.

In terms of depression, we see about 12 percent in female and it's only note as five in males but males represent their depression differently. Females will be more sad. Males tend to act out and be angry. So often when you're dealing with a very angry young man, it's very likely he may also be depressed.

So in terms of a breakdown, theoretically this would be how we deliver service. Okay. So we try to do, and I'll get into some details of this, we do a school wide, our aim is to do school wide intervention, psychoeducation, strength building. We do that with all the population. It works for about

70 to 75 percent. That's all they need and they go on to live very strong lives. Twenty to 25 percent tend to need more intervention that's more specialized, and then we have about five percent, they require ongoing, more intensive service.

So just to give a little rundown. In terms of the school wide stuff, in terms of our scope of practice, counselors try to focus on from the K-12 population, building your identity, your sense of self, what you want to when you grow up, what you are, what makes you special, social skills, healthy relationships, wellness, assertiveness, understanding mental health anxiety, healthy coping skills, emotional intelligence, resiliency, sexuality, sexual identity, all of these things. So it's a broad scope, and then in the higher grades looking at more postsecondary, motivating them to extend what they do, look at enriching opportunities and set goals for themselves.

We also look at ideally the implementation of programs such as Roots of Empathy, Friends for Life, our Safe and Caring Schools policy, establishing GSAs, career development and so.

With respect to the intervention group, this is where we get into group counseling, individual counseling, more focused work on developing resiliency skills. We do a lot of detective work as counselors and school psychologists to see what's going on with a young person so we know whether or not we need to refer and how much work we need to do. So we investigate size of emotional behavioral disorders, we assess and diagnose intellectual disabilities and learning disorders and so on, involved in program planning, and then look at referrals when we have a clear picture of where to send them.

Like I said, optometrists, family doctor, I've brought many young people straight to a doctor's office. They hadn't seen a doctor in many years. I brought them to the optometrists and gotten their glasses paid for. So our role has certainly broadened in terms of in loco parentis and what we are expected to do.

In terms of the five percent that are more intensive, these would be cases where there's higher

need, more complicated, comorbid diagnosis, more issues and many of these would require more ongoing care, even upon leaving school. Usually multiple agencies involved and lots of meetings and team work there.

So, in terms of this delivery of service, the theory of it is based on a recommended ratio of one to 300. Actually, it was one to 333 when I came on in '95, and the Warren Report reviewing education encouraged a one to 300. Currently our professional governing bodies recommend one to 250, and in terms of school psychologists we encourage a ratio of one to 1000, and the North American School Psychologists Association recommends one to 500 or one to 700 for a school psychologist.

And the rationale of that, there was a nice lead-in earlier, one of the big things is the relationship building. There is a sense that as a counselor or psychologist or a psychiatrist you have a magic wand, right, and you just look at somebody and you know exactly what is going on. And that is not the case, no matter what your skills are. So in

terms of being responsible for a group of people and their development, the rationale is that a student body of 250 allows one professional the opportunity to follow these people, to develop relationships, to develop trust, to have that comfort both ways. And that allows you as a professional to see changes in behavior. It encourages a young person in crisis to come to you earlier. And it also has the family and the youth more onboard with you when you feel you need to bring in outside agencies. So, it works so much better. It allows you to manage caseload. So certainly if you think about the previous pyramid, when you're looking at 30 percent of a population requiring much more service, in a group of 250 that would be 75, and then the five percent that are much more intensive, you're looking at 12 cases there probably daily. You need daily intervention or daily support to them.

What I find as well, what I've seen is that when you have this one to 250 and you have a consistent individual, it's not just for their reaction to what's happening but the prevention and encouragement. When you know kids year after year

after year, the amount of support and encouragement that you can put in place to help them reach their potential is priceless. When you get to know a child and you can encourage them in certain directions to develop their gifts and focus on their strengths from a preventative perspective versus react when it becomes a crisis is certainly what we'd all love to be doing I'm sure.

With respect to the school psychologist ratio, certainly that part of the reason that's recommended is to get to assessments in a timely manner and have the diagnosis in place, referrals done in a timely manner, and to allow for regular consultation and collaboration. So that's the rationale of how it should all work.

I'd like to touch on some challenges that we have. This year I came on as the president of this association and wanted to get my head around what is it actually, because I know of counselors who do work in the one to 250 ratio and do amazing things and I know counselors who have got over 600 students in a junior high and, really, this group -- and the ratio

technically right now is one to 500. Many counselors say unfortunately they get to spend time with 30 percent of the population. So unless you're in crisis, you're really not going to get any service. So a lot of these beautiful things that most people go into counseling to do, to support and encourage development, they really don't have time to do. And that's slipped away for quite some time, actually. We've been very concerned about the past, that things were on for a number of years and we're really glad that everyone is seeing it now and coming together. So we're very concerned about the fact that there's a little to no time for preventative work. Ninety one of percent of the school counsellors that are surveyed said they feel in order to do their job and help students, they should be spending time on prevention and mental health programming but they're not able to because they're dealing with intervention and crises, which is a shame because you've got such a qualified, competent group of people.

We also have an adequate allocation of school psychologists. One reason for that, I think, is that we've pulled back in terms of accessibility to the

Faculty of Education for people with strong backgrounds in psychology, because you have to have two teachable areas to go into education. So in order for people who love psychology to go into education, they're kind of penalized and will have to spend another year. So that's something we're working on with another group of stakeholders to really hopefully relook that because we really need more psychologists in the system.

The downside of not having enough of these folks is that more of that is downloaded to the school counselors, and that's become a priority for school counselors, unfortunately, in the last number of years. The last several years it's been one of the top three priorities is for counselors to do an assessment, and the past year we've been encouraged to not only do comprehensive assessments but to also diagnose.

I started out as a school psychologist. I'm a registered psychologist, that's my area, I don't mind doing that. But for people who came a different route that's very charging and it's very concerning

to me from an ethical perspective as well. When 77 percent of school counselors say that they're spending most of their time doing assessments, that's a concern when we're dealing with so many mental health issues and not being able to do preventative work. So that's something I would love to see change for sure.

And actually, we're the only province in Canada that requires our school counselors to assess and diagnose, which I'll let that one sink in for a second.

As well, we've got a significant increase in disorders. We've seen a 600 percent increase in autism. Right now, the prevalence is one in 68 or that was a couple of years ago, it's probably gone up again.

Significant increase in self-harm. I'm seeing personally dramatic increase in girls cutting and boys self-medicating.

Again, the learning disabilities piece, we're

going to see an increase there because the DSM-V is changing the criteria. So, that increases our assessment piece and it increases children being diagnosed.

One of the things I seen, and I don't want to spend too much time on this but in terms of what I would see as non-appropriate referrals to psychiatry, to family medicine and even to myself in crisis is sometimes the stress-prone lifestyle where if I ask a group of grade eights who goes to bed with their cellphone, all of them put up their hand. And that's scary to me. We're seeing excessive technology use for gaming, social media and the social media is scary, ask.fm, snapshot. I mean it's creating a whole world of mental health issues just with that. Going to bed watching Netflix all night on your tablet. (Inaudible) is not for grade sevens.

We're seeing a reduction exercise, reduced healthy diet. Our parents, the parents of kids have mental health addictions issues, poor work life balance. If a family is struggling, the child is going to struggle obviously.

Minimal sleep. I said to kids, if I took away your ability to sleep and gave you chronic exposure to gaming and social media, you would present with a anxiety-type behaviors. Right, you would. You could all go to your family doctor with your symptoms and probably come away with medication. That frightens me. We are doing something new in education. This year we started this digital citizenship to work from K-12, I think, on healthy use of the internet.

We also have the high highest rate of child luring in Canada, in Newfoundland, right. So we need to help our kids use their computer wisely. So, obviously if you have an underlying condition, mental health issue and you're not getting a good healthy lifestyle, that condition is going to be aggravated. My high (inaudible) are at higher risk, and the general population is going to present with negative side effects obviously. And what I seen is certainly what I would call a blurring of the lines of organic mental illness. I don't know if that's, that's something I put in quotes, and the natural result of ongoing unhealthy lifestyle. So instead of seeing these clear statistics, what you're seeing is this

scary yellow area is coming really early and you're seeing more crises than you really should see. And so, I think Stan Kutcher would tell us we need to tease these apart and really get a clear picture of who needs to see the psychiatrist and who needs to have more parenting skills and a better routine.

Stan Kutcher has done some fantastic work and he's saying we're protecting our kids too much from the basics of stress and anxiety. If you don't learn to deal with some anxiety in a normal lifestyle then how are you going to learn how to cope with your life? And so I hear kids to do all the time saying I got anxiety or I'm afraid of anxiety. I'm staying home because I'm anxious now, and it's just snowballing. So, certainly we need to do more work in that area. That's a huge thing. We're becoming very reactive and labelling much too quickly.

Let's see, some other challenges, I will move on. Mental illness stigma is huge. I think what the Killick Centre is doing is phenomenal to bring health and mental health together. And in addition to that, Stéphane Grenier would say because of the stigma

there's also an issue of peer support is missing, because if you're presenting with something that I feel I'm not adequately trained to deal with, I avoid you as a friend until you're diagnosed and get the help you need. So, in terms of reducing stigma I think we increase support for people on the broader scale.

LGBTQ is still huge. I would say it's less than an issue in our schools than it is in our communities though. I think there is more of an issue with the adult population than the kids. We're getting kids come out sooner and present at an earlier age but our communities aren't able to deal with that. I'm seeing more families removing children from the home, going in some drastic directions to stop them from LGBTQ. So we need to do a lot of work and I think it has to be community-based focus.

The lack of coordination of services for us is huge as well. Like your psychiatric nurse, I feel like school counselors are doing a lot of this coordination services intake. We're doing detective work with kids and trying to figure out all the

different areas that we need help with, and that's typically at the high school level. The younger kids sometimes, it's harder to get at. But it's really difficult for members of our community, especially I mean for anybody, for me as a professional it's hard to know what's out there. But for anyone who's in crisis or has a cognitive deficit or mental health issues (poverty, working poor), people who are dealing with certainly mental illness and mental health issues also have a self-esteem issue from that and they tend to judge themselves much more than the rest of the people around them. So they're less likely to seek help. So we need to make it easier.

Depending on individuals to seek everything out and identify what they need for themselves, it's an impossible task I do think. And so what happens is many families are not getting access or regular access to what they need. And so, if parents aren't getting that, that's aggravating children. The most challenging cases I deal with are cases in which parents have mental health issues and addiction issues. They're not getting what they need and there's no consistency and support for the children

and the children are in crisis. So for me to intervene with a child and put them back in the same situation, it seems kind of crazy to me.

And in terms of access, the school is a bit of a dumping bridge. So if you're not going to seek service or you're not going to your appointments, you're still going to school typically. So, we get a lot of families coming to us, a lot of children coming to us because of the familiarity, the comfort level, the location, they don't have to go out of town or if they do a school bus is bringing them to the school. And the label, I mean for someone to come to see me as a school counselor they are much less intimidated than if I say psychiatrist. Even though if they know I'm a psychologist, they'll say are you a psychiatrist? No, I'm a psychologist. And that seems okay. So that means I'm not crazy, I can talk to you.

So in terms of recommendations, number one, we need improve allocations for school counselors. That is huge. And let us do our jobs. And I'd love to see more school psychologists there. I think the

allocation right now might be fine, we're just not filling all the positions adequately for school psychologists.

We need to do more prevention. I think the mental health and health, how we live our lives, that needs to come prenatal preschool. I mean we do a lot in the K-12 but families need to know this stuff. Pregnant women to need to know the impact of emotional stress on the developing brain of the child. They need to know that. We focus so much on prenatal medical care but we overlook the mental health care. And parenting structure and support and healthy stress.

Public access to psychotherapy. Research shows that medical interventions not only for depression and anxiety works as well or better than purely medical intervention or drug therapy. And we need to broaden that scope of access for people.

The 16- to 18-year-olds, this is another beef for me. I've lost three 16-year-olds because they dropped off the face of the earth. They were getting

intensive service but when they hit 16 the legislation does not allow us to require them to continue to get care. So, as a 16-year-old with the maturity level of an eight-year-old you can decide to go do whatever you want and that may leave you in a shelter with adults in St. John's or it could leave you on the street or dead in a ditch. And that bothers me so much because it's such a waste of life. So I know there's legislation on the table to be looked at, it's being pushed and I hope government moves forward with that.

Affordable housing, obviously someone else had said if you don't have a safe home to live in, a consistent home, how can you be expected to live a normal healthy life and be happy. So affordable housing is important.

We need more community-based work for reducing and removing stigma. More coordination of services. To hear what's happening in Grand Falls excites me so much. And I know you're lucky you've got the grouping of people you have to access. The geography of Newfoundland makes it difficult. My high school

takes in 14 communities, so people are bussed from around and for them to have to go from one end, to drive for an hour and a half to get an appointment is less likely to happen. So the collaboration is really important. And to ensure that us school folks are not left out of that piece, because I feel often that people (inaudible) we're just teachers, so we can't have a valid role to play. And I think we have a very valuable role to play.

We need to take down the silos and work together. We've got one government paying the bills and it's not very efficient financially, I don't think, to do it that way.

An effective intake system. First point of contact should be able to give somebody a clear picture of where they're going. And this last one was my personal thing. I don't know if the rest of my executive would agree with that, I'd love to see a reevaluation of this thousand-dollar, the Danny thousand-dollar baby bonus thing. In my area in particular, I see it as being very tempting to young people who are trying to get out on their own, who

are fighting addictions and I'm seeing a lot of these babies taken away from them. So I'm just curious if it has worked well globally and maybe it is just highlighting another issue for us, I'm not sure, but I'll just throw that out there for you guys. (Inaudible).

Unidentified Female:

What I would really like to add is how we have seen coming up from time to time about the linkages between the schools and (inaudible). So I see it on (inaudible). So thank you again for coming in.

Christopher Mitchelmore:

Angie, I really like that you put forward the recommendations that you did. It shows some collusions and suggestions moving forward to the Committee. At the St. John's session I sat at a table, round table like we'll do this evening, and one of the people there was a counselor and talked about the allocation is a very big issue and there was a lot of dialogue with a parent and counselor. It was really good discussion to be involved in. So, and when we were in Labrador I was sitting at a table where a pregnant mother was talking about the services pre and postnatal. So we are getting a

broad spectrum as we travel across the province, so it's really interesting the dialogue and what you presented is very important, so thank you.

Gerry Rogers:

And great, and it's kind of interesting to see that we started at 8:30 this morning and we've been kind of losing intently, but hopefully we're listening with the intent to really hear and I think we've heard so much. But everything that we have heard people are constantly talking about early intervention and prevention and, boy, (inaudible) starting schools there as well. We have those kids and you have those kids for so long and what missed opportunities because (inaudible) properly. And can we have your slide slow?

Unidentified Female:

Yeah, I sent it but I don't know, did you send it them or?

Unidentified Male:

We can do that.

Christopher Mitchelmore:

If I can just make one more comment. I would say that something that came across that's really important, or I think it's important, is the mention

that you make of lifestyle, and the lifestyle we all have and share and how important that plays into the role of mental health and addictions.

Unidentified Female:

The other piece is we're constantly, in terms of PD, giving tools to our counselors but a lot of times they're just run so ragged and we hear them say it bothers them to know there are kids that don't come because they don't want to bother you. You're so busy, you look so stressed. I don't want to bother you. And we know in the counseling field a young person may come to you with one little issue just to test the waters to see if you're ready for a bigger issue, and as they come repeatedly you get the full picture, and it may take months for that. But if your door is not open to them, that's a missed opportunity to help somebody.

Gerry Rogers:

We heard a lot from frontline workers, too, who are saying so emphatically that they need more professional help and training. They are hungry for it and also critical supervision, and I'm wondering if that's the same for you folks. But yeah, this whole thing of technology and the use of technology,

I think it's really, I keep asking people what's happening with our youth. And I can imagine it's really fragmenting their lives. I know I get sucked in, in my (inaudible) but also the level of violence, violence and annihilation that they're exposed to and their little minds can't process that.

Unidentified Female:

Call of Duty is played by grade twos.

Gerry Rogers:

Yes.

Unidentified Female:

I mean, in Japan anybody younger than 18 you're charged. If you expose somebody under the age of 18 to these games, and yet it's scary.

Dr. Bruce Gilbert:

Sorry for making you uncomfortable.

Unidentified Female:

No, that's okay.

Dr. Bruce Gilbert:

I'm giving notice now. Thank you very much. Well, to wrap this up and then (inaudible) got food, particularly these people that need to eat something in the next 50 minutes. I want to thank all of you for coming and sitting through a remarkable

afternoon. Nine excellent exceptional presentations from my perspective. I encourage you to show up tonight, just down the hall here. That'll be different but you'll have lots of chance to talk with one another there. No, I have no minutes. I don't know if there is any closing word here except to say that we'll reconvene. I would like to thank Central Health, I would like to thank all people behind the scenes, Health and Community Services and mostly I want to thank you for coming and being here.

Gerry Rogers:

There's also a new organization that started in St. John's that attempting to be province wide called the Community Coalition for Mental Health. I know Andy is a member and you can (inaudible). But you can go to their Facebook. It's CC 4 MH and you can't leave anything on the thing but you can send them a message if you're interested in joining.

(Afternoon session concludes)