

Labrador City – Question 1:

Please share your perspectives or experiences with the regional and/or provincial mental health care system.

Challenges faced by women fleeing abusive situations -- have a really positive relationship with the mental health services. With community changes there is increased stress leading to increased violence leading to more stress on community organizations.

Recent drug bust lead to more violence.

Major challenge for many people with complex issues is housing. Landlords not allowing them in building.

There is a housing unit being built - within next 6 months completed - it is for single parents.

Concern about aboriginal children and services available. There are numerous families trying to access services re solvent abuse. There is a gap particular to the coast. Aboriginal services look totally different than that of our own children. The facilities are excellent that we have.

Rental is high but is slowly going down. Availability is more but again is slow. The problem though is the reluctance to take people with complex needs into buildings with other residents.

No short term housing available for men with housing issues. Have been living in cars, cabins. Couch surfing. Have had to send them out to other areas of the province.

Individual being taken to the lockup instead of a proper place. Nowhere for them to go...There is a mobile crisis team in other part of province. Line of communication between police and hospital could be open more...in the best interest of those involved and beneficial to the community. Right now it's lacking.

Being in a small community increases this because everyone knows about personal issues. Also difficult to get them help because no address no income support.

Town lobbying for rent control.

A lot of young people who purchased houses at a high cost are now in a dilemma because of job losses.

Food bank has seen an increase of 50 people.

Difficulty transitioning out of the women's shelter because no housing available and too expensive and this is increasing mental health issues.

Have sought counselling from mental health in the past. Unfortunately, police were at place of residence...made me feel like I wanted to hide. It was embarrassing. Would have helped if police car

could have left my residence. I do understand it's for my safety. However, I found it very embarrassing. An unmarked car would have been better.

NL housing -- slow movement into homes because of lack of maintenance workers.

In situations when police are at your residence with lights flashing is very embarrassing.

Housing project - not enough support for the wraparound services.

Housing coalition is 10-12 volunteers and having difficulty securing funding.

ER not set up properly to see mental health clients. There is no on-call system for mental health or appropriate professionals to see mental health clients. End up getting admitted and having to wait until the next day.

Huge influx of kids and adolescents. Nowhere to refer them. The biggest concern is the waiting time up to a year at the Janeway. Some of the disorders cannot wait that long.

When my child was young at schools at a younger level, I did not recognize the signs back then, I know now. Depression is now a problem. Psychiatrist coming and going. Was put on a heavy narcotic by a psychiatrist which created another issue. Being in control of own mental health at 16 should be changed. Very few supports available for example this meeting today was advertised vaguely. With officials in the room here today, you can't expect a 19 year old to attend.

Young people - eating disorders, depression, and increase in drug use especially cocaine.

A friend who had 5 major losses in the past year. Somebody in the health care system informed the person in a room full of people to let them know as there is a long lineup but I will see if I could push you up the line. Very discouraging as this indicates there is no help.

Mental health workers in the community - youth outreach worker - seen immediately by mental health workers at the hospital. We have gone to kids houses to pick them up and they see us right away.

It is very discouraging to hear there is not a lot of help especially when you are going through a hard time.

A lot of kids not showing up on Monday mornings. Some are because they make an attempt over the weekend and are in the hospital.

Police are at the school a lot. It has cut back on the number of people coming to the office for late notes because they are smoking drugs. They don't smell anymore. However, they are using drugs that don't smell including parents prescription drugs.

I went to the hospital with a person who was very severely depressed and made an attempt. When the person came to the doctor was very inappropriate - asked questions like what do you have to be sad about? They didn't know any better.

Lack of family physicians is a real problem. A psychiatrist who was here but no longer provide services to this area. Had a good connection with the psychiatrist. I travel outside now to see a family physician as no family physicians available here. It's ridiculous that I have to travel outside to see my family physician. Mental health issues arise from the lack of physical help here. Physician has voiced frustration that services are not available here to the physician for physician to work here.

There is still strong stigma, with adolescents especially. They don't follow through on counselling.

For me that day, the nurse was uncomfortable, I had to leave. I could not believe the doctor acted that way. The other family members would not let me make a complaint.

After that, the person got the help they needed from mental health workers and there was no delay.

There are no mental health workers on in the evenings or on the weekends. But manager and regional director have cell phones that can be called in crisis situation.

My reason for coming was to say there should be no cut backs in the mental health department that is here now. I had addictions issues and mental health issues and my life has changed because of the department. We need more support for them and see that there are no cuts and their resources are added to as much as possible.

My family member went outside to attend school under the care of a doctor. Counsellor at mental health here and did well. Had to change counsellors when returned to the mental health service. Within 2 weeks of being home had an incident where he had an accident due to manic state. Not suicidal but having manic episodes. Police will not get involved but as a parent it is very worrisome. Psychiatrist connects well but no psychiatrist here. Relationship is very important when trying to heal. Changing in counsellors is not good.

You can request to see the same counsellor.

I could not request to see the same counsellor as before.

Hospital/nothing is not equipped for mental health. It's disgusting.

Program - men against violence against women - I worked with a couple of counsellors - we had 10 sessions. It was extremely beneficial for personal learning and the information that it passed on. In the scheme of things, it got cut. I would be interested in helping with this again.

This committee was a very strong community effort.

I've dealt with ACT team in St. John's. Very good.

Dealing with a lot of people there are a lot of issues here due to closing of mines and trying to pay bills, it all adds up. Trying to access mental health services due to wait list is difficult. Insurance does not always cooperate. Economic uncertainty is contributing to increase in mental health issues.

Stress causing workers to show up to work drunk.

Ex-spouse had depression. Went with them to mental health. Discovered I had just as many issues and engaged in counselling myself. I was suicidal because I couldn't help them. Their interventions got me over the hump. The stigma with mental health has to be gotten rid of and this can be done through more people talking about it.

Anti-smoking advertising and the ads for mental health are really good but you need to see this from a localized perspective, like me telling me my story.

The big thing is stigma and something like a committee in the community to address it.

In 1996, needed help for mental health. When I went first went it was made sure no one could see me and then I would go to the bathroom and the secretary would come get me when it was my turn. After continuing to go it became easier and I got in every group. In 2014 I had to go back to mental health. I called and was asked if I wanted to come today but I said not today and said Monday and promised to stay safe until Monday. I went in and I was put on a waiting list but I was suicidal. I didn't like that. Shouldn't have been on a waiting list. Started to see a counsellor and now I am fine. I don't go anymore because someone else needs it.

Mental health is not 8-4 but workers are not there past 4.

Went to a grieving group and that was excellent. Mental health has made me a better person.

Labrador City – Question 2:

What do you feel is currently working well in the regional and/or provincial mental health care system?

One thing that works for me is when coming from the bottom and worked their way up. I've been there. It's important to relay success stories...this is not the end by no means. We need to hear more of these success stories. I talk about my success story.

There is a peer support group here. It's offered through the Salvation Army. Important to hear from those who have experienced it.

The group is currently being prepared. Someone from mental health will be a part of the group. I have had depression issues in the past.

Let's Talk is a great thing. And now there is something for veterans starting.

We are getting over the stigma compared to years ago.

Going to family dr. repeatedly is costing money. We need the services here increased.

Hospital board does not have a system that includes other part of province. I.e. hospital in another part of province does not have access to records in this part of the province.

Confidentiality. I feel the system is changing positively.

Don't have to sit in public ER room. Hospital staff are great and will bring me in another room.

Hospital policy is to not give out information to police who is dealing with a situation but yet somehow the media is getting it. Broadening communication would work better.

Advertising is helping to remove stigmatism.

Discussion held around current prioritization for waitlist for mental health and addictions and summarization of wait list times.

Psychiatrists come on a locum basis. Emergent clients can be seen by on call psychiatry in Eastern health.

Our organization has a positive relationship with mental health. Our clients who are at risk are seen immediately. The quality of services they receive are great. But some of the supports and resources are not there.

Our organization also works with mental health but more connecting between organizations is needed.

A number of organizations got together one afternoon to discuss what was going on in the community and we will continue to work together to discuss community issues. There is a real good relationship with mental health and when we call we are seen right away. They are very busy but they see us.

There are a lot of interagency connections.

I have not been in Labrador very long but in that short time have made connections so clients get the best possible service.

Great that people can self-refer to mental health but not a lot of people know that.

Stigma has been reduced but that opens up the doors and the resources may not be in place to meet the increasing demands.

Services in Eastern Health are available to us but travelling outside the community is not easy for the person - have no resources and supports with them.

5 years ago I was depressed and suicidal. The mental health workers were great and worked very hard to get me to Homewood. I stayed there for two months and it was a great program. Appreciated all the work and the support from the workers and the MCP program that I could go.

Youth outreach worker in the school is great for those kids who are not going through the crisis issues. For example now, the worker has taken over our study and relaxation room for the students.

Kids in the school with high anxiety are put in small groups as are kids who need scribes, etc. at the end of the day it is not about what you taught but about what was learned. Also have the iPads that have great technology.

NLESD - granted 2 days leave to do the mental health first aid course. Teachers were so enthused - a lot of information that was applicable and could use in the classroom.

Lack of psychologists in the area who can do testing in the school for assessment purposes.

Having to travel is even more expensive in getting expenses.

Problem- having to have a diagnosis to be able to access services. Often the doctors have to list the worst of the worst in order to get the services and the doctor has to do it in order to get the service for the clients.

Students who need student assistance are dependent on the level of need because of the lack of student resources. The students with higher need get the resource assistants first.

The training being offered by the mental health department this past year has been very helpful to the frontline people. The groups are great too. But training is always needed and there should be more.

Very little training besides what mental health has offered.

Other departments are not offering training.

Labrador City – Question 3:

What improvements do you believe can be made to the regional and/or provincial mental health care system?

Having a psychiatrist here is important.

Calling helpline and being put on hold is not good. Important to have a voice on the other end.

I was in crisis and was put on hold.

Is there a provincial line? There is a suicide line but nothing available for 24/7 crisis line. Something needs to be set up to be forwarded to a crisis line- like 911 works.

Community supports like a community kitchen would be good.

A person available to be able to offer a follow-up appointment as police end up going to same household repeatedly. Once a person goes back 2nd or 3rd time, somebody aside from police should be available to step in.

Young adults are not following up. When crisis is over, they don't want to look back....until the next time.

Anxieties are becoming the #1 problem now in schools; we need to nip this in the bud. A specialist in that area should be placed in school. It's difficult for parents to identify problems.

Identifying the right issue and then treating that is key.

Guidance counsellor is not enough. General anxiety in school is terrible for a young person and parent. Costing lots of money because issue is not being recognized.

If it's not taught to care people, how can they understand?

In terms of treatment and treatment programs. Connection with youth and children and family in general is lacking in Labrador. There are programs available in other parts of problem but if there is not a connection, detox happens depending on where youth are located. Families in other parts of Labrador are not used to travelling. The need for supports for families is great...important to keep them in their culture. Treatment program for age range between 12 and 21 would be ideal.

Most easy accessible for kids is alcohol as it is everywhere.

Services for Elders being diagnosed is not good.

There is no psychologist here.

Important to continue the conversation with the media.

What happens in elementary schools with reference to mental health? They do speak about mental health in class and why it's important.

Important to start in younger years in schools so as to nip it in the bud early rather than wait until later years.

Youth outreach worker is presently attending high school and elementary school for past three years.

New officers at youth group are active which is a great help.

One thing we are missing here today is the bullying and teasing that goes along at schools. That carried on through my life. I now get my guard up really quick...I have zero tolerance now for things. Important for municipal leaders to go into the schools.

Important to teach kids how to deal with bullying. It's more apparent now than before.

Bullying happens with adults as well...not only kids.

Adult bullying is taking place.

There are very active people in this community. People are actively trying to deal with issues. A lot of positives in this area.

How do you get access to a family physician/psychiatrist in this area? It seems to be that you need to be brought in through police agency.

People can be desperate and even call the police to get healthcare services.

There are inadequate services here in that there are less # of doctors in this area than other areas. Why is that? Due to this, services are lacking. Without primary care physicians, we cannot get the referral to services we need.

Family physician sometimes doesn't seem to make the right division and may feel a referral is not necessary.

Family physicians in this area are a real problem. There's no incentive to recruit physicians here.

PRAC was here to recruit physicians. However it fell apart, as doctors were being unreasonable and asking for things above the limit.

Fee-for-service physicians here and salary physicians here.

There are two physicians who have remained here for a long time but two others who only stay for a short time.

I have a family member here who is bipolar but he doesn't have a family physician.

Does the community as a whole need to step up more? It seems to be going that way.

As a community we need to take more responsibility as there are not enough professionals to do it on their own.

The conversation on mental health needs to continue.

How long is the waiting list for mental health services? How do I access services if needed? I'm asking these questions because I don't think a lot of people know the answers. For a young person who do not have home supports, what to do? Do they know?

Housing: We don't have a housing crisis anymore. Two years ago yes we did. A lot of people left here as they could not afford to live here.

Labrador City – Question 4:

Is there anything else you would like to share with the All-Party Committee on Mental Health and Addictions?

More frontline training is needed.

More access and quicker access to clients.

Some clients are not comfortable seeing psychiatry through telehealth.

On-call psychiatry is accessible from Eastern Health but some psychiatrists refuse to see clients through this method.

Not always able to access services in the moment you need them.

Can't access services unless you are in crisis.

Have to wait so long for services that you just give up.

Early intervention is needed. Get to children as early as you can to teach them problem-solving self-esteem self-care and because they can't cope they are resorting to other coping mechanisms like drugs and alcohol. We are not doing the kids any favors.

Younger people have no coping mechanisms and they are having children and this in turn is passing down.

Girl's day and boy's day happen at the high school once per year. But this is a lot of work. In the upcoming year there is a plan in place to do this school wide. However, what is noticed is that the students who need it most are being excused from school for that day.

Years ago - there used to be a core weekend for the kids. This was done by the Catholic Church and kids loved it.

Text bullying and cyber bullying is having a tremendous effect on the children. For example "ask.com" the anonymity of the technology is the problem and dealing with it is even worse. Kids don't know how to get along.

Groups in the schools would be ideal.

I have seen a great evolution from where we were to where we are now.

This is the first time I heard of BeHeard.

See 4 or 5 years old and teaching them coping skills is great. But often times it is the parents who need it more to be able to support the kids.

We had no idea of what was going to happen here today. I'm glad I came.

Communication is important. An information text to all cell-phone holders would be great.

No one available evenings and weekends for social work is a big issue. It was here many many years ago and it worked well.

A mental health mobile unit or ACT team is needed here.

My opinion is preparation/more education for young parents is important.

After hours services would be safer for clients.

One solution would be a psychologist position.

Where does the information that we talked about go? Answer: it will go to the house of assembly.

It's been around for a long time but now it's being talked about more.

A psychiatrist is needed and if there is one within the regional board that person should provide services to the whole region and not just the location that they are based from.

There should be a provision made for people who have to travel for medical reasons.

When people bring up my past, I deal with it by talking about it.

Clients are waiting up to 6 -8 months for reimbursement for medical travel. It should work like the Quebec system.

Having successful people who have overcome mental health illnesses is good to hear.

Person went out and the length of travel was beyond what was initially thought. For a person with lack of finances this would have been a big issue. Luckily I was in a financial situation which allowed it.

I know of only two people from here who were able to stay at the Ronald McDonald house.

If you are going to address the waitlist then the only solution is more people who have a mental health background to work in the system.

One thing that is working well is that the mental health workers will do home visits on an as-need-basis.

Please recognize that when you live in Labrador it is a completely different circumstance.

I worked with a couple just recently. One of them has developed dementia and now has to go to the island because there are no support services here. The spouse does not know what to do. There is no seniors' complex here.

A family member comes here to live in the winter because there are lots of things for them to do. They have a network.

Adult children who require care - they were in alternate care but that is more difficult. Respite workers are hard to find.

I had to bring my respite worker in from outside the country.

Question 4 responses transcribed from attendee's written notes:

Educate youth – mental wellness, drugs, alcohol.

Labrador is unique and needs to be recognized as that. We aren't close to specialists etc. Mental health don't happen 8-4. We need 24hr service.

Addiction services – detox services – treatment followup. Training for front-line people.

The one thing I want you to remember is services need to be more readily available in Labrador.

Specialized mental health services offered locally, e.g. child sexual abuse, partner violence.

Education for health care providers (nurses etc.) for mental illness. I experienced disrespect from some nurses when I was hospitalized – being made to move from a private room to a room with 4 beds & patients when hospitalized for suicidal ideations because there was a person who really needed the room. Being told by nurse, "I'll give you 10 mins to get your things together as you have to move to another room." Basically made to feel I had nothing wrong with me. Nurses etc. need to know/realize mental illness is an illness. I didn't ask to have it same as someone with diabetes or cancer. Respect, compassion, and understanding would go a long way when dealing with patients with mental illness.

Educate: nurses, all hospital workers, community.

More frequent access to psychiatrists.

Better programs for young adults.

More family physicians with good grasp of mental health local issues.

Lesser wait times.

More specialized health care in Lab west.

The system has to improve so we do not wait until we are in crisis before we receive mental health attention.

Great job. We need more of this.

Easier transfer of information on medical history from hospital to police when attending to a person in crisis. Let police know what they are trying to assist and best practice for that diagnosis.

Complex needs clients:

- Not a lot of services out there to get them out of the cycle
- Stigma – people are unfairly tagged and can't access services because of it
- Often police are involved because of the "tags" people have
- The waitlist system has to be readdressed and people do not cope well when on a waitlist and can do things that get them in trouble.

- Fee for service doctors, not enough time to see them
- A lot with no family doctors