

Marystown Session – Question 1:

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

Used facilities in St. John's and Corner Brook. Three weeks was not long enough to really address the issues. They are given tools. It takes a lot to work those tools to get well. Need longer stays. Has issues that relative wasn't aware of initially. For dual diagnosis there should be longer stays.

Not enough follow up support. Waiting list following discharge; takes six months before you can reapply.

There is a policy for out of province treatment, which essentially requires the proposal to show why the appropriate services cannot be obtained in the province. Travel under this scenario is a personal/insurance expense. Do not believe the long wait time be a sufficient rationale.

Was once given a short stay, but they did nothing and the person was sent home. Having a child also makes it difficult to uproot for treatment.

Solution from medical professionals for a relative was always more drugs. This did not rectify mental health issues.

A relative attempted to overdose. Was pumped out, and then discharged. A relative demanded that the person be given more treatment. Was sent to St. John's, but was sent home again after a week.

Was fortunate enough to get access to a program with two new psychiatrists at the time when the person was most suicidal. Was sent to Ontario for treatment for PTSD. There appears to be an inconsistency in the level of service provided throughout the province. It seems that the nurses the person saw in Newfoundland did not have the required experience with mental illness.

It's not always easy for a person to get to St. John's, and doing so also removes the person from the comforts and personal networks of home. There are two psychiatrists for the Burin Peninsula, and they appear to be getting overloaded.

Communities are in crisis, mental illness and addictions taking over the healthcare system. In last 12 years, it is a growing concern.

People want services, want things to change.

Sick and tired of waking up and hearing people being sick and tired of growing drug abuse.

After 10 years, time for government to be more proactive and not reactive.

Seen government provide initiatives on smoking, which is great, but then move on to something else. This has to be a consistent focus and not do it for 4 years and move on to something else.

Sees the problem with drugs first-hand. Thirteen year-olds are going to drug dealer's house. Kids have nowhere to go. They are just following the other crowd and there is a lack of help.

Chronic Disease Self-Management: Improving Health My Way is an important program. Program designed by Stanford University and is free to anyone who wants to do it. Can only be offered by trained facilitators. Sometimes, there are low numbers registering with toll free but locally, many people show interest in the program.

We think about diabetes, heart disease, etc. as a chronic disease. We need to think about depression and anxiety, etc. as chronic disease.

Was diagnosed bipolar so has had issues with that over the years. As community member, horrified by stories heard in media.

So many serious issues and it seems like government is reluctant or just don't realize the gravity of drug addiction and mental illness issues in the province.

On regional level, it's scary, because lots of people want the help but are afraid to get help. Afraid they would seek help and no resources would be available.

Long wait lists, stigma, and other issues are preventing people from seeking treatment.

Government needs to put measures in place so anybody who wants help can find it. We need to say, this is enough and hold government's feet to the fire.

These issues are across the province, not just in school.

Has a mental illness and addiction issue. Many years trying to find the right medications and in the past self-medicated with drugs and alcohol.

Went to dual diagnosis outpatient clinic. Stopped going to clinic because when they stopped benzodiazepines, it affected the person's motor skills like when pouring a glass or whatever. Started going to Narcotics Anonymous when doing drugs. Got really sick, needed a social outlet regardless, of what state the person was in. Hoping medications continue to work.

Narcotics Anonymous recently lost a member due to accidental overdose. Fear of taking too much uppers or downers. Heart can easily stop if you take too much.

Increase in mental health challenges in local shelter. Shelter standards state that they are not to admit women who are actively using drugs, but there are no other options for them. Needs new policy, infrastructure. Will set people up for failure in rural Newfoundland without necessary supports. Providing housing without supports is not effective.

Staff members are stretched trying to provide services. Should build on what is already in place.

Need separate housing for women who are actively using from those who aren't. These issues exist for men as well.

Support worker fulfills many other roles, such as a counselor.

Schools need supports as well.

Issues have increased at Eastern Health.

Anxiety is the most common, in children as well as adults.

Total team for mental health in Eastern Health: six psychological nurses, etc. plus two psychiatrists at hospital.

Addictions have priority – waitlist for mental health services.

Marystown Session – Question 2:

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

Access to services via Eastern Health exists.

Many good people working in the system, but there aren't enough positions for the workload. There is no facility for persons suffering from addictions and mental illness. To know that family is close by is important.

We have great people here, but they are limited. There is only one rep for addictions for south of Swift Current.

There used to be sessions in the region, but too few people attended. This is a scary concept, since there's likely a reason that people are not attending despite the need to attend.

There is also a person who does home visits apart from traditional outpatient counselling. If a person is not considered to be high risk, they can be dropped off the appointment list. This is because there is such demand for those appointments.

The pain of depression and the pain of withdrawal can prevent one from attending an appointment.

To go into an apartment for a home visit would likely be scary.

There has been some talk within Eastern Health about obtaining funding for a community outreach social worker; this would be a very different position from the office position at Eastern Health.

Shelters such as Grace Sparkes House are seeking funding for additional training, as the issues of mental health and addictions have become more prominent.

Prioritization system and how to determine wait times, appears to be working well.

Change clinic takes philosophy that full assessment is not necessary off the top. Rather, the change clinic asks "how would you feel better when you leave today." This has made it more accessible.

Sometimes the intake is quicker than others.

Is there continued communication between the doctor who has diagnosed the person, and the social worker who conducts the intake and related activities?

No need to go to family doctor for referral to psychiatry; the social workers can make these referrals. The case load of a social worker is expected to be 35-45 at any given time.

Psychiatry may have caps on this in other areas, but on the Burin Peninsula it keeps expanding.

Narcotics Anonymous is twice a week in the area, that is working well.

Volunteers are working well, they are passionate.

120 people came out recently at the Merge to talk about mental health issues.

Volunteers are having the biggest impact.

They want meeting with Minister of Health. Wait times are too long.

Services that are there are not connecting. They wait months.

If waiting to go to rehab, people will use as much drugs as possible while waiting.

Methadone treatment has 3-4 month wait time. While waiting, people still do the drugs and could overdose.

Volunteers are great, but not enough. Not enough knowledge of the services.

Doctors prescribe medications, but don't know of the services and alternatives.

People trying to get clean and have nowhere to go, but their friends are all users and they are hanging around with them with nowhere to go as an alternative.

Not everyone has a vehicle to even go to a larger centre for a program.

There is a great desire for people to be well.

Lots of people in these communities who want to help or be helped, but they come up against a wall.

Wait times are long, program is good and the person is certified to do it. However, wants to be able to help and can't.

Does not know where to go locally. Has suicidal thoughts. Has good family support, but does not know what to do otherwise.

When things trigger panic attacks and doesn't know where to go to get help.

Would be nice to see a facility to get the help needed.

Things person would like to talk to someone about and not the person's parent parents.

Psychiatrist wait times are too long and private help is too expensive.

Small town so everything is a few hours away. Does not know where to get help. Would have to travel back and forth to get help.

In small towns, there is no help and a lack of information.

Now is the time to act. If there was help now, people could be in a better place.

Would like to help, if given proper training and tools to help people. Don't have to be highly educated to help people when they need it immediately. People who are struggling need someone to talk to, etc.

Can't swim with both hands tied behind back and people are suffering.

Narcotics Anonymous and Alcoholics Anonymous are working.

Friend died because there were no services available.

Medication is easy to get, and as a recovering addict, this is not good. Cannot get someone to talk to, but can get a bag full of pills.

Talking someone down from suicide is not available.

Can't counsel with no roof over their heads.

Strongest Families Institute – to reduce waitlist for behavioural issues, anxiety issues. Over-the-phone counselling and mailed materials. Still being evaluated.

Spouse has been able to help due to workplace training.

Development of McAuley Place – assisted living for addictions.

Outreach clinics in Grand Bank, St. Lawrence, and Boat Harbour.

Empowerment sessions to do with housing supports. Grace Sparkes engaging housing clients to get chores done at shelter.

Stand-up Against Drugs Committee.

Community Advisory Board on Housing and Homelessness.

Team is good but they are not able to meet the need – waitlists of 80 – 90 (four to six months). Consensus above is not acceptable.

Marystown Session – Question 3:

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

There are a lot of barriers around stigma. People might not want to go in the building on account of worrying about stigma. Some refuse treatments that are needed, on account of past experiences at certain facilities. The thought of going to some facilities can create significant fears.

Doctors have excessive tendency to utilize pills for treatment.

Health care professionals, like members of the public, can often show these stigmas.

A new Waterford Hospital will not help unless the services are also enhanced. There should be a dual-diagnosis center with longer stays.

Nurses likely never anticipated the types of things that are seen in hospitals for addictions and mental illness.

There is a disjoint between Marystown and St. John's. Better communication between the divisions/institutions might be helpful. Currently, no such networking takes place beyond the immediate region (Marystown-Clareville, for example).

Everyone involved with the patient should be able to access the full client file; medical records, counselling information, etc.

Access to resources is an issue. Books, electronics, training, etc. are all limited. Furthermore, training requires absences that lead to backlogs.

Something for adolescents should be added. A lot of young people are coming in with addictions issues. A counselor for this age group would be helpful.

Secure detox legislation covers too low an age range.

People are afraid to participate in many forms of support. Mental illness can make people reclusive – even those who are just trying to help.

There is a division between mental and physical health.

There should be a support like Daffodil Place for mental health services.

There should be a trained professional within schools. This would go a long way in terms of early support.

In the last couple of years, students at Holy Heart organized a weekend-long forum for mental health with speakers like Mary Walsh and Amelia Curran. This type of energy needs to be harnessed.

Humberwood is far away. There is another center open in Grand Falls-Windsor, but one on the Burin Peninsula would be best.

Teen Challenge program has a good success rate. It's a six month program, and some graduates have now taken jobs within the program.

One thing needed in support facilities such as Grace Sparkes is training. Currently, drug usage is not permitted within the shelter; how are these supports obtainable for those who are still using? The shelter is submitting considerations on this to the Provincial Government.

Some strong things have been said about Humberwood. What can we do to resolve this? There is a new facility operating in Grand Falls-Windsor. It should be longer, and it must address dual-diagnosis.

Treatment plans need to be set forth in accordance with personal needs.

There needs to be an assessment conducted on Humberwood. Their mandate is addictions. However, they don't deal with mental health or dual-diagnosis. In other provinces, some facilities have a wide variety of programs. In order to be approved to go outside the province, you need to show that you've exhausted in-province services.

Sobeys is the only place on the Burin Peninsula where methadone treatment is provided.

Prescription monitoring is critical. Nova Scotia has it and government has been presented the need for this. Legislation for this exists in Canada. Approximately 40% of prescription drugs prescribed by a small batch of doctors.

Going to a psychiatrist or taking a 16 year old to Janeway – child is the one who participates and not the parents - parents have no rights. Child gets all benefits; a 16 year old has more rights than parents, but must be 19 to drink.

Secure detox legislation is being held up by psychiatry association. If that legislation was in place it would save lives.

Need mandatory legislation for secure care for kids.

Need a detox treatment centre on the Burin Peninsula – if they have to go someplace else, they won't be successful. Can't pack them up and send them off. Need to do detox and then go right to recovery – can't be any down time.

Need social workers in satellite offices and do the same ratio as for guidance counsellors in schools.

The school system is overwhelmed. Health care system is spitting out addicts faster than the street.

Methadone should be given when visiting a pharmacy instead of being able to take it home.

Physicians are too quick to prescribe opioids.

Need better prescription pads.

Self-management program is very important – Improving Health My Way is a good program.

Family support plays a large role in supporting mental health and addictions.

Government needs to support more self-management programs.

Need a place to turn when dealing with mental health and addictions.

Major need to address mental health and addictions on the Burin Peninsula.

Peer support needs to be incorporated into government policies – it's a missing component in the community.

Young people are needed to speak to other young people and better for people to provide peer support within their own community.

A lot of kids out there looking for help and don't know where to go.

More tools and education for people in the community to help guide passengers when they are looking for help. Need access when you need services, people need to know about what's available.

There is no point receiving methadone treatment if the person leaves and goes home with no support.

Lack of community based services.

Too easy access to prescription drugs.

A lot of opiate use on the peninsula.

Many drugs and weapons in school.

Kindergarten tantrums will only get worse as this grows.

More education in schools throughout the area.

Build community supports to assist clinicians.

Choices for Youth (SJ) – similar programs needed.

Adequately fund a community group to deal with an issue.

Easier to talk to someone who has been through the same thing.

Sufferer learns a lot about their own mental health – tips and tricks they could share if there were mutual support.

You cannot tell by looking at someone if they are suffering or not. It is not that the sufferer learns to hide it but that mental health hides itself and comes out when you least expect it.

Faith organizations are helping. They help with the physical needs – rent, electricity, food.

Many use food bank so they can pay light bill.

Just because of parents, the children shouldn't suffer.

Mental health doesn't get the same attention and support publicly as physical illness.

Need to convince doctor that you have a mental illness. General practitioners need more training.

Municipalities also need to play a role – can't have healthy communities without healthy people.

Description of horrible version of the hag which one person suffers from – convulsions, speaking in a non-language, very difficult to wake. Psychiatrist put off as a 'nightmare.'

Marystown Session – Question 4:

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

Start with the young – introduce and attach mental health professionals into schools.

Build a new Waterford Hospital and staff it with mental health trained professionals.

What is happening currently is working. However, it is not adequate. More support in some areas (youth especially) is most needed. Let's not look to reinvent the wheel; see what else is working.

If there was one thing that could change regarding the issues of mental health issues and addictions it would be longer stay and better treatment.

Treat the cause, not just the problem.

New, state-of-the-art mental health hospital/Waterford with fully-trained staff.

Treatment centre required on Burin Peninsula.

Dual-diagnosis facility with more in-depth treatments, and longer stays based on personal assessments.

Prescription monitoring.

Parental rights regarding youth dealing with addiction and placing them in a treatment program (age limit).

Rural communities need to be able to have access to the same services.

For youth getting caught up in illegal situations (break-ins), I believe this should be an indicator that something is going wrong in their life, driving them to steal. Are there any laws regarding looking into a youth's life to check for drug abuse? Instead of jail time perhaps there should be rehab/detox.

Provincial curriculum – needs to be enhanced to allow for changes in society.

Need to start earlier than Grade 6 in the school – education and awareness programs.

Was a reduction in RCMP services in the area.

School councils can bring drug education into the schools.

Kids have access to social media and they are learning about drugs but not getting the education.

Shouldn't have to fight to speak to teens in school. So many valuable resources in the community but you can't use them.

Police do their job but the justice system doesn't do its part.

If changes are not made there'll be a different discussion in 10 years. There's no time for more consultation – the time is now.

Need secure detox legislation.

Need more support in community – there needs to be a mentorship program.

Schools need to play more of a mentorship and support role.

Build self-esteem with children, utilize people in the community.

Naloxone kits should be available and wait is 18 months here.

Humberwood has a 45 percent success rate – not welcome back there if you have a relapse and you are not allowed to be there if you take medication.

Homewood is an excellent centre in Ontario.

Peer support is probably the most important. They can understand.

There are things worse than dying.

Supports for families.

Question 4 answers transcribed from attendee notes:

Free Naloxone kits in ambulances and clinics. Not tomorrow; people are dying.

Detox and treatment centre for Burin Peninsula. It needs to be done now.

More well-known help.

Less wait for help.

Need help for schools.

More awareness.

Secure treatment and detox for youth legislation.

Chronic disease self-management program. Cost-effective learn tools – yours and your peers.

Help besides doctors and medication for mental health.

Mentoring programs for youth.

More community supports and education. Education is key.

Make mental illness as important as other diseases such as cancer, kidney disease, etc. Mental illness can kill the same as other diseases.

No wait-listing of children or youth needing mental health services.

New mental health hospital/new Waterford with fully trained staff. State of the art.