

Corner Brook Session – Question 1:

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

Addictions increased.

Parents of kids dealing with mental health, trying to determine how to help. People in need don't always want help and you can't force help. As a parent I want a facility that can provide support when I am not around (they are functional but only because we are there).

Has experience with 2 close friends who died by suicide.

Shifts in the past year or so that carry a common theme: accountability with the way we do things.

Relationship between mental health and poverty and ability to access income support.

Was diagnosed with a mental illness in late 1970's and has had to learn to live with it like any other illness.

Everything we are doing now is connected to accountability, which means a higher workload with same number of people.

For the most part the system has been helpful for our son.

Has experienced highs and lows over the years with my illness.

Difficulty in calling income support telephone line waiting long periods of time to get a response.

Process with MHCTA (Mental Health Care and Treatment Act) and police worked well for our son.

Barriers to accessing the system.

Living with an illness is also difficult on your family members.

I don't think I appreciated what a great team we had in mental health until I returned from a three-year departure. We have made strides in those years, but there are still gaps in the system.

Supportive living is what is needed.

Inability to access income support contributes negatively to people's mental health.

I use a small stone "a courage rock" to help me through difficult times and to give strength tonight to share this story.

As a manager, it is difficult to support staff with the amount of complex work that we have.

Discussion about stigma.

Child was diagnosed at age 12 with schizophrenia but psychiatrist kept misdiagnosing.

Lack of education contributes to stigma.

Happy to see that more people are willing to discuss mental illness in the open.

Challenge with having housing and enough income to pay for food and clothing.

ACT team is wonderful but before we had nowhere to turn. Our life was a rollercoaster...no medications worked. He was very sick.

One of the things I've found as a client is that a lot of the care creates a lot of work for the nurses, etc.

People treat you differently when you have a mental illness than a physical illness.

For people who don't have supports, it may be difficult once they leave acute care.

Son was eventually diagnosed by a psychologist.

The commercials running now are very powerful to help people see you as a "person" not just an illness.

Rates for income support have not increased and kept up with cost of food. Current income does not allow for phone, cable or any extras such as socializing.

Need for more community supports, which can sometimes be restrictive.

How well does society deal with the diagnosis of schizophrenia? He isn't working, lives with us.

Frustrations from lack of income support and adequate food and nutrition impacts family relationships (tantrums, acting out, anger).

Had trouble with police and the justice system failed. Was criminalized.

I suffer from bipolar and have since I was 19. Have been diagnosed for many years but didn't know at the time what it meant but was lacking information about my illness.

Youth treatment centers are playing a major role, with youth not having to leave the province. We should be proud of this.

Medication works so well now...so far it works. We are seniors now and our child will have to find a place when we aren't able to be there for him. Where do people with my child's illness end up?

My illness can be very confusing to me.

Counselling - I am not sure this is the best focus our health care system should have to deal with mental illness. Western Health focuses on getting psychiatrists. This may not be the best approach, it could be better to provide other options to support people.

Most programs are individual focused and the health care system is also focused on chronic disease. Not focused on community/family or primary care.

Initially I would not reach out to anyone when I was having difficulty.

Where will son go? There must be hundreds that need housing.

Youth case managers are playing a major role - getting out there, going where the issues are. We need more of these managers - just one in Corner Brook.

Government could save money and impact more if focused on community, social determinants of health, and primary health care.

I feel that I have to teach the medical profession who I am, and that i am unique and not like other people.

We'd love to see more case managers.

No one sees me as a person, but see me as my illness.

26 waiting for Summit Place. Many more haven't referred yet.

There is not enough focus on community, primary and environmental health to make healthier individuals.

The medical professionals do not have the time to sit and listen and talk but just give medication.

Big issue is support. Follow up support.

System is set up to be self-perpetuating. Needs to focus on health and well-being and more holistic in its approach.

Someone called me and asked please tell the All Party Committee that we need more after hospital care.

Housing, employment, other supports.

The soft things: human contact, art therapy, nursing, housing, employment, etc can be the best way to provide/support mental health (we used to have churches and extended families - we don't have these same supports anymore), but need to get back to some of the soft supports - don't need to emphasize fancy technology and highly-trained psychologists/psychiatrists.

The ACT Team will check in on me on a regular basis to see if we are ok.

I've been in the field since 1993. I'd love to see more collaboration with schools.

Government needs to shift resources to things like walking trails, community gardens, etc.

The ACT Team allows us to build a relationship with me as a person.

For people with mental illness there is absolute devastation to their psyche. My son won scholarships. His confidence was gone.

Primary health care focus.

Recently diagnosed with a mental illness - I think we need better access to services.

I worked with the mental health team in the 90s when my family was in crisis.

The staff within mental health are doing so well in spite of the numerous challenges.

For 4 years he hardly left the house. His medications had to be altered. Then through the ACT team told him about CMHIs (Community Mental Health Initiative) program.

Unhealthy eating because of cost is contributing to poor mental health and obesity.

I see crisis among the aboriginal women's community on a daily basis.

Start at a young age with talking about your feelings, and letting that out in safe and effective ways.

Domestic violence and sexual assault is very prevalent in my community.

Dealing with mental health (depression and anxiety), has had one-on-one counselling on a weekly basis - had an amazing experience. Attended group sessions (weekly) also very helpful - needs to be regular though.

As a result of a confidence building process at CMHI (Community Mental Health Initiative), our child looked for work and has been working. The program is no longer there. The success rate wasn't that high but it was helpful for 2 or 3.

Recently called a care provider to assist someone in crisis and was told to call back the next day the office was closing at 4 p.m.

We are moving forward to a more recovery-based model of support.

There is a lack of family doctors and emergency rooms only treat the emergency that is present at that time.

Our son has paid for the program he attended through his work and being off income support.

While dealing with mental illness (depression/anxiety) it is very difficult to deal with life issues that occur. I have lost my job due to not being able to focus at work, while dealing with sick parents (and mental illness issues).

Being aware of access to services and how individuals may be limited due to cost to access transport.

Access to diagnostic services are lacking in many small rural communities.

Financial support needed and/or affordable housing, and medical expenses especially while dealing with mental illness.

80% of the women I see in my work are in crisis.

Difficult to get funding to help men.

Sometimes in smaller communities, families do get stigmatized.

Our son has come a long ways but nowhere where he could be if not for the illness. He was lucky the program was in place. The EASI program. CMHI (Community Mental Health Initiative) received funding from AES (Advanced Education and Skills).

I'd like to see more peer support in the schools.

My main goal is to get back into society - I am in a spot where nobody can help me and I can't do it on my own. Now I am in a place where my parents are dependent on me, and I have nowhere to go.

More pressure on young people particularly the emerging adults.

CHANNAL and counselling and my cat are the only things that have kept me going.

Even though some services are quite good, there are still gaps in the system especially on the weekends.

Three out of ten gained employment for the EASI program but not enough rationale to keep the program. We fought for it.

Government is creating to environments conducive to addictions such as VLTs.

Success not always defined by employment.

Very long wait time to access psychiatric services for diagnosis. Often have to go outside of home community.

The idea of peer mentorship with youth can be very positive if it's done well.

Gives example of commercial where someone has breast cancer and is given a casserole to support their healing, but given nothing to deal/cope with mental health - referencing how real this is. The lack of understanding and support for mental health issues.

How does someone with mental illness hold down a full time job?

We don't do a really good job with mental health and addictions. We don't do as well as we think we should.

Example of bingo as a major social activity.

Employers need training on how to support employees with mental illness.

Something as simple as sharing your experience could be a huge milestone.

Not many supports for people with mental illness.

Mental illness requires immediate care.

Facing answering machines are not helpful.

This is not like the common cold. Justice and Health don't work well together. We don't talk to one another.

Concern with gambling such as use of Lotto 649, VLTs, and government gaining funding.

Local support facilities need to be stronger.

We need to be coordinating our efforts - health, education, justice.

One of the problems is, technology is wonderful, people can go online but often navigating the system is difficult.

One of the strategies to limit addictions is supply. Reducing availability to gambling, alcohol, and corner store. Needs cross government approach to address access.

One time if you were suicidal you were supervised constantly in the hospital. Now there is no constant service available outside of the lock up.

ACT Team and the EASI are successful because they are contextual. They come into your life.

I waited months to get into a (support) center. That's like doomsday while you are waiting and a mind game.

Psychiatrists won't always speak to parents about children's health (after the age of 18). Kids won't always speak to their parents. If someone has schizophrenia they aren't able to make informed decisions on their own.

Mental health is very complex and requires a variety of support.

More education is needed so people know how to address.

Program whereby pediatrician and psychiatrist came out from the Janeway and do these clinics stopped in 2008 not sure why.

Tobacco addiction is going in right direction but needs to continue. Should be banned.

Psychiatrist isn't listening to parents concerns. You get a little chance to talk to them (during your child's visit), but not enough.

I suffer from bi-polar.

It often takes three weeks to just figure out just what is going on with an individual.

I am able to see a sequence of events that trigger my manic episodes.

They only option we are told is to call the RCMP on our children if they are acting out.

We're at a loss of what to do because our boys don't want any help.

Anxiety is a big issue.

Very strong fear about what will happen with children when parents are no longer able to provide support.

Child had experience with group counselling and it worked quite well.

Corner Brook Session – Question 2:

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

ACT Team.

Healing Circles in Mic Maq.

Our children need a good assessment - which I feel they've never had. They can't get admitted to the hospital for assessment to get a better treatment (if they won't go) unless they are suicidal or a threat to someone.

Education programs.

Learnings from tobacco control can be carried forward to other areas to see the same type of effect (increased cost, decreased use).

Other Atlantic provinces have a healing center. As a cultural community we have started a steering committee to bring a healing center. They take a holistic and traditional approach to healing.

When people can actually find out about or reach the services, most are quite good and can/will help people.

Positive images in media and public would support change in addictions.

My friend is living in a place...you can't call it an apartment. You wouldn't put a dog in it.

Age appropriate messages in schools to address mental health and addictions.

Looking for partners for a healing center.

Son had experience with one psychiatrist and had very good results, but when psychiatrist left position son would not go see new person.

Discussion of alcohol use and how to address heavy drinking in communities and de-normalization of it as a culture.

There's a lot of work that's great work, but we have a lot of work to do as well.

Adult Corrections has a great project now called the Justice Project.

Tobacco policy for province has improved community culture and decreased rates of smoking and how it's not 'cool' to smoke.

Justice Project provides a great service, all kinds of community partners involved.

I'm making minimum wage for 15 hours a week and not getting work in expressive therapy. I can get full time work in Ontario at a good wage.

Hospitals are doing the best they can with the little resources they have for mental health.

Reference of Mental Health Matters youth conference should be replicated for other areas of the province. Community leaders like Patrick Hickey need to be sought out to encourage more efforts.

Parents support - I had the opportunity to talk about my problems once/week. I found it helpful to a point, but was given recommendations to do things that I wasn't comfortable carrying through on (i.e. putting in consequences, such as kicking my child out) - things aren't as black and white as a psychiatrist says.

The biggest change I've seen is that there are so many community partners now who convey that it's ok to speak out.

I feel many community partners are speaking the same language now.

Housing is very important. Needs to continue.

A nurse comes to the house on a weekly basis to talk to my (adult) son to provide support. She is a psychiatric nurse through Mental Health and Addictions. She is very very helpful. They are growing to know one another.

Having that community connection is essential, makes the world of difference to recovery.

More work to continue social programs to support families who cannot provide it.

Housing support workers are across the province. They help individuals with mental illness.

Occupational therapists are the most important health care professionals.

Blomidon Place is a team like the ACT team. A fabulous program that's working well.

Humberwood Treatment Centre is very helpful and the group sessions there have been helpful. Very compassionate and caring.

We are all fighting for resources in health care.

Group environments are important therapy so we can be a support for each other.

The 2 new youth treatment centers ...and soon Harbour Grace.

Community collaboration.

The opportunity to share our experiences is very important as only we know what each other are going through in some similar way.

Everyone is going at max capacity, but we are going to deal with this issue.

Supportive group at the Summit are excellent.

The ACT Team brings a variety of perspectives to the patient to help.

Mental Health First Aid, Straight Talk, Tattered Teddies and Asist . These are national/international programs.

Assertive Community Treatment team (ACT team).

The Summit program is so supportive to my son and less pressure and worry to me as a caregiver.

Summit Place.

We are seeing greater satisfaction levels in the surveys we are giving patients.

Salvation Army program soup kitchen. Any place that has a compassionate. Stephenville Café is wonderful.

In the group program at Humberwood there was more love and compassion in those people in the group and the staff. It was amazing.

The fact that we (organizations) complement each other is great.

Peer support online through Skype, etc, is very powerful.

Provincial HealthLine was helpful to me because I didn't have a family physician so I called and the nurse was so helpful and listened really well to me and gave me the information I needed.

Medication has worked.

Dunfield Park has a number of kids at risk. A few years back, Sunrise Ministry bought a bus and they pick up the kids Tuesday and Thursday evening. They feed them, games to play and social gatherings. And there are weekend activities and take an interest in their school work. Very loving church.

We could use a mental health version of Big Brothers, Big Sisters for young people.

My supports come from the communities that I am in.

Sunrise Ministry also provides clothes to children. School supplies. Since they have started this program the children are not getting into as much trouble.

Stigma reduction through TV, etc, has been amazing.

Most of the things that are most helpful are community-based initiatives.

More opportunities for dialogue like this.

Telehealth now has staff in more regions - this helps reduce the waitlist. The uptake has been very positive.

Soup kitchens and other community groups are working.

More focus on upstream and community wellness. Population health-based approach.

We have made progress against stigma, but we still have a long way to go.

There is an advocacy consultant in St. John's that you can access if you are certified.

Once certification is given you can access some important services.

It's not all bad!

Small things, kind words from people can make a big difference.

There are people who empathize with you.

Corner Brook Session – Question 3:

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

We need an opportunity for our children to get an assessment.

Finding out about the services is hard.

I feel bad for people who cannot be their own advocate who fall through the cracks.

Those in the most darkest of crisis, often won't reach out for services even if they are available.

Better housing options, supportive living options, options for people that won't take/aren't interested in supportive housing.

Stop using the term client and customer!! We are patients!

Mental Health are the "bowels" of health care.

Doctors cannot empathize because they have not been there.

Those who have walked in these shoes can teach and educate others including health care providers.

There is a need for 4 more psychiatrists.

We don't need more doctors; we need more group therapy on wards.

Remove the plexi-glass.

There is a severe shortage of occupational therapists.

We need more supports to decrease wait times when I am in crisis.

6-8 months is too long to wait.

Need support to get child (adult child with schizophrenia) back into the workforce.

Successful social programs typically have small groups of individuals who do small projects that share and gather in groups. When you have people coming together, treating people with respect and learning as you go.

There are still health care professionals with a lack of empathy because of lack of understanding.

There are times where we don't know where to turn to get help.

Every group we run is based on the needs of individuals and not just looking at "evidence base". These are evidenced based.

Sometimes very small simple things can be what puts someone in crisis because of poor communication to patients due to lack of understanding.

Corner Brook doesn't have a social planning council - there is no body that pulls together the services that are available for people with various mental illnesses.

We aren't the experts but what we do is evidence based and has value. A very delicate balancing act.

Lack of time to talk to family doctor, give more time to talk about multiple issues per visit.

Doctors need to speak up and say that they are also in crisis of how they can service their patients regarding Primary care.

Law enforcement needs to be better educated. It is a hit and miss. Too many young people lost their lives with a trigger happy cop.

More emphasis on primary health care.

Needs someone or a group that can encourage person struggling with schizophrenia to go and do things. The social thing/anxiety is a problem.

We need to have a greater sense of community supports where the village raises the child.

My (adult child) has been on the same medication for 12 years. It's not doing anything. Child needs regular assessments and potential change in medication.

Not just hit and miss in justice. Education an issue with health, education, etc. Could be in emergency and treated with disrespect or with family doctors. An education issue.

Most health care professionals only focus on their particular specialty, and not look at or ask about the other mental illnesses that might be impacting overall health.

I tried to get the RNC to get interested in a training session but it never went anywhere.

The rigors of the system re: shifts and rules get in the way of the care that is needed.

There has been some training for police but maybe not enough.

Once a month give client an incentive to get in and see someone (for an assessment/support - to see how they are doing). If government could give financial incentive.

Continuation of community grants that support prevention and community capacity building. Amazing things can happen with a small amount of money.

Raise the amount of money for living wage and income support.

Lack of support on the west coast compared to St. John's.

In rural areas, sometimes the GP is the only health care provider and they are only able to prescribe medications, which are often over prescribed, and that is all they can offer.

Much more emphasis on education and awareness for health care professionals.

Eating disorder programs in St. John's could be used as a model for west coast.

We used to get together for an adult mental health working group. We found it good. Now I feel isolated. When I went there I was connected.

There is an online support group for eating disorders on the west coast.

Training to be able to better recognize the symptoms by health care professionals.

Has to be community based. The cultural community is not waiting on government. We are going to move ahead with this.

Wheelchair accessibility / no support here today to arrange vehicles and transportation.

Do we need to education patients on how to recognize their own symptoms so they can communicate them better to health care providers??

Policy change to support medical transport groups under allowable expenses for income support clients.

The difference is it has to be community based and embedded in community.

If it is in community that brings back compassion. We are doing this regardless.

Increase the amount of money clients can make before there is a claw-back.

Can we help people be more self-aware of their own triggers and symptoms?

Incentives to engage in work and social activities.

Group therapy can be a way to help people share common experiences to help them be more self-aware and proactive.

Society needs to make more of an effort to be more self-aware, but this needs to be supported to help us.

Strategies to work with people who are ill but don't know they are ill.

Has to start from the community. We have never been able to figure out how to do that. If government could identify what works well and then see if the seed could be planted in other areas...but the community has to own it.

There aren't enough places like Summit Place.

Behavior management specialists for youth are very important.

Need for housing is very severe.

Have this conversation not just from a health perspective but education also. What does that look like?

Should be more help for community-based organizations.

We need to be our own advocate.

Our waitlist for children in Corner Brook is very long, not acceptable.

Value of community group is underestimated. Not paying people what they are worth.

Adult care is another story - great progress being made on that front.

A place to go like sunrise. A drop in place.

Share a little bit of the wealth. Wealth in equity.

Outreach to community groups to expand community support.

Don't government departments get together?

Of course, everyone wants staff, but we know it all takes money. That doesn't change the fact that we still have problems. The training aspect is something we really need to focus on.

If patients had advocates in the health care system that can coordinate services and check up on the patient (one person, so they can develop a relationship and build trust).

There is no cure for this, but we need to provide an opening for these people to have to enjoy good lives.

Are government departments not collaborating more because they are afraid of losing their own dollars? Probably.

A case to support people dealing with mental illness.

There comes a point in time when you really have to look after yourself as well.

Collective community-based approach. Connecting groups already in existence and using their buildings to offer additional support.

This forum is a great support.

Takes months to move money and get people on board.

Some sort of support network to ease the burden would be great.

Once children reach adult age, they will resist treatment. Need to be someone who provides that support/insistence of treatment/support.

There are days that it's difficult to be empathetic - it definitely impacts me working in the field.

Government needs to continue the conversation and develop primary health care.

What's old becomes new again.

Mental health care is very under-resourced compared to other areas/topics.

Opportunity is there for people to have quality of life, but not supports there. We need more people on the ground (not high-paid professionals, can be strong support at a lower level).

More peer support, a "warm line."

Stigma is a big issue. Most people want nothing to do with grown children who have schizophrenia.

I've had peers tell me that they've called a helpline and been placed on hold.

Redistribute money so people are generally healthier...to the top 5 determinants of health. I got a raise for doing nothing differently.

My adult children on a Friday or Saturday night, they are home with us. They need something for them.

A conduit to reach people who are struggling is needed. Ideas include policy for primary health care, ways for reaching families, creating a loving and protective community to support one another.

It's great to have systems like hotlines, but if we don't have the resources, then what good is that?

Very dangerous time when a person is in psychotic episode. Have a system in place of a swat team without guns.

Team of 2-4 people to show up at your door. Can be moderated by the team so families will make the phone call.

Need to have a simpler number for mental health crisis. Call 911. So in 2 minutes you have gone from being totally isolated as a parent to a team that will get them to treatment.

Parents have to be able to have communication with health professionals and not have door shut in their face.

Having a number of groups offering mental health first aid means all five groups are doing a best practice and if there is turnover in a position the program can continue because capacity is being built.

Community capacity building is hard to measure but is what works and it takes time.

When we are talking about one-on-one support for youth, a volunteer mentorship matching program in schools would be immensely powerful. This could be low cost as well.

Not including parents eliminates a huge source of information and a resource for the sick young person.

Too much money going into disease management versus wellness.

Still expect person with mental illness to navigate system but they can't use the same organ that is diseased.

When your son is thrown in the back of a paddy wagon and then told we should have done something different.

There must be something somewhere that he can be a part of.

Mental illness - much more difficult to get the diagnosis. There is a role that universities can play. Needs to be awareness among instructors and administrators in universities. Mental health first aid - giving people the tools so that they feel comfortable.

A range of safe, affordable housing options is a necessity for promoting and maintaining mental health.

Mobile teams similar to the ACT team made up of different professionals who are able to meet the individual where they are (home, coffee, etc.) provide follow up outside the hospital...for individuals with mental health issues that are not as severe as ACT team.

Have an emergency response for each community that can respond to a person in crisis. That team would be comprised of a police officer trained with mental health first aid and a mental health worker such as a nurse.

Corner Brook Session – Question 4:

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

Participants unaware of disability tax incentive, how to get it, told they were ineligible.

Get discouraged with disability tax credit papers, and give up.

1 in 5 people have a mental illness.

Many people provide help on a volunteer basis and we would be so much worse off without them.

Nurse Practitioners can play a very key role. We need more of them.

Lack of continuity of care among physicians contributes to poorer care.

The importance of the long-term relationship with your care provider(s) is very important.

Money should be put into prevention. This will save money.

Prevention is key!

Government could save millions of dollars by focusing on prevention.

Provide free transportation.

We can learn from the Big Brothers association. Two people supporting each other.

Clothing allowance.

Provide adequate resources to support primary health care.

Continue to provide community prevention funds.

It's very important for decision makers to hear and talk to people with lived experience through events like this.

This is a family illness. It affects more than just the patient.

Having things put in place long-term (programs and policies) that they stay in place so we can see results in people's lives.

More help in the high schools.

Mental health resources need to be accessible to people with other disabilities i.e., aphasia, paraplegia, low vision, etc.

That change can be made in the lives of our people. Lots and lots of love.

I don't get better on Friday, so now, if I can't get help until Monday, we lose a lot of people like this.

My illness does not have a time frame.

Do not treat me as a number, treat me as a person.

See me as an individual not a disease.

Bipolar is a demon you deal with from within yourself. It is not something you can change or heal overnight.

Need for short-term housing.