

National Council of Women of Canada Presentation

My experience with mental health began in 1996 when my daughter, Carolyn, first attempted suicide. Six months later she died – March, 1997.

Immediately, two friends and I set out to find out what went wrong. Reading notes and meeting with her doctors we knew within weeks that the system was ‘flawed’ and that we weren’t being told the truth.

Within a few months we began by forming a group. Each person I approached agreed to become involved. We had a psychiatrist, nurse, social worker, economist, professor and family members, and so began our daunting task of breaking the code of ‘silence’ which permeates the mental health system.

This is our journey

The route we took

Some of our discoveries

Some of our suggestions

No where were we discouraged in our pursuit of uncovering the ‘flaws’. We did, however, have to ask the right questions to seek the truth. This need for us to take the initiative was most evident when we were pursuing the initial work on the issue of safety of patients on psychiatric wards.

With each new piece of evidence we always uncovered another issue So our research became never ending.

Without the families, who were always most forthcoming in the sharing of their stories, we could not have accomplished our research. Thank-you!

The journey begins with our focus on “family involvement during the care and treatment of a family member with mental illness”.

Some of the points we investigated were:

- 1. Understanding the Mental Health Act, Personal Health Information Act, Mental Health Review Board, Human Rights, and the many other policies and legislation which govern the mentally ill.**

- 2. Understanding the funding for mental health; from the federal government, through transfer payments; provincial government; RHA's and, determining who holds the purse strings and how that money is distributed. One of our members said: If there is a problem, "follow the money" and, this has proven to be so true.**
- 3. And also, understanding the mental health system, uncovering the 'maze'.**

We met with or requested documentation from:

- The Medical Examiner's Office;**
- Two Ministers of Health and other politicians;**
- The hospital, where my daughter, Carolyn, was admitted;**
- Self Help Organizations;**
- Manitoba Health, Mental Health; and the**
- Winnipeg Regional Health Authority.**

In the spring of 1998, two of our members presented to the Mental Health and Law Amendments Committee on Bill 35, where the Committee amended the age of consent for treatment of 'mind altering drugs' from age 18 down to age 16. We were aghast!; politicians, passing legislation that usurped the authority and responsibility of the parents. Our children cannot vote, join the military, buy cigarettes or liquor however, they can make decisions for their treatment at a time when their 'judgment is often compromised'! We were also concerned about the Certificate of Leave issue and other matters being considered during the Hearings.

We then moved on to develop a resolution on the Safety of Patients in Psychiatric Wards which we presented to the Canadian Mental Health Association (Manitoba Division) AGM, it was passed unanimously. I presented a Brief to the Review Committee at St. Boniface Hospital regarding safety of patients, and became a member of the Manitoba Health Committee to develop a protocol on Safety of Patients. I also sat on a Committee on Mental Health Strategic Planning for Manitoba and, became a member of the Psych Ethics Committee at the Health Sciences Centre.

We visited the Eden Mental Health Centre in Winkler; the Brandon Regional Health Authority (Mental Health), "a RHA worth watching, because of their willingness to try new, innovative approaches to care", and the Selkirk Mental Health Centre. No RHA's are the same; in fact each of the 11 RHA's in Manitoba establishes its own community standards for mental health treatment/services.

In 2006 we wrote “The Way We See It” a discussion paper which examined perspectives of families and clients within the current mental health system in Manitoba. This is available on the Provincial Council of Women of Manitoba website.

In 2009 we went on to make a DVD titled, “ The Way We See It” , which tells the stories of four families dealing with mental illness.

Here is what we discovered and recommend:

- **Despite stated policy, the mental health system is system centred and, to serve the community/families and the mentally ill, it must become patient centred.**
- **Manitoba has 11 RHA’s and decisions are made from the ‘top-down’ rather than through the experiences of the front line workers, making it difficult to meet community and patient/family centred standards.**
- **There is little or no transparency or accountability in mental health services.**
- **The system defaults to the medical model, with focus on symptom management and ‘quick fix’ use of pharmaceuticals and, inadequate therapeutic supports.**
- **There is no guarantee that medications provide a positive outcome.**
- **There is no guarantee that a diagnosis is accurate because mental illness, although very real, is not scientifically based, due to a great lack of research resources.**
- **Funding priority has been on primary health care ahead of mental health care.**
- **Within the clinical practice the medical model continues to run as a hierarchy; psychiatrists hold all the power, then psychiatric nurses, social workers, therapists down the line.**
- **Psychologists are often not a part of the Treatment Team.**
- **A tremendous amount of professional time is spent at meetings with little or no apparent positive outcome for the benefit of the patient.**
- **Patients are often discharged from the hospital without family/natural support being advised.**
- **Access to mental health psychiatric services are by referral through a General Practitioner. Waiting times may be up to 4 – 6 months.**
- **Hospital Emergency Departments are often the gateway to access mental health services. A more up-to-date model, the Mental Health Crisis Response Centre, is emerging at the Health Sciences Centre, Psych Hospital in Winnipeg.**
- **Early access of services often will mean a better chance of recovery and yet, there is no medical coverage for all but the most seriously mentally ill patients to access a psychologist, psychiatric nurse practitioner or social worker, to provide therapy outside of the hospital setting.**

- **Social issues such as homelessness, poverty and malnutrition often co-exist with mental health issues and go hand-in-hand with serious mental illness.**

What we suggest:

- **A family/patient centred system must be realized in practice and not just be the subject of rhetoric.**
- **Family/natural support should be a part of the Treatment Team.**
- **A holistic approach, treating the whole person rather than only the symptoms of the disease should become a reality; body, mind and soul.**
- **Community provision needs to be implemented for adequate housing, income and nutrition through programs specific to the wellbeing of the mentally ill, and where possible, encouraging the involvement of family/natural supports to sustain healthy well being outside of the hospital.**
- **To sustain healthy wellbeing outside of the hospital, incentives for individuals to become independent of the system must be encouraged and the practice of claw-backs on income earned to improve one's standard of living should be discontinued.**
- **Negotiating the 'maze' of the mental health system poses a real challenge and serious problems for the patient and family. We believe this to be an appropriate opportunity for family/natural support to become involved and where possible, to advocate or take on a mentor role.**

One topic I want to touch upon is professionals working within the system. Professionals are well aware of the issues. They too have family and are part of the larger community however, they are expected to adhere to department policy and to their superiors. This often causes disquiet when the political agenda is counter to the employee's personal value system. Because of the hierarchical working environment the employee becomes silenced and disillusioned. This creates a systemic powerlessness that discourages positive change.

The hospital/community services are but a microcosm of the community.

To the politicians; their lack of 'political will'.

As I come to an end, I want to emphasize the following:

- **Since depression is often referred to as a disease experienced by greater numbers of women, and since you are focusing on women and mental health for the coming two years, I want to share the following:**
- **Many of the issues appear to bare the seeds of inequality, such as power and control.**

- **Apparently, depression can begin with some form of trauma(s) e.g. bullying, rejection, abuse, sexual orientation, recreational drug use, rape, divorce, death, financial problems and/or genetic background. Yet the family who are the custodians of the family history are seldom consulted to share their family stories, if in fact this information has been shared with them, because of the code of silence that often exists within families about such matters.**
- **Please keep in mind, that all patients are legally entitled to a second opinion. In the case of the elderly, it is wise to seek the second opinion of a Geriatric Psychiatrist if the treatment outcome has not been satisfactory.**

You are undertaking a very important task, through the National Council of Women of Canada's commitment to research Women and Mental Health during the coming two years. We all applaud you for taking on this ambitious task.

To validate the importance of your work, I want to mention that Roy Romonow commented as Chairman of the Commission on the Future of Health Care in Canada, that "mental illness is the poor cousin of the Health Care System in Canada".

Also, and most relevant, Michael Kirby, Chairman of the Mental Health Commission of Canada has dedicated his life to the reform of mental health in Canada. There are reports available on the Commission's website, which you will find enlightening.

I told my dear friend and a Council Woman, before her death, that I intended to organize and work to reform the mental health system in Manitoba. Her response was, "don't, because they will only hurt you".

They have not hurt me, Ladies and gentlemen, but I understood my friend's pain. I consider amongst my friends the mentally ill and mental health professionals, the families with their stories, the Council of Women, and yes, the politicians. Somehow, we have to come together, to gather a consensus and to bring the mental health system into the 21st Century.

Let's eradicate fear, isolation and silence and bring forth dignity, respect and compassion for the mentally ill and their families.

Thank you.

**Presented by: Beverley A. Goodwin
To the National Council of Women of Canada AGM
June 4, 2011**

