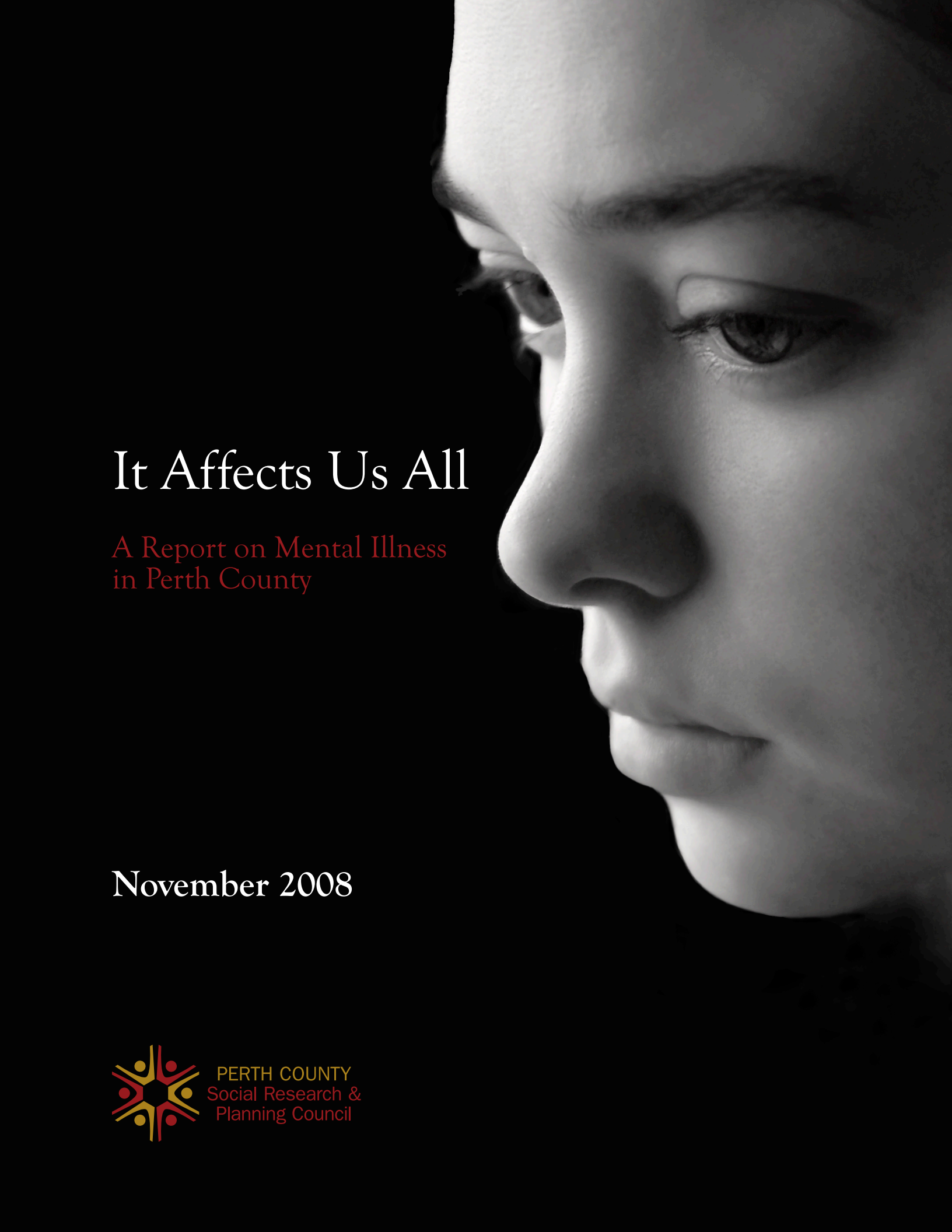

It Affects Us All

A Report on Mental Illness in Perth County

November 2008

PERTH COUNTY
Social Research &
Planning Council

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A United Way 50 of Perth County PROJECT

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'Mental illness, even today, is all too often considered a crime to be punished, a sin to be expiated, a possessing demon to be exorcised, a disgrace to be hushed up, a personality weakness to be deplored or a welfare problem to be handled as cheaply as possible.'

Canadian Mental Health Association

> **"From the beginning, the Committee has recognized that mental health, mental illness and addiction issues resonate with every level of government; they affect, to all intents and purposes, the entire population of Canada. Strategies are required at every level – locally, regionally, provincially, federally and nationally."**
>
> *Senator Michael Kirby, Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada, 2006*

What would you do if you discovered your 13-year old daughter intentionally cutting herself and threatening suicide? How about if your aging mother were falling victim to Alzheimer's? And what if you were a productive, wage-earning member of the workforce one day and crippling depression made it hard for you to drag yourself out of bed the next?

Think it couldn't happen to you?

The fact is, mental illness can strike anyone, at anytime. It doesn't discriminate based on age, race, gender, occupation, socio-economic status or anything else. Everyone is a potential candidate.

Even celebrities.

Elton John, Sheryl Crow, Halle Berry, Margaret Trudeau, Ludwig Beethoven, Abraham Lincoln, Winston Churchill and Charles Dickens all experienced mental illness.

But unless you, or someone you're close to, has had a mental illness, you have no idea what it's like. Or how devastating the consequences can be, from job loss to institutionalization to imprisonment, even suicide.

What is mental illness?

Mental illness isn't a single disease. It's a broad classification for many psychiatric disorders. Anxiety, depression, schizophrenia, personality disorders, eating disorders and organic brain disorders are all mental illnesses.

An astounding one in five people living in Perth County will experience a mental illness in their lifetime – which means there's a good chance you, or someone close to you, will be affected by it.

But despite its prevalence, public resources devoted to mental illness are insufficient at best, and entirely absent in some cases.

Stigma is a huge obstacle

Compounding the problem is the crippling stigma still associated with mental illness that makes it hard for people to admit they're suffering from a mental disorder and fearful of reaching out for medical help.

This report aims to help change how we look at – and deal with – mental illness by exploring what it's like for adults, seniors, children and youth living with mental illness in Perth County. We'll identify the challenges and obstacles to prevention and recovery.

And we'll make recommendations on how to improve our ability to prevent and treat mental illness, and strengthen our community in the process.

Investing in mental health resources

The costs of mental illness are staggering.

Not only does it rob individuals and families of their quality of life, mental illness costs our economy hundreds of millions of dollars a year.

The need for comprehensive publicly-funded mental health services, together with public education programs that combat the stigma of mental illness, is urgent.

> **"You just never know who among us is suffering from or trying to hide a mental illness."**
>
> *John Robertson, Executive Director,*
> *Canadian Mental Health Association, Huron-Perth Branch*

Note: In this report, all the 'stories' and related quotes from those either suffering from or affected by mental illness are from real people in Perth County. Just the names have been changed for confidentiality reasons.

Fast fact: Almost half of Canadians (46 per cent) think mental illness is used as an excuse for bad behaviour. (Source: Canadian Medical Association Report, 2008)

Fast fact: Mental illness costs the Canadian economy a staggering $51 billion a year. (Source: Statistics Canada)

Fast fact: Canada is the only Group of Eight country without a mental-health strategy. (Source: Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada)

Children and Youth – so few services for so many

> **"The government has abandoned the children of Perth County. Kids have died here because of inadequate services."**
>
> *Penny Cardno, Program Director, Mental Health Services, Huron Perth Healthcare Alliance*

You suspect your seven-year-old son is mentally ill but you can't get a definitive diagnosis for more than a year.

You ask your family doctor for a referral to a child psychiatrist and are told there's no one available here.

Your teenage daughter is threatening to kill herself and emergency room staff sends her home, explaining it's your responsibility to keep watch since they can't.

As unimaginable as it might seem, these are common occurrences in Perth County.

While mental health services all across Canada are under-funded and overstretched, services for children and youth are by far the worst off, particularly in Perth County – this despite the fact that mental illness is a treatable disease and the earlier it's diagnosed and treated the higher the likelihood of a positive outcome.

It's estimated there are more than 2,000 Perth County children and youth with a diagnosable mental illness, yet three-quarters of them are unable to access services when they need them.

Why? Because demand exceeds supply – and because some services don't exist here at all.

> **"My mother killed herself when I was 17. There were no supports available for me or any of my siblings. It was terrible. That's why I'm determined to get all the help I can for my daughters, but it's not easy."**
>
> *Eva, mother of two teenage daughters with severe mental health problems*

The epicentre of mental health services for children and youth

The Huron-Perth Centre for Children and Youth is the only publicly funded children's mental health centre in Perth County and it's overwhelmed with requests for help.

With offices in Stratford and Listowel, the centre serves children from birth to age 18. Its' resources and front-line workers are stretched to the limit. And it has a permanent waiting list of more than 150 children waiting for access to one or more of the agency's 13 services, which range from a birth to age 6 program, to intensive family intervention, to resolution teams that help kids access multiple community supports. It does not, however, provide psychiatric services.

In crisis situations, where a child is delusional, or a threat to themselves or others, he/she is seen and assessed within 24 hours. Often the child is referred for immediate medical attention.

In non-emergency situations, intake assessments are normally done within two weeks of initial contact, with the most urgent cases beginning service within one to 30 days. Some kids and their families, however, have to wait as long as a year to access programs. For the majority the wait is somewhere in between – which by everyone's account is still far too long.

> **"Children and youth are at a significant disadvantage when compared to other demographic groups affected by mental illness, in that the failings of the mental health system affect them more acutely and severely."**
>
> *Senator Michael Kirby, Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*

Triaging is the norm at the Huron-Perth Centre – by necessity. This means 'crisis' cases are fast-tracked to service, but it also means kids and families who aren't 'officially' in crisis – but feel like they are and still need help – are continually bumped down the waiting list to accommodate emergencies. Sadly, many of these families could be helped in 10 sessions or less, but instead they're stuck waiting. To them it feels like trying to walk up a down escalator.

Geography a barrier to service

The geographic size of Perth County presents another challenge for people trying to access services. Rural families, especially those without a vehicle, are at a distinct disadvantage. It's not like in the city where people can hop on a bus or subway to get to an appointment. The Huron-Perth Centre fundraises every year to help pay for client transportation so they don't have to dip into budget money, but children still fall through the cracks.

Reaching children and youth from the Anabaptist and other cultural communities is also challenging, due to differences in language, religion and social customs. There's a large number of Old Order Mennonites and Old Order Amish who still use horse and buggy for transportation

and with mental health services centralized in Stratford and Listowel, accessing them from other areas of the county can be difficult. And even though substantial inroads have been made into the Anabaptist communities over the past 15 years, they're still more isolated, hesitant to acknowledge mental illness and more reluctant to seek help for it.

Treating children and youth from any culture is a time-consuming and complex process, which also adds to delays in an already overloaded system. That's because the youngest children can't articulate their feelings and every child/youth needs to be assessed and treated in the context of their family life, often the school life as well. There's a huge amount of information to scope out before determining the best course of action.

Children come to the Huron-Perth Centre for help from every direction. They're referred by parents, family physicians, schools, nurses, childcare workers, addiction counselors, the justice system and the Children's Aid Society. And every time the Huron-Perth Centre for Children and Youth adds a new service, another waiting list soon follows.

"We simply can't serve as many children as we know need help. We're just scratching the surface and that doesn't make us feel good."

Terri Sparling, Chief Executive Officer
Huron-Perth Centre for Children and Youth

No acute mental health beds for children and youth

The Huron-Perth Children's Aid Society (CAS) is a major consumer of children's mental health services. Of the approximate 220 Perth County children in care in a given month, more than a third suffer from mental illness. A third of the parents they investigate also suffer from mental illness, which has a direct impact on their children's well-being.

Sometimes the CAS can't wait for service from the Huron-Perth Centre and is forced to seek help outside the county – which it has to pay for. This is just one of many reasons annual costs can climb as high as $250,000 to $300,000 – sometimes more – for a child in care.

While children in care suffer from a full range of mental illnesses, suicide prevention is the main intervention required. Suicide attempts are frighteningly common and the CAS has dealt with suicidal children as young as 10 – yet there's nowhere in Perth County to take them for protection or treatment.

That's because Perth County has no acute mental health beds for children and youth. In fact, the counties of Huron-Perth and Bruce-Grey are the only jurisdictions in all of Ontario without them.

This means families, guardians, the CAS and physicians all face the same dilemma here: where does a suicidal child go for help?

London and Kitchener hospitals used to admit children and youth from Perth County, but no longer do. Their resources are overtaxed and the mandate to serve their own jurisdictions is enforced. One child in care was recently sent to Ottawa for acute treatment, since there was nowhere closer to take her.

> **"These kids get bounced back and forth. Suicidal children from Perth County are taken to hospitals outside the area where they live, then they wait for hours in the emergency rooms only to find out the hospital won't admit them. It's certainly not ideal for the child – plus it's very expensive."**
>
> *Tom Knight, Executive Director, Huron-Perth Children's Aid Society*

In the past, the adult psychiatric unit at Stratford General Hospital would reluctantly admit children. As of July 2008 the practice was officially stopped. It was formally acknowledged that mixing children with adults is both unsafe and unacceptable and that psychiatric staff is trained to deal with adults only.

The acute mental health needs of children in Huron-Perth and Grey-Bruce were supposed to be studied and addressed in the Health Services Restructuring Commission's 1997 report, Rural and Northern Health Care Framework.

It didn't happen.

Their committee never came, the ruling government changed and the seriously mentally ill children in these four counties were essentially abandoned.

In desperate need of a child psychiatrist

While there's an alarming shortage of child psychiatrists all across Canada, the lack of children's acute mental health beds in Perth County makes it next to impossible to attract one and keep one here.

When there's nowhere to admit a seriously mentally ill child how can a psychiatrist possibly hope to provide comprehensive treatment? It's like trying to order a triple bypass without an operating room.

Perth County did have a child psychiatrist for many years, but Dr. Marilyn Marshall stopped taking children from the general public in 2005 because there were no acute mental health beds for them. She now offers her services exclusively to two private residential children's homes in Stratford.

> **"I used to have an open door policy but it became impossible to care for the most seriously ill children without hospital beds. It's not right to expect parents to take weeks off work at a time to try and take care of a suicidal child at home. And it's too dangerous. I didn't feel I could be a part of the whole negligent system here any more."**
>
> *Dr. Marilyn Marshall, child/youth psychiatrist formerly working with the Huron Perth Healthcare Alliance*

While it's possible in Perth County to get a televised consultation with a child psychiatrist through the government's Telepsychiatry Program, these sessions are one-shot deals and do not include treatment or follow-up.

Patients covered by the STAR Family Health Team, which serves Stratford and Tavistock, and those covered by the North Perth Family Health Team have a slight advantage. The Tavistock/Stratford patients have access to a half-time psychologist who works with children and adolescents while Listowel-area patients have access two days a month to a visiting child and youth psychiatrist from London. While these are steps in the right direction, they don't benefit people who aren't part of the health teams.

While Mental Health Services with the Huron Perth Healthcare Alliance gets zero funding for children, it helps where it can. As a stop-gap measure, a Stratford physician specializing in psychiatry has agreed to see one child per month, acknowledging it's just a drop in the bucket.

Family physicians are the first point of contact for most children and youth dealing with a suspected mental illness, but many doctors aren't confident in diagnosing the more complex mental illnesses on their own. Those doctors who do not have access to a child psychiatrist or psychologist are clearly at a disadvantage – as are their young patients.

And the many Perth County residents without a family doctor are even worse off, often forced to resort to emergency room visits in search of help.

> **"When I do a child assessment then have to tell the parents I can't see the child again for three months it understandably doesn't go over well. This is just so inadequate."**
>
> *Dr. Heather Sylvester, physician specializing in psychiatry, Huron-Perth Healthcare Alliance*

Josh's story

Paula first knew something was wrong with her son when he was in Grade 2.

Josh was constantly scrubbing his hands up to his elbows, erasing an entire page of homework because of one tiny mistake, and continually saying 'sorry, sorry, sorry' – for things that didn't even begin to warrant an apology.

She suspected he had Obsessive Compulsive Disorder (OCD), a mental illness classified as an anxiety disorder. Those who have it experience intrusive, persistent and unwanted thoughts that sometimes prompt rituals – or compulsions – that can last for hours on end.

So Paula took Josh to their family doctor who wasn't confident making a definitive diagnosis. Since there was no child physiatrist available in the area, Josh was referred to the Huron-Perth Centre for Children and Youth. The counsellor there also suspected OCD but wasn't qualified to provide a diagnosis either.

Together Josh, his parents and the counsellor began counselling at the centre, which consisted of Cognitive Behavioral Therapy to try and teach Josh new ways of thinking about things and to show his parents how they could help him – and themselves – learn to cope.

The counselling was helpful and things improved for a while, but then there'd be another flare-up.

At one point Josh was staying up all night, going through a series of complicated counting rituals that never seemed to end. He also believed if he fell asleep he wouldn't wake up. When he didn't sleep, the family didn't sleep. Nobody could function the next day.

"Our family was turned upside down and inside out," says Paula. "Unless you've been through it you have no idea what it's like. It was pure hell."

Back to the family doctor, Paula begged for something to help Josh sleep. A prescription for a sedative turned out to be a lifesaver in the short term, but still didn't address the OCD.

Josh was eventually referred to the Child and Parent Resource Institute in London where a formal OCD diagnosis was made, but no medication or follow-up treatment was recommended. Josh and the family continued to muddle through, day by day, week by week, month after month.

If was four years before Josh managed to get an appointment with a child psychiatrist who was temporarily practicing in Stratford. She prescribed a serotonin reuptake inhibitor, a class of antidepressants often used to treat anxiety disorders and depression. It was just what Josh and his family needed.

"That made all the difference in all of our lives," says Paula. "But it took four years to get it. Our other kids were virtually ignored those years while we focused on Josh and tried to cope as best we could."

Both of Josh's parents are self-employed which means they could adjust their days

to accommodate appointments, all-nighters and the close supervision Josh's OCD commanded. "If we'd been working for an employer we wouldn't have been able to manage," says Paula. "I don't know how some families cope."

Josh is now in Grade 10 and doing well. He's being weaned off the antidepressants and so far so good. His parents are pleased the way things have been resolved; they just wonder why it had to take so long.

"If he'd had a formal diagnosis earlier and if there'd been a psychiatrist who could have seen him right away, we might have been able to help Josh sooner," says Paula.

"For four years the stress level in our family was through the roof. We felt lost in the shuffle trying to navigate the system. Four years to get a medication we now know is prescribed for OCD on a regular basis. Something's wrong when it takes that long."

No one to tackle eating disorders

Despite the fact that eating disorders have the highest mortality rate of all mental illnesses and are the third most common chronic illness in adolescent girls, Perth County currently has no eating disorder program.

These children and youth require complex care and Perth County families are at a disadvantage trying to get it. Sometimes families are referred by their family doctors to OHIP-covered programs outside Perth County, but this usually involves substantial driving plus time off work for parents. Others may have coverage for private counselling through their employee benefit plans. Those who don't have benefits may still decide to seek private treatment – if they can afford it. And then there are those who are left to their own devices, coping as best they can with the illness, the fear and uncertainty.

"We're forced to access programs outside Stratford, which is less than ideal. Clearly it would be to everyone's benefit to have an eating disorder program in Stratford."

Dr. Laurel Moore, Chief of Staff, Stratford General Hospital

Addictions: A complicating factor

A large proportion of youth aged 12 to 18 seeking treatment at Choices for Change, Perth County's addiction counselling centre, have concurrent addiction and mental health issues. This complicates treatment.

The South West Local Health Integration Network (LHIN), responsible for planning, integrating and funding local health services in the region that includes Perth County, reports a high incidence of binge drinking among 13 to 18 year olds, as well as an increase in the use of the drugs Ecstasy and crystal meth, all of which have a negative impact on mental health.

The lack of adequate mental health services in Perth County and the waiting lists for services compromises Choices for Change's ability to treat youth with concurrent addiction issues. Many of the young people seeking help for addiction problems have suspected mental illnesses that haven't even been diagnosed, let alone treated.

> **"Our clients are far more complex than they used to be due to multiple drug use combined with mental illness."**
>
> *Catherine Hardman, Executive Director, Choices for Change*

Supporting the family

Family Services Perth Huron is one of the largest social service agencies in Perth County. They are very familiar with the strain mental illness puts on individuals and families. Their programs are the linchpins that help keep families together while they're going through the chaos that often accompanies mental illness.

Like the Huron-Perth Centre for Children and Youth, they do intake assessments quickly, but clients then usually have to wait for counselling programs for anywhere from a few weeks to four months.

Family Services currently receives just $34,000 a year to support children with mental health needs through their respite services. That has to cover staff training, home visits and all other direct costs.

> **"Families tell us it's key to have psychiatric care but it's our respite services that allow the family to function. That's what we do. Without that support a family can break down."**
>
> *Susan Melkert, Executive Director, Family Services Perth Huron*

Schools as the hub of service

Children and youth spend more time at school than anywhere else. It makes sense that mental health promotion, early detection and delivery of mental health services would begin there.

Experts agree that early intervention is prevention. The trouble is, education funding is set up to support teaching, not treating.

Regardless, there's evidence the need for mental health supports in schools is greater than ever and continuing to grow. Some kids are barely coping, let alone learning. Without supports, children and youth with mental illness are at risk of not only failing school, but failing life as well. They miss educational and job opportunities, struggle with relationships and family, and are at increased risk of entering the justice system.

> **"I've worked in education for 36 years – eight of them as superintendent. There's been a significant increase in the number of young people dealing with serious mental health issues. It's the worst I've seen in all my years. It presents a tremendous challenge for families and schools."**
>
> *Marie Parsons, outgoing Superintendent of Education*
> *Avon Maitland District School Board*

Recognizing the need, the Perth District Health Unit, the Avon Maitland District School Board and the Huron-Perth Catholic District School Board have formed partnerships to put public health nurses in almost every publicly-funded school in Perth County.

The equivalent of six full-time nurses now spend between one day a month and 2.5 days a week meeting with students or consulting with parents and teachers at each of the Avon Maitland District School Board's 22 schools (17 elementary and 5 secondary) and the Huron-Perth Catholic District School Board's eight elementary schools. Students self-refer or are referred by teachers, parents, or local agencies. (The Catholic board provides a social worker to its only high school in the county, instead of a public health nurse.)

A sample review of the in-school nursing service, which started out as a pilot project in 2000, shows an indisputable need for one-to-one counselling on mental health issues which include everything from stress and coping, to self-esteem, to depression and suicide ideation. Of the students who came for school-based nursing service, approximately 80 per cent of the elementary students and 64 per cent of the high school students came with mental health issues.

> **"My daughter was acting very strangely and I was concerned. The school nurse was the one to pick up on the fact she was contemplating suicide again. I have no doubt whatsoever that nurse saved my daughter's life."**
>
> *Pam, mother of a teenaged girl suffering from depression*

Some service providers feel children and youth could be better served if there was improved communication and co-operation between the Ministry of Education, the Ministry of Health, Ministry of Children and Youth Services and the Ministry of Community and Social Services.

> **"The territoriality between ministries definitely makes it more difficult to create a seamless delivery of children's mental health care. But if we hope to fill the gaps and reduce duplication what we need most of all is for the regional offices of these ministries to listen to what the ground level service providers have to say. Government policies and funding strategies need to be responsive to local experiences and evaluations, not the other way around."**
>
> *Tom Knight, Executive Director, Huron-Perth Children's Aid Society*

The mental illness and justice system connection

The numbers show that youths with mental illness are over-represented in our correctional facilities. That's why the Huron-Perth Centre for Children and Youth provides youth justice services. One of the programs is school-based and focused on prevention.

Its resources are scarce and demand is high. There are just three youth workers to serve all Perth and Huron county high schools and feeder schools. These workers provide counselling to youth who've been identified as being at risk of entering the justice system. Among the three of them, the youth workers met with 259 at-risk students last year.

Sometimes the youth worker is the last thing that stands between a student and the courts.

> **" Mental health and the youth justice system are closely connected. The whole idea is to intervene early at the school level – before students find themselves in trouble with the law."**
>
> *Heather Becker, Youth Justice Prevention Worker*
> *Huron-Perth Centre for Children and Youth*

Amber's Story

Debbie knew her troubled 12-year-old daughter Amber was already having sex. By 14 she was talking online with men and even exposing herself. "I would get up in the middle of the night and see a light on," says Debbie. "I was horrified." Amber was also smoking pot, drinking and sometimes staying out all night.

Divorcing her alcoholic husband when Amber was nine had been hard on everyone. Debbie knew that. She also knew the kids could probably have used some help, but there was a long waiting list for family counselling – unless you were 'in crisis.'

Amber's risky, destructive behaviour steadily escalated. She was eventually assessed by a psychologist through the Huron-Perth Centre for Children and Youth and referred to a private counsellor who charged $60 an hour – a king's ransom for a single mother.

The girl's behaviour was attributed to changes in the home, the stress of the divorce and predictable teenage rebellion. Debbie wasn't satisfied.

"I knew in my heart it was more than defiant teenage behaviour," she says. "The kind of behaviour Amber was engaging in was terrifying. I was reaching out to everyone and everything I could think of." Debbie also had an advantage since she worked in the social services sector, yet she still found it hard to navigate the system.

Meanwhile, Amber got worse. She started cutting herself. Then she tried to commit suicide. She was now officially 'in crisis.'

Amber was soon seeing a public health nurse at school, a drug and alcohol counsellor at Choices for Change and a counsellor at the Huron-Perth Centre for Children and Youth. An astute school-based nurse detected a second suicide plan and Amber was admitted to the adult psychiatric unit at Stratford General Hospital.

"It was horrible," recalls Debbie, "but there was no where else for her to go. It was all adults in there and the staff wasn't trained to deal with adolescents. They were merely housing her. She got depression medication and stayed the weekend."

Two months at London's Health Sciences Centre followed, which meant time off work for Debbie and lots of driving. Once she was back home, Amber falsely accused her mother of physical abuse. The police arrived with the Children's Aid Society in tow and it was several days before they concluded Amber had lied. The experience was devastating for Debbie.

Six months in a group home in Waterloo ensued, followed by foster care back in Stratford – and more self-destructive behaviour.

"The trouble in all this is there's no one to connect the dots and coordinate the services,"

says Debbie. "I'm the only one who seems to be doing that."

In two years, Amber has had two psychiatric assessments but they were "one-shot deals." There was no formal follow-up or recommended therapy and their family doctor wasn't trained to provide it anyway. There wasn't a single child psychiatrist in all of Perth County they could turn to.

"My daughter had to move out of the community to get the critical supports she needs,' says Debbie. "She's learned she has to be in crisis to get help."

Amber is almost 16 now. She's been diagnosed with a borderline personality disorder. To ensure Amber gets the support and treatment she needs Debbie is forced to make a horrendous decision: she's considering permanently relinquishing her parental rights and making Amber a Crown Ward.

"I don't have the money, the time or the work flexibility to do it for her," says Debbie, breaking down. "It shouldn't have to be this way. I'm so tired and it's not over yet. It's not even close to being over."

No single entry point and no system-level monitoring

Parents who try and access mental health services for their children often complain there's no one to keep track of who provided what kind of service when, for how long, or what's been recommended as a next step.

> **"When is our government going to do something? When are they going to realize our children are in crisis here?"**
>
> *Suzanne, mother of a suicidal teenager*

Another challenge in accessing mental health services for children and youth is there's no single entry point. No one knows where to start because they don't know what services are available.

Stigma can last a lifetime

Kids want to be like their friends. They need to be accepted and included. Once a child with a mental illness is singled out, that becomes more difficult. The lack of understanding and fear of mental illness often drives other children – and their protective parents – away.

An estimated one in five children suffers from a mental illness, which means there's a good possibility there are four or five in every classroom. Trying to hide the illness just makes it doubly hard for these children and their families to cope.

The stigma of mental illness is also hard to shake. Not only does it erode confidence and lead to social isolation, it can become a lasting barrier to a complete and satisfying life – right into adulthood.
Sometimes the stigma is even more compelling than the illness itself and deters parents from seeking help for their child. The lack of education and understanding about mental illness remains one of the major barriers to treatment.

> **"It's still a huge challenge for parents to say my child has a mental illness."**
>
> *Terri Sparling, Chief Executive Officer*
> *Huron-Perth Centre for Children and Youth*

Years ago, people were ashamed to say they had cancer – as if it was their own fault somehow. Fortunately, this is no longer the case and we understand cancer can strike anyone at anytime through no fault of their own. Sadly, we haven't yet reached the same level of understanding with mental illness.

> **"We must go beyond the tradition of blaming children and pointing the finger at parents. It is important to become sensitive of the harm we do with negative attitudes. Keep in mind that stigma is a mark that lasts a lifetime. That's why we must avoid burdening our children with blame, stigma, and discouragement."**
>
> *Dr. Abel Ickowicz, Psychiatrist-in-Chief*
> *The Hospital for Sick Children*

The Ideal Model: Something to aspire to

In 2000, three ministries got together to review the children's mental health system in the South West Region. The Ministry of Community and Social Services, Ministry of Health and Long Term Care and the Ministry of Education together published An Ideal Model for Children's Mental Health Services in South West Region a year later, followed by year one and year two implementation plans.

The goal: to identify "a high quality system of children's mental health services that is accountable to children and their families, easily accessible and integrated with other supports for children."

The final report describes a system guided by 10 main principles, including one which is "easily and equitably accessible by all consumers, providing access to a range of services located close to home."

The year two implementation strategy even specifies the need for acute mental beds for children at the "nearest hospital to which a family has access 24 hours per day, 365 days per year."
The Ideal Model recognizes the importance of a system of mental health for children and youth that is focused on prevention and early intervention, supplies home and school-based supports, the availability of clinical and mobile services, as well as highly specialized services.

The trouble is, the Ideal Model remains an ideal.

While it is something to aspire to and helps with strategic decision-making, the lack of funding in many areas remains a key issue. The Ministry of Health and Long Term Care has still not provided the funding for acute mental health beds for children and programs at all levels are bursting at the seams.

Demand continues to outstrip supply, leading to more and longer waiting lists for many families and children.

The shortage of services, the long waits for existing services and the lack of some services altogether still plague Perth County. We're nowhere close to the Ideal Model.

> **"We're all trying to work together and partnerships are essential but we're stretched to the limit here already and our staff is stretched to the limit. It's great to have a plan but if you don't have the wherewithal to implement it, it's just a piece of paper."**
>
> *Penny Cardno, Program Director, Mental Health Services*
> *Huron Perth Healthcare Alliance*

Fact facts:

- In 2007, there were approximately 400 emergency room visits in Perth County involving children and youth (aged 16 and under) with mental health issues. Of those, 240 would have been admitted to hospital if beds were available.
  (Source: Mental Health Services, Huron Perth Healthcare Alliance)

- By 2020, mental health problems among children and youth are predicted to increase by 50 per cent.
  (Source: Government of Canada, Reaching for the Top: A Report from the Advisor on Healthy Children and Youth, 2007)

- In 2005, 11 per cent of Ontario students in Grades 7-12 reported they had seriously considered suicide during the previous 12 months.
  (Source: Centre for Addiction and Mental Health)

- Research shows 80 per cent of all psychiatric disorders emerge in adolescence, and 70 per cent of cases can be resolved with access to treatment – yet only one in five children who need help actually get it.
  (Source: Government of Canada, Reaching for the Top: A Report from the Advisor on Healthy Children and Youth, 2007)

- Suicide is the second leading cause of death among youth after motor vehicle accidents.
  (Source: Canadian Mental Health Association)

- Eating disorders are now the third most common chronic illness in adolescent girls.
  (Source: Canadian Pediatric Society, 2001)

Adults – The stakes are high

> **"We are looking at the final frontier of socially-acceptable discrimination. It's a national embarrassment."**
>
> *Dr. Brian Day, President of the Canadian Medical Association*

In August 2008 when the Canadian Medical Association released its eighth annual National Report Card it was the pervasiveness of the stigma attached to mental illness that made startling headlines.

As the report made clear, despite considerable progress in our ability to treat mental illness, we've made virtually no strides in eliminating the stigma of it.

According to the report, 10 per cent of Canadians think those who are mentally ill could just 'snap out it' if they wanted to and almost half of all Canadians think the term 'mental illness' is used as an excuse for bad behaviour.

One in four of us is afraid of being around someone who suffers from serious mental illness; six out of 10 wouldn't have a family doctor or hire a lawyer who has a mental illness.

And almost three out of 10 Canadians are fearful of being around people who are experiencing serious mental illness.

This, despite the fact that 15 per cent of Canadians acknowledged that they themselves had been previously diagnosed with clinical depression, the most common mental illness.

The truth is the majority of adults with mental illness are living in the community, struggling to keep their lives together and hang on to their jobs – more often than not in secret. The emotional toll on them and their families is incalculable.

> **"Not only could I not go to work, but I also couldn't help with any cooking, cleaning, snow shoveling, cutting grass – nothing. I felt useless. My family didn't know what to do – do you push or do you support?"**
>
> *Doug, local husband/father suffering from mental illness*

Staggering financial costs

The cost of mental illness to the economy at large is enormous. Every day, half a million Canadian workers are off sick with mental health problems. Every year, employers and insurers spend $8.5 billion in long-term disability claims related to mental illness.

And every year mental illness costs our economy an estimated $51 billion.

While comparable figures aren't available for Perth County, it's safe to say we too are losing millions upon millions of dollars every year.

It's a price we really can't continue to pay – not in an economy where the currency is brain power.

Stigma remains a huge obstacle for adults with mental illness. Fear of being labeled – which can have devastating consequences for everything from personal relationships to careers – prevents many from seeking treatment early, when it's more likely to be effective.

Adding to the problem is the fact that when people do work up the courage to seek treatment, they find themselves at the mercy of a system with no defined entry point, long waits – and serious gaps in service.

> **"How do you get the help you need – the right service at the right time? This is a huge challenge for many people."**
>
> *Pat Hanly, Public Health Manager, Perth District Health Unit*

Local resources stretched to the limit

Here in Perth County mental health service providers are doing the best they can to meet the increasing needs – and numbers – of people suffering from mental illness. The problem is, resources are swamped.

The Huron Perth Healthcare Alliance's Mental Health Services, based in Stratford with a satellite office in Listowel, provides programs and services to individuals aged 16 and up, their families and friends. They offer everything from crisis management and early intervention of psychoses (severe psychiatric disorders), to support for depression and medication monitoring. Their work is done in long-term care facilities, people's homes, doctors' offices, schools, on-site in their own facility and in the hospitals.

Their team of seven full-time crisis workers must serve both Perth and Huron counties. They do emergency assessments at all eight hospital emergency rooms, on-site at schools when requested, and as of July 2008 they also work in partnership with the OPP doing emergency assessments in people's homes within the two-county jurisdiction.

"We're fortunate to have the spectrum of services we have here and fortunate to have developed partnerships with other service providers. We're all very busy trying to fill the gaps and plug the holes in the dike, but it's a worry because we've run out of fingers."

Penny Cardno, Program Director, Mental Health Services
Huron Perth Healthcare Alliance

In 2007 the Huron Perth Crisis Intervention team responded to more than 6,000 calls in Perth County alone. During the same period there were 865 new referrals for group and individual counselling.

There is only one person working in the first episode psychosis program who's responsible for responding to calls from homes in both Huron and Perth counties.

There's no eating disorder program of any kind, despite an alarming increase in the number of people with the illness.

And the Huron-Perth Healthcare Alliance has just one person in Perth County to provide counselling for sexually abused women and there's a four-month waiting list.

The bottom line?

Every public service and program offered by Mental Health Services is operating above capacity – yet needs are growing all the time.

Top that off with rising gas prices, increasing plant closures and lay-offs and it's easy to see how demands on an already overstretched budget are destined to become even greater.

Keeping people in the community and out of hospital

The main role of the Canadian Mental Health Association (CMHA) Huron-Perth branch is to help people age 18 and up with mental illness stay in the community and out of the hospital. Clients come from every income bracket, age group and occupation.

Twenty-three front-line workers help clients access income support programs and subsidized housing, while offering emotional support and help improving family relationships. They also support mentally ill clients who've entered the justice system, a group that is vastly over-represented in both the courts and correctional facilities.

During the fiscal 2007/08 year the CMHA served 631 clients; up from about 450 just two years earlier.

The branch also operates 64 subsidized housing units for Perth County clients who have nowhere else to live. Funding provided 18 new units in 2006, but nothing since. Based on increasing demand, the branch estimates it needs 10 new units every year.

> **"Income and housing are critical. Once you get those in place it's easier to move forward. The government has been responding to our demands, but those investments must continue."**
>
> *John Roberston, Executive Director, CMHA Huron-Perth*

Supporting services, such as credit counselling and respite care are also provided by Family Services Perth-Huron which help families get through the most challenging times.

Catherine's Story

Being mentally ill is hard enough as it is. But when it propels you into a life of poverty the challenges can be overwhelming.

And that's exactly what happened to Catherine, a 42-year-old, self-employed house cleaner who made a modest, but decent living.

Catherine comes from a family with a history of mental illness. Of the 11 siblings on her mother's side of the family, all but two take daily medication for depression, bipolar disorder or schizophrenia.

"I'm no stranger to mental illness and I've been through several depressions in my own life, but none as bad as this latest one," she says. Her partner's "crushing" deception and their subsequent break-up, combined with the unplanned pregnancy of her young and volatile daughter triggered a depression so deep Catherine considered killing herself.

"I reached the breaking point. I just shut down. I was catatonic by the time I got to emerg," she recalls. Catherine was admitted to Stratford General Hospital's psychiatric unit, Two South, where she stayed for a month.

She was prescribed an anti-depressant, involved in regular talk therapy – including daily sessions with her psychiatrist – and taught relaxation exercises by the psychiatric nurses on the floor. Overall, she felt well cared for.

But unable to work for the next three months while she continued treatment, both during and after the hospital stay, Catherine lost her apartment, used up all her savings and was forced to stay with relatives. "I was destitute," she says.

To make matters worse, anxiety became a constant companion to the depression. Catherine's fear of having a panic attack in public was so acute it made it almost impossible even to go grocery shopping.

During her stay at the hospital, a social worker from Mental Health Services was assigned to help her access short-term Ontario Works benefits, then on her psychiatrist's advice helped her apply for long-term benefits through the Ontario Disability Support Program (ODSP).

Another major blow-up with her daughter led to an overdose of medication which landed Catherine back in Two South where she stayed for another two weeks.

Now, a year-and-a-half after her initial breakdown, Catherine is still unable to work. She's broke, mentally vulnerable, socially isolated and completely dependent on ODSP benefits. While they cover the cost of her medication and transportation to and from medical appointments, like other people forced to live on benefits, Catherine now lives either on or below the Low Income Cut-Off (what people used to call the poverty line).

Through the Canadian Mental Health Association Huron-Perth Branch, Catherine is now able to rent a subsidized transitional apartment for less than $200 a month.

While she's glad to have a roof over her head, she now feels socially isolated since most of her friends and acquaintances backed off when she got sick. They didn't know what to say or do. "Most of my friends gave up on me," she laments. "I made them uncomfortable."

While Catherine is hopeful she'll soon be cleaning houses again, she knows she has to take it one step at a time.

"I'm now just starting to see the light at the end of the tunnel. I finally feel like I can get up and face the day again," she says.

"I'm anxious to get back working – but I'm also afraid of what the next trigger might bring."

Too few psychiatrists and physicians

Anyone in need of a psychiatrist in Perth County will typically have to wait as long as nine months to see one. Stratford is the hub of service and only has three psychiatrists and one physician with a specialty in psychiatry, which simply isn't enough to meet the demand.

> **"These people must treat their own patients, support outpatient programs, perform inpatient duties and be on call to offer advice to hospitals in Stratford, St. Marys and Listowel. It's too much."**
>
> *Penny Cardno, Program Director, Mental Health Services*
> *Huron Perth Healthcare Alliance*

Listowel Mental Health Outpatient Services also has a visiting adult psychiatrist three days a month and the wait there is typically six to eight months.

Couple that with the shortage of family physicians and you end up with people whose only choice is to access care through hospital emergency departments, which is a very expensive alternative.

Reduced number of psychiatric beds

Stratford General Hospital is in the midst of a $65-million redevelopment project which will include a new emergency department, new operating rooms, intensive care unit and other state-of-the-art amenities, as well as a redesigned inpatient mental health ward.

While the new mental health ward will be larger and better equipped than the old one, it will also have three fewer beds.

Why? Because in 1996 the Health Services Restructuring Commission reviewed the number of mental health beds at Stratford General Hospital and concluded the number should be reduced from 18 to 15 – something that set off alarm bells for local mental health service providers and continues to be a major source of concern.

Those who work in local mental health services question the wisdom in cutting beds when community supports are already overloaded and the numbers of mentally ill people are expected to continue growing. In addition, the ward's management strategy dictates that two beds must always be kept available during the week and four on the weekends since acute mentally ill patients who come in via the emergency department can't be predicted, nor can they be placed in other wards.

> **"Clients in this unit can't care for themselves; they're at risk to others and at risk to themselves. This kind of acute illness is not always best served in the community. Cutting these beds didn't make sense then and it makes even less sense now."**
>
> *Penny Cardno, Program Director, Mental Health Services*
> *Huron Perth Healthcare Alliance*

Mental illness, employment and the poverty connection

A recent poll commissioned by the Great-West Life Centre for Mental Health in the Workplace, revealed that 64 per cent of adults with mental health problems keep their condition secret from their employers.

For the most part, it appears it's with good reason. While employers understand the stresses of coping with cancer or dealing with the aftermath of a heart attack, most aren't nearly as kindly disposed toward employees suffering from a mental illness.

> **"We can't afford to be tossing any workers overboard. We have a brain economy and we can't let all these brains go to waste."**
>
> *Bill Wilkerson, CEO, Global Business and Economic Roundtable on Addiction and Mental Health*

Although there was a landmark ruling by the Ontario Superior Court in the summer of 2008 objecting to the firing of an employee with a mental illness, it happens all the time.

And while there are employers who have acknowledged the importance of accommodating workers with mental illness, the majority haven't.

For the mentally ill, the fear of losing their job is real.

And what happens to those who do lose their jobs? They can find themselves going from a contributing member of society one day to someone living on social benefits the next.

Those who must rely on Ontario Works short-term benefits, or the long-term benefits of Ontario Disability Support Program (ODSP) will find they have additional challenges just trying to make ends meet. Sometimes people are forced to cash in their RRSPs, sell their homes or give up their apartments and move into subsidized housing. It's safe to say that long-term reliance on ODSP benefits is a gradual, but inevitable, path to poverty.

> **"When I got sick I couldn't work as hard. So, work slowed down, I slowed down and my savings disappeared pretty quickly. It was going, going, gone."**
>
> *Single, self-employed woman with a mental illness*

Consider that the maximum ODSP benefit for a single adult is $999 a month. (Transportation to medical appointments and prescription drugs are covered separately.) That monthly benefit must cover rent, food, phone, hydro and water, clothing, gifts, fees, recreation and other expenses. The maximum monthly benefit for a single parent with two children under 12 is $1,456. Any mentally ill parent with two young children will have enough on his/her plate without trying to survive on that kind of income.

For those who are self-employed, the challenges of staying financially afloat are also difficult. In the absence of any company benefits, loss of income combined with expensive prescription medication or the need to pay for private services can quickly lead to a financial crisis – even poverty.

A life of poverty combined with mental illness leads to marginalization, social isolation and can also prove to be a fast track to drug and alcohol abuse.

Doug's Story

Imagine being a respected member of the workforce capable of delivering keynote speeches at major conferences, then six months later you can't even fold socks.

Meet Doug, a Perth County professional who was felled in his 40s for three solid years by a deep, dark clinical depression so debilitating he was often spending 20 hours a day in bed.

A number of factors conspired to bring on the mental illness, he says, particularly a painful bout of diverticulitis, which prevented him eating or sleeping for three straight weeks.

"I completely lost my zest for life. I'd never been depressed before and I'd never experienced anything even close to it. I felt like a zombie. I was exhausted all the time from the simplest of activities."

He also suffered intense anxiety – a frightening sensation for a normally calm, relaxed person. "I couldn't sleep and I worried constantly. My body was revving all the time."

Over the course of two years Doug tried every kind of anti-depressant on the market and nothing helped. He was incapable of working and was forced to take a three-month leave of absence. Even an 8-week residential program at the Homewood Treatment Centre in Guelph, renowned for mental health treatment, failed to crack the depression.

"I had been someone who was so full of life, so joyful, so positive and productive. Now all I knew was bone-crushing exhaustion and unbelievable anxiety."
Three months off the job turned into six months, despite a brief, but hopeful attempt to get back at it at one point. "My family was devastated and they were terrified I would try and kill myself. They didn't know what to do. They felt helpless."

When all other options were exhausted, Doug's psychiatrist recommended electroconvulsive therapy, a procedure involving a series of treatments that send an electrical current to the brain. Initially, he was horrified by the thought and refused to even consider it.

Next came the call from his employer, who up to that point had been supportive. He was fired.

"It rolled off me like water off a duck's back," says Doug. "I was too sick to care. I now believe that had I been diagnosed with any other illness I would not have been terminated. They would have bent over backwards to do anything they could to keep me."

After a year of holistic treatment, which also didn't work, Doug finally consented to the shock treatments. He was admitted to the psychiatric ward at Stratford General Hospital, which fast-tracked him to the six electroconvulsive treatments that were his last hope.

That's what finally broke the crippling depression.

Doug had to cash in $30,000-worth of RRSPs to keep the family financially afloat during his ordeal. The strain on his marriage and family life was immeasurable.

Today, he has a new job; one where his employer knows all about his battle with mental illness and respects him for being upfront about it.

"I'm an average Joe with a great family, who loved life, loved his job – and got depressed," says Doug. "If it could happen to me it could happen to anyone."

Mental illness and addiction: The co-morbidity factor

People with mental illness often find themselves searching for an escape route through drugs or alcohol. In fact, 50 to 60 per cent of the clients at Choices for Changes, Perth County's addiction counselling service, have both addiction and mental health issues.

> **"Some people with concurrent conditions are so busy just trying to survive they can't deal with the addiction problem."**
>
> *Catherine Hardman, Executive Director, Choices for Change*

The South West Local Health Integration Network (LHIN) noted in its April 2008 document, Mental Health & Addictions Priority Action, that research shows people with concurrent addiction/mental health issues experience poor treatment outcomes, high rates of relapse, suicide and homelessness.

Senator Michael Kirby in his report, Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada, noted that 30 per cent of people diagnosed with a mental illness also have an addiction problem: an estimated 37 per cent abuse alcohol and 53 per cent abuse drugs. The evidence is clear that addiction services and mental health services must work together.

Sadly, the stigma of mental illness also gets an added boost from addiction which comes with the moral overtone that you 'should know better' and simply lack willpower. But it's just not that simple.

While funding for Choices for Change more than doubled between 2007 and 2008, the agency points to a need for more housing support for addiction clients, as well as early intervention and education programs which can save a lot of time and money further down the line.

Competing with other diseases for funding

While mental illness will strike one in four people in their lifetime, funding of mental health services doesn't begin to reflect its pervasiveness.

For example, in 2005 the federal government announced a $300 million investment over five years in health promotion and disease prevention. While just 2.5 per cent of Canadians have cancer in any given year, cancer control received 30 per cent of that $300 million. In contrast, 10.4 per cent of Canadians suffer from a mental illness in any given year, but just 1.5 per cent of the $300 million was allocated to mental health.

Needless to say, policies and funding formulas at both the federal and provincial level have a direct impact on mental health services here in Perth County.

Barriers to service

Perth County is over 2,000 square kilometers. The sheer size of the county has a big effect on service provider budgets since travel is both costly and time-consuming. Public transportation is not an option like it is in cities. It can easily take several hours of driving to visit one client. Rising gas prices only compounds the problem.

Distance also poses problems for rural people with mental illness trying to get to and from appointments, group sessions or any other kind of treatment programs since these all tend to be centered in town and require driving. Those without cars must rely on the goodwill of others – which they may be hesitant to ask for.

> **"The further someone has to travel for treatment, the more time it takes, the more expensive it is, the more exhausting it is and in some cases the less likely the client is to actually get there."**
>
> *Lynda Bumstead, ODSP Manager, South West Region, Ministry of Community and Social Services*

Another obstacle to service is child care. Someone caring for three children at home can find it difficult to get to an appointment if there's no one to take over for them.

Cultural communities present unique challenges

Perth County may not be as culturally diverse as Toronto or other urban centres, but it's not culturally homogeneous either.

There are a large number of rural Mennonite and Amish communities here which pose distinct challenges. The majority are situated in the north end of the county where service is provided by Listowel Mental Health Outpatient Services and the Perth District Health Unit.

Social isolation, language and cultural barriers, and religious differences all enhance the challenges associated with mental illness. There also tends to be a reluctance within the Anabaptist communities to recognize and acknowledge mental illness for what it is and to understand that it can be treated. This, despite the fact that these communities suffer from the full range of mental illnesses, just like the rest of the population.

The Old Order Mennonites and Old Order Amish together constitute a large group in Perth County, and they also rely heavily on home visits since they only travel by horse and buggy.

Service providers say substantial inroads have been made in the past 15 years with these communities and that educational efforts are paying off with more people seeking services as word of mouth spreads and trust grows.

Perth County also has gay and lesbian families and service providers are challenged to earn their trust and respect as well. Learning about their particular needs and concerns is part and parcel of providing respectful, effective mental health care.

Toll on relationships, caregivers

Life changes dramatically for those living with someone with a mental illness.

To start with, he/she is not the person they once knew. It can be like living with a needy and unpredictable stranger. Finding and getting treatment can be frustrating. It can also become all encompassing, which means the needs of other family members, including children, are forced to take a back seat. Socializing can become impossible, particularly when people don't want others to know there's anything wrong. And if there are children involved, there's also the very real worry that, in future, they too might become mentally ill.

Life is equally challenging for the one who has the mental illness. His/her role in the family is thrust into turmoil. Suddenly a breadwinner may no longer be able to support the family; a stay-at-home parent might not be capable of fulfilling his/her duties.

And always present is the question of when – or will – they ever feel better again.

To add to the burden, despite the fact that most care is delivered by an informal caregiver, these are the people who are frequently kept in the dark about treatment options and next steps. Issues of confidentiality regularly override a caregiver's right to know, which is a lose-lose situation for both patient and caregiver.

Healing each other

Phoenix Survivors Perth County is proof positive that people with mental illness can play a part in each other's recovery.

The registered not-for-profit organization founded in 1991 is the only independent peer-to-peer support group in the county. With headquarters in Stratford, Phoenix operates three satellite groups that meet weekly in church basements in St. Marys, Listowel, and Mitchell.

People with mental illness congregate for a variety of activities through Phoenix Survivors. There are workshops, movie nights, a monthly meal, assorted leisure programs and special events like pig roasts or weekend camping at Wildwood.

Sometimes the connections made at Phoenix literally make the difference between life and death for some members.

> **"What makes Phoenix unique is the fact that it's run by people who've had mental health issues; either themselves or a family member. They've been through it all so they're equipped to provide peer support. We don't have nurses and we don't have counselors or caseworkers. We're people who've been there."**
>
> *Jutta Siebel, Executive Director, Phoenix Survivors*

Governed by a working board of volunteers, Phoenix has a budget of just $118,000 a year which pays for one full-time employee and six part-time staff – all of whom have, or have had, a mental illness themselves. The budget also has to cover rent and other expenses like hydro and water. Members regularly fundraise to offset the cost of activities so they're affordable to people living on ODSP benefits, Canada Pension or a fixed income.

With about 150 members, Phoenix figures it's merely scraping the surface of people in Perth County who actually need peer support. If they were able to access all the people who need help, but are afraid to get it because of the stigma, they'd be overwhelmed.

Fast facts:

- The cost of supporting someone with serious mental illness to live in the community is $34,418 per year. The cost of keeping someone with serious mental illness in the hospital is $170,820 a year. (Source: Mood Disorders Society of Canada)

- Depression will be the second leading cause of death by 2020. (Source: World Health Organization)

- The rate of mental health hospitalizations for South West LHIN residents is significantly higher than the rate for other Ontario residents. (Source: Building the Case for Change, Primary Health Care – Mental Health and Addictions, South West LHIN)

- Ontario's public mental health spending in 2003-04 represented only 5.3 per cent of its total public spending on health. This is the third lowest rate in Canada. (Source: Canadian Journal of Psychiatry 2008)

- In Canada, eight out of 10 people with mental health challenges enter the health care system through hospital emergency departments. (Source: Canadian Institute for Health Information)

- People with mental illness are more likely to be the victims of violence, than the perpetrators of it. (Source: Canadian Mental Health Association)

- People with mood disorders are estimated to have more than double the lifetime risk of substance abuse problems than the general population—the rate is greater than six times for those with bipolar disorder. People with schizophrenia are 13 times more likely to use cocaine and up to 70 to 90 per cent are cigarette smokers. (Source: Canadian Psychiatric Association)

Seniors – The vulnerable and often overlooked generation

> **"Efforts to address deficiencies in existing treatment and support services are consistently hampered by the application of a philosophy of simply 'warehousing' those who suffer the disadvantage of being both aged and mentally ill. Sadly there is little focus on the recovery of seniors affected by mental illness."**
>
> *Senator Michael Kirby, Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*

In September 2008 a powerful and heartbreaking story made newspaper headlines. Kate Macdonald Butler, the granddaughter of Canadian author Lucy Maud Montgomery who wrote the bestselling novel Anne of Green Gables, spoke publicly for the first time about her grandmother's death. She revealed that her grandmother had committed suicide at age 67 through a drug overdose.

Ms. Butler recounted how her grandmother had suffered from severe depression throughout her life and not only had her own illness to worry and wonder about, but her husband's as well, since he too suffered from a debilitating depression.

> **"I'll never know if my grandmother might have been inclined to seek help if she had lived in a less judgmental era or if she had had access to supportive therapy or the medications available today. I would like to think so."**
>
> *Kate Macdonald Butler, granddaughter of Lucy Maud Montgomery*

While many seniors live fulfilling lives and are active and interested in their communities, an estimated one in four suffers from a mental illness that impacts their ability to enjoy and participate in life.

Others struggle with challenges that can eventually lead to mental illness over time. Retirement, the loss of a spouse, friends and family members through death, the necessity of giving up a house, the demands of care giving, living on a fixed income, combined with assorted physical illnesses or chronic pain, can all increase the risk.

Of the approximate 4.2 million seniors in Canada, aged 65 and up, an estimated one million suffer from a mental illness. Some live at home, some with family; others live in facilities with varying levels of support.

Since Perth County has more seniors per capita than anywhere else in Ontario – and the numbers are expected to nearly double over the next 30 years – we are particularly challenged to meet the growing demand for seniors' mental health services, when they need it, where they need it.

Depression most common

One of the biggest challenges with seniors is recognizing mental illness for what it is. Co-morbidity with physical illness and addiction problems makes it harder to sort out what's causing which symptom. It's no wonder an estimated 30 to 40 per cent of seniors in long-term care have undiagnosed depression, the most common mental illness in that age group.

Contrary to what many people think, depression is not, however, a normal part of aging. Just because someone is old doesn't mean they should be depressed. Regardless, doctors, family members and seniors themselves frequently mistake the signs of depression for the unavoidable effects of growing old.

> **"People don't know where to go if they're not feeling like they think they should. Untreated, depression can lead to physical decline and a pretty poor quality of life. Some people don't realize they can feel much better."**
>
> *Rose Edwards, RN, PRC, Seniors Mental Health Program, Huron Perth Healthcare Alliance*

Dementia a huge problem too

> **"We decided to openly talk about it. There are more people than you realize with dementia. We can't change the stigma if we don't talk about it and educate others."**
>
> *Caregiver for a senior with dementia*

Dementia, which is the next most common form of mental illness among the aged, is the term used to describe a group of symptoms associated with progressive, irreversible and non-treatable illnesses of the brain. Alzheimer's disease is the most common form of dementia, affecting an estimated one in 13 Canadians over the age of 65.

In Perth County there are over 11,000 men and women aged 65 and up. More than 1,200 of them have been diagnosed with Alzheimer's or some other form of dementia.

Less prevalent, but equally, if not more challenging, are those seniors who have lived their lives with schizophrenia, bi-polar or personality disorder.

Being old and mentally ill a double hit

In a culture that celebrates youth and beauty, there's a stigma to aging. Being old and mentally ill is a double whammy.

Then there's the fact that seniors come from an era where mental illness was even more hidden than it is today, and that tends to make them more reluctant than other age groups to reach out for help.

For mentally ill seniors without a spouse, nearby friend or family member to act as an advocate, the risk of living with an undiagnosed – and untreated – mental illness quickly escalates.

Triaging as a way of coping with demand

Despite the fact that mental illness in Perth County's growing senior population is a serious, under-diagnosed problem, local services to deal with it are scarce and already overextended which doesn't bode well for the future.

The Huron Perth Seniors Mental Health Program, which is part of the Huron Perth Healthcare Alliance's Mental Health Services, is the only mental health treatment-oriented program for seniors in Perth County. The Seniors Mental Health team consists of four people: one social worker and three registered nurses.

Someone from the team is available eight hours a day, seven days a week. Staff make house calls, as well as provide services to seven long-term care facilities in Perth County. Each of the four staff members carries an average caseload of 40 seniors who have varying degrees of mental illness. Some clients need daily visits; others have to get by with monthly visits.

Every effort is made to avoid a waiting list so new referrals are usually contacted within 24 hours and a visit scheduled within one or two weeks. Assessments are time-consuming and can often take several visits to complete.

Since demand exceeds supply, the team is always triaging to guarantee the most severe cases are seen and treated quickly. And once the client is stabilized there's always a rush to move them on so another senior can take their place.

> **"We're continually forced to triage so the people at the low to medium end of the spectrum have to wait. This is less than ideal since we know that the sooner you can work with somebody the better it is for their well-being and the shorter their recovery time."**
>
> *Penny Cardno, Program Director, Mental Health Services*
> *Huron Perth Healthcare Alliance*

The bottom line is the more seniors who need service, the fewer visits each person gets. By necessity, the high demand for services has also forced the program to become more treatment oriented at the expense of ongoing support and counselling – which is what tends to keep clients mentally healthy, out of the hospital and living at home longer. Sometimes those at the medium end of the spectrum end up back in the hospital while waiting.

The local branch of the Canadian Mental Health Association also provides assistance to seniors in Perth County by offering post-treatment support, which includes transportation, help staying on course and living independently.

The Victorian Order of Nurses, Meals on Wheels, Family Services Perth Huron and the South West Community Care Access Centre all offer valuable and varied levels of supports and services to qualifying seniors and their caregivers.

Too few psychiatrists, psychogeriatricians, specialists

The shortage of professionals trained to diagnose, treat and support seniors with mental illness in Perth County is also a major concern to service providers.

There are only three psychogeriatricians (psychiatrists specializing in seniors) to serve both Huron and Perth County. Once a year, a Toronto psychogeriatrician comes to assist the Seniors Mental Health Program by providing support for chronic cases. A shortage of psychiatric nurses and psychiatrists also plagues service providers.

An overall shortage of program staff means there aren't enough support groups, especially for seniors suffering from depression.

The long-term care challenge for the acute mentally ill

A seriously mentally ill senior who is unable to live at home can be hard pressed to find a long-term facility that will take him/her in Perth County. Facilities have a responsibility to provide care to all residents, so taking on someone with exceptional mental health needs is an enormous commitment – and one which many facilities are loath to make. Seniors Mental Health Services works closely with facilities in these situations to find a resolution that's workable for both the client and the facility.

The toll on caregivers

Without informal caregivers, an even greater strain would be placed on the already overloaded mental health care programs. But while caregivers are essential, the demands of looking after a mentally ill senior are constant, complex and exhausting. As a result, caregiving can often lead to burn-out or worse, to depression.

Recognizing this, Senator Michael Kirby in his report on mental illness, Out of the Shadows at Last, recommended that informal caregivers – wives, husbands, daughters, sons, family members or

friends – should get their own support through remuneration, tax breaks, job protection, caregiver leave and respite.

But these are only recommendations. As it stands now, there's very little in the way of help for caregivers.

> **"Sometimes caregivers give so much of themselves there's nothing left to give. That's the reality. Caregiver burn-out isn't just a catchy phrase. It's a huge issue."**
>
> *Laura (MacLean) Brown, Education & Family Support Coordinator*
> *Alzheimer Society of Perth County*

The Alzheimer Society of Perth County provides support and education to the families of people suffering from Alzheimer's and other forms of dementia. It does not provide nursing care or treatment; instead workers 'walk the journey' with families as the disease unfolds and changes their lives. The organization, which has one full-time and five part-time staff members, carries a caseload of about 150 clients at any given time, but taking into account they also provide service to the clients' families, the numbers grow exponentially.

Understanding the illness and learning to accept the distressing changes it brings is a difficult and demanding process. The kinds of supports offered by the Alzheimer Society and Seniors Mental Health Services are indispensable.

Betty's story

Betty's husband Bill was diagnosed with a fatal form of dementia when he was just 62. He was still working and driving to and from work at the time.

Bill has what's known as Pick's Disease, which can cause neurotic behaviour, loss of language skills and gradual changes in personality and emotional control.

Getting the news was heartbreaking and Bill was forced to give up his job immediately after diagnosis. Betty became his primary caregiver, looking after him day and night.

"I chose to contact the Alzheimer's Society right away," says Betty. "It was the beginning of a long and difficult journey for us and we've never walked this way before. It's all been new for us."

Betty and Bill have six grown children and they've all been involved in learning about their father's disease and how to cope with the unimaginable. They were also told what to prepare for since the disease is usually fatal within seven years.

"We all aired how we felt. It's been terrible to see how the kids are hurting. It's the most devastating disease we've ever encountered," says Betty. "The whole family has been affected."

As Bill's disease progressed over the next year, his care became increasingly demanding. A blood infection landed him in the hospital for the first time in his life. The infection produced delirium on top of the dementia and hospital staff weren't sure how well he'd handle being hooked up to all the equipment. He was unable to sleep and resisted anyone washing him or changing his gown – anyone except Betty that is. Concerned, she stayed at his side in the hospital for the five days he was there, getting very little sleep or even rest.

After Bill was sent home he continued getting up and down through the night. As a result, Betty couldn't sleep either. The physical exhaustion combined with the emotional toll was too much for her to bear. She had no choice but to place Bill in respite care at Spruce Lodge where his behaviors quickly escalated. He was admitted to the psychiatric unit at Stratford General Hospital, then transferred to a London hospital.

As the disease progressed, Bill's abilities declined and he became less like himself. Sometimes he was aggressive, even though he had never in his life been an aggressive person. He also became angry and forgetful, and developed a disturbing habit of hoarding food.

"Being able to call the Alzheimer's Society throughout this has been a blessing," says Betty. "You have to talk through things with someone who understands. You can't bottle up how you feel or wonder what you should be doing. It's so important to have help."

Recently, Betty had to come to terms with the fact that she can no longer look after Bill. His needs vastly exceed her capabilities. She plans to continue bringing him home on weekends as long as they're both able.

Sometimes when Bill's home, she'll take him for a walk downtown where they'll run into people they know who haven't seen him since the diagnosis, or the changes in his behaviour.

"They're shocked because he can't verbalize the way he used to. It's all happened very quickly," Betty says. "But I'm not ashamed for us to be seen this way. I'm not ashamed to talk about it. We need to be accepted for who we are. We didn't ask for this and it's not our fault."

Fast facts:

- Recent studies show that as many as 90 per cent of older seniors living in long-term care institutions suffer from a mental disorder. Yet in Ontario, 88 per cent of these institutions receive only five hours or less of psychiatric services per month for the entire resident population. (Source: Canadian Mental Health Association)

- Informal caregivers provide about 80 per cent of all homecare to seniors living in the community and up to 30 per cent of services to seniors living in institutions. (Source: National Advisory Council on Aging)
- Senior women are nearly twice as likely to develop depression as men and seniors who do experience depression are three to four times more likely than others to develop alcohol related problems. (Source: Canadian Mental Health Association)

- Group with the highest suicide rate in Canada: Men over 80 years of age. (Source: Mood Disorders Society of Canada)

The private sector: For-profit mental health services

There are a number of for-profit mental health service providers operating in Perth County, including Rick Graff & Associates, two residential children's homes and a variety of individuals offering counselling services related to mental health.

Fee-for-service practitioners include everything from music therapists to psychologists specializing in depression, anxiety and eating disorders, to Christian-based counselling and trauma recovery programs. Fees range from about $50 to $100 an hour.

Some services are offered at no direct cost to patients if they're members of a family health team that has enlisted a particular practitioner. If the patient doesn't belong to the family health team he/she has to pay. Others may be fortunate enough to have an Employee Assistance Plan through their jobs which covers private mental health services.

Rick Graff & Associates has been operating since 1992 and offers the services of nine fee-for-service practitioners, including several psychologists, a psychotherapist and counsellors with various areas of expertise. Most people who access services at Rick Graff & Associates have Employee Assistance Plans which cover a specified number of sessions at no cost to the client. The company is busy and growing and clients rarely have to wait more than two weeks to access services.

There are also two for-profit children's homes in Stratford. These residential facilities provide care, support and a place to live for severely mentally ill, traumatized and developmentally delayed children and youth. These are the children and youth who can't live at home or in foster care. Demand for placement in these two homes is so high, there's a two- to three-year waiting list to get in.

These for-profit organizations are licensed and inspected annually by the Ministry of Community and Social Services and the Ministry of Children and Youth Services, which are also the indirect 'purchasers' of their services.

Stratford Children's Services provides 21 residential beds for children/youth, aged seven to 21, and employs 65 child and youth workers to support them – including a child psychiatrist whose practice has been intentionally limited to serving children and youth at the two residential facilities.

> **"I came to Stratford Children's Services because kids get a high level of intensive care here. If they need one-on-one they've got it. They have trained staff and I feel comfortable working in this environment. When we get acute mental health beds for children in Perth County I will be glad to open my doors to the public again."**
>
> *Dr. Marilyn Marshall, child/youth psychiatrist formerly with the Huron Perth Healthcare Alliance, now working with SCS*

The other home is Grace House Ltd., which provides six residential beds for children aged eight to 16 and employs a staff of 26.

Children are referred to these homes mostly by Children's Aid Societies across the province. Fees of $200 to $250 per day per child are paid to the homes from CAS funds which originate from the Ministry of Children and Youth Services. Because of confidentiality issues these residential facilities tend to stay under the public radar intentionally.

Children at both these homes all attend local schools and most participate in community activities. Depending on their situation, residents stay at the facility anywhere from two to 15 years.

Collectively, these are Perth County's fee-for-service alternatives to the public system; a system where demand exceeds supply, most waiting lists are painfully long and some services simply don't exist at all.

Some people working in public mental health services argue there wouldn't be a need for fee-for-service organizations if the public mental health system was adequately funded. Private services, they point out, are inaccessible and too costly for most people and not an integrated part of the overall mental health care system in Ontario.

Fee-for-service providers quickly counter that they're filling a gap and providing a valuable, regulated and licensed alternative to the inadequate and overburdened public system. People, they say, are grateful other options exist.

> **"We are not a replacement for acute mental health beds in the hospital but we are providing a service no one else is offering. There's no doubt there are families and kids in crisis who can't access services in Perth County. They needed somebody to help them yesterday, not another meeting to discuss it."**
>
> *Brenda Mason, Clinical Director*
> *Stratford Children's Services and Grace House Ltd.*

One thing is certain. Access to the full range of existing mental health services – both private and public – is not universal in Perth County. It's dependent on income, where you live and work, and in some cases the luck of the draw.

> **"We are optimistic that the time has come when meaningful change can, and will, be made. From coast to coast we have met politicians, government officials, mental health service providers and professionals, and many, many ordinary Canadians, who are willing to help make change a reality, to help bring people living with mental illness into the mainstream of Canadian society."**
>
> *Senator Michael Kirby, Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*

Recommendations

Recommendation #1

That all politicians – at the municipal, provincial and federal level – acknowledge the mental health crisis in Perth County and actively join other groups and politicians across the province in lobbying for sufficient funding to fill gaps and improve services.

In Perth County, the immediate priorities include:

- the creation of three urgently needed acute inpatient mental health beds for children and youth
- creating and funding a comprehensive eating disorder program
- continuing a nation-wide recruitment campaign to attract a child psychiatrist and two additional adult psychiatrists to Perth County

Recommendation #2

That a widespread education program on mental illness be undertaken to educate the Perth County population and help fight the persistent and destructive stigma surrounding mental illness. This program should target three broad categories of audiences:

- members of the general public (all age groups, including students, parents, working adults, seniors)
- employers (focusing on workplace discrimination/accommodation)
- school boards (focusing on school-wide mental health promotion as well as stigma reduction)

Recommendation #3

That an Action Committee be convened to host a meeting of front-line service agencies to obtain feedback about the Mental Health Report and suggestions for implementing Recommendations #1 and #2.

Recommendation #4

That all politicians at the municipal, provincial and federal levels advocate for the development of an interministerial, seamless system of mental health services and funding so as to provide easier access for clients and their families as well as greater transparency.

Appendix A

Definitions and causes of mental illness

MOOD DISORDERS

Depression

Problems and misfortunes are a part of life. Everyone experiences unhappiness, and many people may become depressed temporarily when things don't go as they would like. Such feelings are normal, and they usually pass after a short time. This is not the case with depressive illness.

Depressive illness can change the way a person thinks and behaves, and how his/her body functions. Some of the signs to look for are: feeling worthless, helpless or hopeless, sleeping more or less than usual, eating more or less than usual, having difficulty concentrating or making decisions, loss of interest in taking part in activities, decreased sex drive, avoiding other people, overwhelming feelings of sadness or grief, feeling unreasonably guilty, loss of energy, feeling very tired, thoughts of death or suicide

Depression becomes an illness, or clinical depression, when the feelings described above are severe, last for several weeks, and begin to interfere with one's work and social life. Depressive illness can change the way a person thinks and behaves, and how his/her body functions.

There is no one cause of depression, neither is it fully understood. The following factors may make some people more prone than others to react to a loss or failure with a clinical depression: specific, distressing life events, a biochemical imbalance in the brain, psychological factors, like a negative or pessimistic view of life. There may also be a genetic link since people with a family history of depression are more likely to experience it.

Bipolar Disorder

Bipolar disorder, also called manic depression, is an illness in which there are periods of serious depression, followed by episodes of markedly elevated or irritable moods or "highs" (in the absence of drugs or alcohol). These mood swings are not necessarily related to events in the person's life.

It is not known what causes bipolar disorder. Research suggests that people with the condition have a genetic predisposition. It tends to run in families. Drug abuse and stressful or traumatic events may contribute to or trigger episodes. Symptoms of mania include: feelings of euphoria, extreme optimism, exaggerated self-esteem, rapid speech, racing thought, decreased need for sleep, extreme irritability, impulsive and potentially reckless behaviour.

Symptoms of the depression phase are the same as in major depression, described above.

Seasonal Affective Disorder

Weather often affects people's moods. Some people, however, are vulnerable to a type of depression that follows a seasonal pattern. For them, the shortening days of late autumn are the beginning of a type of clinical depression that can last until spring. This condition is called "Seasonal Affective Disorder," or SAD.

A mild form of SAD, often referred to as the "winter blues," causes discomfort, but is not incapacitating. However, the term "winter blues" can be misleading; some people have a rarer form of SAD which is summer depression. This condition usually begins in late spring or early summer.

Generally, symptoms that recur for at least 2 consecutive winters, without any other explanation for the changes in mood and behaviour, indicate the presence of SAD. They may include: change in appetite, in particular a craving for sweet or starchy foods, weight gain, decreased energy, fatigue, tendency to oversleep, difficulty concentrating, irritability, avoidance of social situations, feelings of anxiety and despair.

Research into the causes of SAD is ongoing. As yet, there is no confirmed cause.

ANXIETY DISORDERS

Obsessive Compulsive Disorder (OCD)

Obsession is a popular term these days. But for people with obsessive-compulsive disorder, obsession creates a maze of persistent, unwanted thoughts. Those thoughts lead them to act out rituals (compulsions), sometimes for hours a day.

Obsessive-compulsive disorder (OCD) is an anxiety disorder - one of a group of medical disorders which affects the thoughts, behaviour, emotions and sensations.

OCD used to be considered the result of family troubles or attitudes learned in childhood. But it is now believed that the disorder has a neurological and genetic basis. Current research into its causes focuses on the workings of the brain and the influences of personal circumstances. OCD can occur in people of all ages, but it generally begins before 40. Studies show that the disorder usually begins during adolescence or early childhood.

Phobias and Panic Disorder

Fear is a natural, instinctive reaction to dangerous situations. But for people with phobias or panic disorder, fear is an overwhelming and unwelcome feature of their daily lives. They are struck by fears which they know are irrational and illogical, yet which are so powerful and unpredictable that they drastically change their lives to avoid feared situations.

Research is discovering more information about genetic causes of panic disorder. Studies have also shown that the occurrence or anticipation of stressful life events, anxiety in childhood, over-protective parental behaviour and substance abuse are common among people with panic disorder.

Post-traumatic Stress Disorder

Difficult situations are part of life. But sometimes people experience an event which is so unexpected and so shattering that it continues to have a serious effect on them, long after any physical danger involved has passed. Individuals with this kind of experience may suffer flashbacks and nightmares, in which they re-live the situation that caused them intense fear and horror. They may become emotionally numb. When this condition persists for over a month, it is diagnosed as post-traumatic stress disorder (PTSD).

PTSD is caused by a psychologically traumatic event involving actual or threatened death or serious injury to oneself or others. Violent personal assault, such as rape or mugging, car or plane accidents, military combat, industrial accidents and natural disasters, such as earthquakes and hurricanes, are stressors which have caused people to suffer from PTSD. In some cases, seeing another person harmed or killed, or learning that a close friend or family member is in serious danger has caused the disorder.

EATING DISORDERS

(Anorexia nervosa, bulimia nervosa and binge-eating)

Despite their collective label, these disorders are not about food. Eating disorders are a way of coping with deeper problems that a person finds too painful or difficult to deal with directly. They are complex conditions that signal difficulties with identity, self-concept and self-esteem. Eating disorders cross cultural, racial and socio-economic boundaries, and can affect both men and women.

There is no single cause. An eating disorder generally results from a combination of factors. Psychological factors include low self-esteem, feelings of inadequacy or lack of control, depression, anger or loneliness. Interpersonal factors include troubled family and personal relationships, difficulty expressing emotions and feelings, history of physical or sexual abuse. Media promotion of unrealistic images and goals, along with its tendency to equate a person's value with their physical appearance is another contributor.

The possibility of biochemical or biological causes is being studied. Some people with eating disorders have been found to have an imbalance of chemicals in the brain that control hunger, appetite and digestion, possibly as a result of the disorder.

ATTENTION DEFICIT DISORDERS

Attention Deficit Disorder (also known as ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are terms used to describe patterns of behaviour that appear most often in school-aged children. Children with these disorders are inattentive, overly impulsive and, in the case of ADHD, hyperactive. They have difficulty sitting still, attending to one thing for a long period of time, and may seem overactive.

ADD and ADHD are difficult to diagnose because they affect all areas of a child's life: family, school, friendships, team sports and work. With the right kind of help, most children with ADD or ADHD overcome their disabilities, and their emotional problems usually disappear.

SCHIZOPHRENIA

At first glance, schizophrenia may seem like a great puzzle. Its causes are still uncertain; its symptoms, variable. Schizophrenia often starts slowly. When the symptoms first appear, usually in adolescence or early adulthood, they may seem more bewildering than serious. In the early stages, people with schizophrenia may find themselves losing the ability to relax, concentrate or sleep. They may start to shut long-time friends out of their lives. Work or school begins to suffer; so does their personal appearance. During this time, there may be one or more episodes where they talk in ways that may be difficult to understand and/or start having unusual perceptions.

When in remission, a person with schizophrenia may seem relatively unaffected and can more or less function in society. During relapse, however, it is a different story. People with schizophrenia may experience one or all of these main conditions: delusions and/or hallucinations, lack of motivation, social withdrawal, thought disorders.

We know that schizophrenia is a biological disorder of the brain. The causes are not yet known, but there are several theories. There is strong evidence of important inherited factors. Many researchers are looking for genetic causes of schizophrenia that runs in families. Success may become more likely as genes for complex illnesses are found.

PSYCHOSIS

Psychosis is a serious medical condition that results from a disruption in brain functioning and affects up to three per cent of the population. It involves some loss of contact with reality, characterized by significant changes in a person's thoughts, beliefs, perceptions and/or behaviours. People may experience symptoms such as: hearing voices that no one else hears or seeing things that aren't there, believing that others can influence their thoughts, or that they can influence the thoughts of others, believing that they are being watched, followed or persecuted by others, feeling that their thoughts have sped up or slowed down, thinking in a confused way.

It is difficult to know the cause of psychosis the first time it occurs. Psychosis is associated with a number of medical conditions including schizophrenia, depression, bipolar (manic depressive) disorder, and substance abuse, among others. Also, if there is a history of psychotic illness in the family, members are at increased risk for developing a psychotic illness themselves.

Source: This information was provided by the Canadian Mental Health Association. For more information on mental illness, treatment and how to find help and support, visit their website at www.cmha.ca

Appendix B

Acknowledgements/Sources

The Social Planning & Research Council thanks the following for their invaluable input into this report:

Alzheimer Society of Perth County
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Huron-Perth Centre for Children and Youth
Huron-Perth Children's Aid Society
Listowel Mental Health Outpatient Services
Mental Heath Services, Huron Perth Healthcare Alliance
Ministry of Community and Social Services, South West Region
Perth District Health Unit
Phoenix Survivors
Rick Graff & Associates
Seniors Mental Health Program, Mental Health Services, Huron Perth Healthcare Alliance
Stratford Children's Services
Stratford General Hospital

*And all the forthright individuals who spoke so candidly about their experiences with mental illness

Appendix C

Resources

These organizations provide information on mental health and mental illness.

Alzheimer Society of Canada	www.alzheimer.ca
Anxiety Disorders Association of Canada	www.anxietycanada.ca
Canadian Academy of Child and Adolescent Psychiatry	www.canacad.org
Canadian Alliance on Mental Illness and Mental Health	www.camimh.ca
Canadian Association for Suicide Prevention	www.suicideprevention.ca
Canadian Association of Occupational Therapists	www.caot.ca
Canadian Association of Social Workers	www.casw-acts.ca
Canadian Centre on Substance Abuse	www.ccsa.ca
Canadian Coalition for Seniors' Mental Health	www.ccsmh.ca
Canadian Collaborative Mental Health Initiative	www.ccmhi.ca
Canadian council of Professional Psychology Programs	www.ccppp.ca
Canadian Health Network	www.canadian-health-network.ca
Canadian Institute for Health Information	www.cihi.ca
Canadian Institutes of Health Research, Institute of Neurosciences, Mental Health and Addiction	www.cihir-irsc.gc.ca
Canadian Medical Association	www.cma.ca
Canadian Mental Health Association	www.cmha.ca
Canadian Partnership for Responsible Gambling	www.cprg.ca
Canadian Psychiatric Association	www.cpa-apc.org

Canadian Psychiatric Research Foundation	www.cprf.ca
Canadian Psychological Association	www.cpa.ca
Canadian Register of Health Service Providers in Psychology	www.crhspp.ca
Centres for Disease Control and Prevention (United States)	www.cdc.gov
Centre for Addiction and Mental Health	www.camh.net
Centre for Suicide Prevention	www.suicideinfo.ca
The College of Family Physicians of Canada	www.cfpc.ca
Health Canada	www.hc.sc.gc.ca
Mental Health Canada	www.mentalhealthcanada.com
Mental Health at Work	cgsst.fsa.ulaval.ca/sante/eng
Mental Health Works	www.mentalhealthworks.ca
Mind Your Mind	www.mindyourmind.ca
Mood Disorders Society of Canada	www.mooddisorderscanada.ca
National Eating Disorder Information Centre	www.nedic.ca
National Network for Mental Health	www.nnmh.ca
Psychosocial Rehabilitation Canada	www.psrrpscanada.ca
Public Health Agency of Canada — Mental Health	www.phac.aspc.gc.ca/mh-sm/mental
Registered Psychiatric Nurses Association of Canada	www.psychiatricnurse.ca
Responsible Gambling Council	www.responsiblegambling.org
Schizophrenia Society of Canada	www.schizophrenia.ca
Statistics Canada	www.statscan.ca