



Care providers and family members share stories at HSA mental health forum

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HSA president Val Avery listens to Ingrid Sochting, an HSA member and chief psychologist for Richmond mental health outpatient services.

HSA marked yesterday's expiry of the Canadian Health Accord with a public forum on mental health services.

"For the past three years, Prime Minister Harper has refused to meet with the provinces to discuss the renewal of the health accord. That means already strained health care service in BC will suffer. And woefully inadequate support for mental health care will deteriorate. We know that without support for mental health, things will get worse," said HSA President Val Avery.

Panelist Dan Bilsker, a psychologist with 25 years experience as a consulting psychologist in a hospital psychiatry unit and who now works in private practice, provided an overview of the structure of delivery of mental health services, noting that the mental health system tends to devote intense resources to the population with the most severe needs, leaving little focus on people with mild to moderate needs - where early intervention can make all the difference in the world.

"It is remarkable that we don't routinely teach people psychological self care," he said. "The challenge is to make it accessible."

Ingrid Sochting, an HSA member and chief psychologist for Richmond mental health outpatient services, pointed to communications challenges in mental health care delivery as an area that can be improved to increase access to services. A siloed approach to mental health often means that work being done with a patient in in-patient service, for example, is not communicated to programs working with the same patient on an out-patient basis.

"It is important to have better communication vertically. Decision makers could benefit tremendously if they

actually consulted with front line workers who have a wealth of experience and truly are clinical experts," she said. She added that front line workers should feel supported when they speak up about challenges they identify in the system, and be encouraged to contribute ideas aimed at improving service delivery.

Another key to improving service is having access to appropriate mental health resources, she said.

"It's not uncommon that I hear about people for something as simple as panic disorder who have 14 emergency room visits, and nobody suggesting that they get some cognitive behavioural therapy for their highly treatable panic disorder," she said.

And, she said, it is vital that people are placed appropriately. "When not placed appropriately, terrible things can happen."

Pam Owen, an HSA union activist and recreational therapist who works in mental health programs, knows all too well what inappropriate placement can mean for mental health service providers.

Owen joined the panel to tell her story - as a health care provider and as the parent of a child who struggles with mental health and addictions issues.

As a parent, she has spent the past several years advocating for support for her daughter, who started high school as a bright, athletic and involved student, but who quickly began to spiral out of control. In contact with the school, Owen did not find support. They concluded that her daughter just wasn't trying hard enough. And that she wasn't interested.

"The joy of supporting her with her sporting and music events had been replaced by police visits, psychiatrist visits, family counselling... She was in and out of emergency. Then she would be released. No assessment. No information. Without any support. And zero follow up."

As the family struggled with finding support for their daughter, Owen continued to work and in 2012, as a result of a fractured system of care that saw a patient inappropriately placed in a program, Owen almost lost her life at work. The incident led to a nine-month investigation by WorkSafe BC, and a criminal charge against the client.

The judge found the client's condition had been destabilized by moving from Riverview, and said it was clear from the psychiatric report that the client was not amenable to treatment and would not get better. Crown stated he needed to be in a locked ward and that the onus was on the employer to ensure staff are safe.

The client was eventually returned to hospital, and assaulted two other staff members.

As a health care provider, Owen has felt abandoned and is speaking out to advocate for safety for workers. As a mother, she has felt abandoned by a system that doesn't provide support.

"Moving forward it is important that I use my voice to tell my story so changes can happen. We need to make a cultural shift and place more emphasis on prevention and intervention, especially with the adolescent population.

"There needs to be a cultural shift allowing direct care staff, family members and consumers to drive the services. They need to feel valued and know that they have a voice," she said.

Kerry Jang, a Vancouver City Councillor with responsibility for the Mayor's Task Force on Mental Health and Addictions, joined the panel to report on some of the initiatives the city is working on to address the challenges of mental health and addictions in the city. He pointed to an infusion of supportive and affordable housing, a commitment to pressure the provincial government to provide services, and city programs aimed at providing appropriate resources.

Following the presentations by panelists, forum participants shared stories of their experiences with the mental health system. They also offered solutions for consideration, including a commitment to improved communication among health care providers, families, and mental health service consumers, a proposal that

access to city recreational programs be offered to mental health care workers to provide to families who can't afford to use the services, and access to training for mental health care workers to be able to work better with clients struggling with mental health and addictions issues

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