# Being Seen, Being Heard, Being Helped

## Atlantic Youth Come Together

For Young People in Crisis, Mental Health Care in Atlantic Canada is a 'Closed Door

*Jill Stringer, NYAC – Co-Chair*

Children shouldn't have to die for mental health to get attention. Yet, many communities find themselves spurred into action in the wake of the preventable loss of young lives.

Two young women - one, 24, the other, 16 – died from suicide in New Brunswick, recently and questions arose as to whether the healthcare system failed them both.

Mental Health International Executive Chairman Bill Wilkerson – who looked into these tragedies and worked with families affected by mental illnesses in that province - picked up the phone and called 24-year-old public health student - Jill Stringer back in July.

Jill co-chairs the National Youth Advisory Council for the Mood Disorders Society of Canada and was keen to reach out to her peers in Atlantic Canada to examine the level and quality of mental health services from the perspective of young people in that region.

The result was a roundtable of young people - students and community members - which examined the question and found mental health services for youth inexact, incomplete, often out of reach, and for those in crisis, a closed door.

The discussion centered on what many patients, caregivers, friends, and families already know - that we can do better.

Most young people at the Roundtable described the barriers they faced when seeking treatment. Even

those who described "okay" experiences attributed this to their advantages of family and income, recognizing for others, the struggle for care runs deep.

The experiences of the participants in the Roundtable were supplemented by community feedback collected prior to the event, bringing to light barriers including steep price tags, inconsistent medical coverage, far distances to travel, and seemingly endless wait times - over a year in some cases.

One said this:

*"I've personally been lucky in my receipt of services, but it shouldn't come down to luck or privilege. As Canadians we tend to pride ourselves on our healthcare yet we continue to further a dangerous divide between the private and public sectors in the mental health sphere. Counselling, or psychotherapy, despite generally being one of the 'gold standards' for treatment, is still not universally covered for Canadians."*

Through the Newfoundland Premier's Youth Council, Julia White (23, NL) advocates for affordable psychotherapy, knowing that it is one of the most effective treatments for mental health concerns. Working as a psychiatric emergency nurse, Julia sees the evidence of this first-hand, where wait times are onerous and services unaffordable for so many.

The Roundtable called for Canada-wide financial support for mental healthcare for those on social assistance, those with part-time employment, and anyone who can't afford to pay $200 out of pocket for an hour of counselling each week.

At the same time, the group highlighted how local and provincial mental health services can still learn a lot from each other about what works and what doesn't for youth in need.

Shaina Harvey (23, NB), spoke about Saint John's desperate need "for proper (and appropriately-timed) access to healthcare and education".

An observation about her own community that is echoed by New Brunswick's poor track record for mental health on the national and international stage.

The province's suicide rate has exceeded the national average for the sixteen of the past twenty years (Centre for Suicide Prevention). They also currently find themselves in a shortage of staff for their hospital emergency rooms - a fact that Shaina worries might discourage youth in crisis from seeking help altogether.

However, rather than depending on emergency rooms that are already understaffed with professionals who are overworked and often not trained in psychiatric care, we need investments in appropriate psychological emergency services.

St. John's, Newfoundland for example, has a mobile crisis response team made up of specially trained nurses, social workers, and de-uniformed police officers. This travelling response team has been relatively well-received by the community and has been good at preventing hospitalizations of community members experiencing mental distress.

However, in order to effectively help folks in distress, we need sufficient resources and proper training to ensure the competency not only for these crisis teams but for other professionals like police and emergency room staff who respond when the crisis team is busy.

Unfortunately, as Amelia Jones (21, Labrador) pointed out - it's not really feasible to provide the same type of service in rural Labrador for instance, where crisis responders would have to drive long distances to make contact with patients in need.

Amelia's community has been using telehealth and eHealth services and she described that patients can have virtual visits with practitioners or mental health specialists from a private space in a local clinic set up with internet access and video conferencing.

Of course, potentially life-saving conversations about mental health and mental illness are often still precluded by overwhelming stigma.

While the group tended to feel that overall attitudes towards mental health have improved, particularly amongst their own generation, it is apparent that stigma is still prevalent.

Julia notes that in her practice as a nurse, second only to financial constraints, negative perspectives about mental health are still one of the most common barriers she sees to folks getting care, especially

for patients over the age of 40.

Importantly, unique communities have unique needs. Different communities too, continue to have different attitudes towards mental health and mental illness themselves.

As Shirin Mehrpooya (19, NS) notes - "There still seems to be a stigma among students and professionals pursuing healthcare", especially.

"From my own academic experience in a healthcare-driven program, speaking about mental illness is discouraged in the community because it shows 'weakness.'"

Heartbreakingly, other Roundtable participants in health studies echoed this perspective – noting that mental illness is consistently perceived negatively when applying to health professional degrees.

Julia herself, also explained that she has faced backlash for being open about her own mental health journey throughout her nursing career.

"My mental illness doesn't define who I am, but it is a big part of what drew me to healthcare. My experience allows me to empathize with patients and better understand their concerns. I think it is valuable for someone with lived experience to help others navigate their path to wellness by showing that their concerns can be worked through, and that mental health challenges don't have to limit you".

"Continuing to expect that our healthcare professionals do not experience mental health problems is not viable for the future of our mental healthcare system" says Shirin.

The group tended to agree that the knowledge base of mental health care providers has been getting better, with Julia even noting that people with lived experience of mental illness were brought in to speak about mental health during her time at nursing school.

But there is still a need to reconcile physical health care with mental health care. Both depend on the

other. Often a family physician is a patient's first (or only) point of contact with the healthcare system for their mental health concerns, but patients may feel that doctors don't have enough specialized knowledge or even time to effectively help someone with a mental illness.

One of the biggest shortcomings that came up was the discrepancy between textbook knowledge and empathic practice.

Amelia wondered "if the problem is not with the practitioners themselves but with our system that is producing the doctors, nurses, and professionals in the first place".

How can physicians, nurses, or therapists be expected to have compassion towards others seeking help for mental illness if they were never afforded empathy or flexibility themselves?

What kind of tone does it set to tell aspiring professionals that they shouldn't be open about their own mental health for they'd risk hurting their chances of becoming a doctor at all?

How can frontline workers be patient and caring towards someone with mental illness if they don't have the time to be? Or if they're overworked, burnt out, and compassion-fatigued?

Of course, the answers to all these complex questions aren't found in just one roundtable, but being willing to have the conversation is a crucial first step.

In considering what the group wanted to come of their discussion, everyone agreed on the importance of advocacy - something many representatives at the roundtable already do so readily in their communities.

Amelia has been working with a local representative in Labrador to reach out to community Elders and provide mental health education.

Shirin brings equity-seeking youth together from around Nova Scotia to attend meetings of local government and amplify the youth voice in the discussion surrounding mental health.

Importantly, this Roundtable falls against the backdrop of our COVID-19 recovery efforts and a federal election campaign that officially began just a week or so earlier.

And for the first time, all three major national political parties claim mental health as a priority.

An opportunity.

"Bring your concerns to your local representatives. Let them know what you need from them and work with them to get it. If they won't work with you, make them work for you. As your elected representative, that's what they're there for." - Amelia

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# About

Contributing their insight to the conversation were students Shaina Harvey (NB), Amelia Jones (Labrador), Shirin Merhpooya (NS), and psychiatric emergency nurse Julia White (NL). The roundtable was hosted by Jill Stringer (ON) with supported from Stacie Smith (NB) and Bill Wilkerson (ON).

- **Jillian Stringer** (She/Her) (ON) is a second year Public Health Masters student at the University of Guelph and co-chairs the National Youth Advisory Council with the Mood Disorders Society of Canada (Refer: jillianstringer3@gmail.com).
- **Shaina Harvey** (She/Her) (NB) is a fourth-year biopsychology student at the University of New Brunswick Saint John. Shaina is a member of the Saint John Suicide Prevention Committee and an active mental health advocate.
- **Amelia Jones** (She/Her) (Labrador) is studying biology and neuroscience at Memorial University in St. John's, Newfoundland where she is also a member of the Premier's Youth Council.
- **Shirin Merhpooya** (She/Her) (NS) is currently living in Halifax, studying medical science and health studies at Dalhousie University. She is also the president of AMPLIFY NS, youth-led, grassroots organization that connects equity-seeking youth with mental health professionals and local decision makers.
- **Julia White** (She/Her) (NL) is a psychiatric emergency nurse in St. John's Newfoundland and graduate of Memorial University. She is an active member of the Newfoundland Premier's Youth Council and the 2021-2022 Newfoundland and Labrador Network Representative for Jack.org.