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Speaking Notes – Psychiatry Information Session
April 22, 2010

I have really struggled with what to say today, now that I have the opportunity to highlight an issue that is frequently overlooked and neglected. My struggle has come from the fact that I am not speaking on behalf of myself, but the thousands of patients with mental illness currently waiting to receive health care. This is a group that has no voice. If you wait too long in the ER department or are on a waitlist for surgery, you complain, you go to the media, you can make yourself heard. If you suffer from a mental illness, or are their loved one, you suffer in silence. It is easy to think that there is no problem, when there are no complaints.

As a psychiatrist, I diagnose and treat mental illness. My job is to manage risk and prevent injury and disability. Because rural Newfoundland has half of the positions in psychiatry unfilled, I often feel this is an impossible job. The focus is often on the most severe cases. I would compare my job to driving a rescue craft and circling a sinking passenger vessel in the North Atlantic. There are thousands of people in front of me. I see people on a sinking boat, I see people in the freezing water, I see people who cannot swim. And as my main focus is on those who are drowning, I am bothered by the fact that if I had a little help, I could also focus on stopping people from falling into the ocean to begin with.

You may think I am exaggerating the problem, because you do not see what I see.
I complement the media, patients and families who give us a rare glance into the reality of this problem and share with us their story. People like Vince Withers, who after losing his daughter, Renata, to an eating disorder, has started a foundation and an initiative for education and treatment of others. If you want to see the problem better, you need to learn how to look.

As an example, perhaps it starts with an anxious child. The child doesn't fit in and their behaviour is not seen as acceptable. The child struggles, the school struggles, the classmates and the family struggles. With appropriate care and intervention, the story ends here. The child untreated, is seen not as sick, but as a nuisance. The child looks for new ways to cope with stress, rejection and isolation. Unfortunately, Oxycontin may be more accessible than psychotherapy. You can see how this story can end in a headline. Oxycontin addiction is quickly becoming an overwhelming problem and in the last two years, this is filling my in-patient unit.

The illnesses I see can be malignant. At the early stages, it affects sleep, then ability to cope with stress, then function at school and work. This is a time when intervention can be very successful. Later, there is severe suffering, disability and the losses pile up. Desperation sets in. Desperate people do desperate things, and our society suffers as this causes family breakdown, bankruptcy, addiction, gambling, criminal activity or suicide.

Physician resources to treat mental illness in rural Newfoundland are poorly organized and profoundly under-resourced.

In Central Newfoundland, it is estimated that 20,000 to 30,000 will suffer from some form of psychiatric illness at some time in their life. Fifty per cent of our psychiatry positions are vacant and I work without the support of residents. One of my colleagues is approaching retirement. We have not recruited a single psychiatrist in four years. Interested parties have cited the heavy call burden, workload and lack

of support services as reasons for establishing practice elsewhere. It is virtually impossible to even locate temporary or locum physicians to cover a weekend, as the job is so busy and undesirable.

The people I serve and care for struggle not only with their illness, but must deal with ignorance and stigma. Their silence makes them easy to ignore.

Contrary to popular belief, my patients are your friends, your neighbours and your family members. They come from every walk of life and represent the backbone of our economy and society, including doctors, fishermen, teachers, and trades workers.

Without a voice, without advocates, these tens of thousands of Newfoundlanders suffer every day and they wait and wait and wait for necessary health care. Of the 10 most disabling medical illnesses in Western society, the top two are Depression and Alcoholism. In fact, six of the top 10 disabling illnesses are psychiatric illnesses including also Bipolar Disorder, Schizophrenia, OCD and dementias such as Alzheimer's disease. The waitlist to see a rural psychiatrist is among the longest waitlist to access a health care service in Canada. To access me can take over two years. This is clearly an inadequate service for a serious disabling condition. To wait so long for care for such a serious illness can make a person desperate. Many desperate people cope in desperate ways. The cost is paid by the patients, their friends and families who often witness family breakdown, addiction or suicide.

There has been progress in recent years in advancing mental health services, including establishing new Mental Health Legislation, improving addictions rehabilitation services and building teams of allied health workers to better respond to community crises in severely ill patients. These services need to be complemented and supported by physicians. Solutions to mental health care needs will partially lie in increasing the number of psychiatrists in the province, and increasing the support for family physicians who provide a considerable amount of mental health care. Our system does not recognize the value of coordination of services. Volunteerism is the word that I would use to describe the efforts of most family physicians and psychiatrists who support an outdated system which does not value and encourage coordinated and timely mental health care.

A bright future for psychiatry will require much change. In rural Newfoundland in particular, it will require considerable energy directed towards recruitment and retention. Other solutions may involve innovations such as electronic medical records, telepsychiatry and more appropriate collaboration with other professionals such as nursing. I have recently personally hired a nurse in my practice, and this has increased access and helped me to link and coordinate services between all the care givers. There are many barriers that prevent psychiatrists from working as consultants to family physicians and other care providers. We need to help psychiatrists focus on what they do best: new assessments, consultations, directing care and then having a system where others will deliver that care as directed.

To solve the problem, we must first stop ignoring the problem. On the front lines, we are breaking under a burden of intense need. I am asking for attention and innovation in supporting physicians to care for more patients and help to recruit more physicians to this profoundly underserviced area.