

Dr. Cynthia Slade
Psychiatry Media Statement
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Good morning.

Thank you for attending this public information session. Today, we are examining the issues surrounding psychiatry in Newfoundland and Labrador.

Our panelists today are Dr. Kim St. John, who will be discussing issues facing child psychiatrists, followed by Dr. Kris Luscombe, who will be speaking to you about the challenges of operating a psychiatric practice in rural Newfoundland and Labrador.

My name is Dr. Cynthia Slade and I will be presenting an overview of psychiatry in the province, as well as the issues surrounding geriatric psychiatry.

After each panelist has made their statements we will open the floor to questions.

Twenty per cent of Canadians will experience mental illness in their lifetime. That means 1 in 5 people. Poor access to timely psychiatric care and intervention is a growing concern for physicians throughout Newfoundland and Labrador.

Every day, psychiatrists strive to provide quality care despite external forces that are having a direct impact on our patients and their safety.

Gaps in service delivery are particularly apparent in rural areas, which have been plagued by chronic shortages of community psychiatrists.

We know there are people out there who are in need of psychiatric care and they are simply not getting it.

In areas like the Northern Peninsula and Labrador there are no psychiatrists at all, forcing patients to travel great distances to receive treatment.

Patients who require immediate intervention are particularly vulnerable.

In some cases, their problem could have even been prevented, had there been adequate psychiatric coverage and earlier contact with community psychiatrists. But instead of working with these patients one on one to plan ways to manage their illness, we are seeing them in times of crisis – sometimes after it's too late.

St. John's currently has an adequate number of psychiatrists to manage adult patients living in the city. The problem is that we are managing volumes of patients from other areas of the province where psychiatry is severely understaffed.

In my own practice, I see patients who travel from the Burin peninsula, central Newfoundland and Labrador in addition to those patients who live on the Avalon Peninsula.

Psychiatrists in St. John's, myself included, are now practicing at full capacity, which is impacting our ability to provide timely health care.

The evidence shows quite clearly that if you have a psychiatric diagnosis, the longer you have to wait to get adequate treatment, the worse your illness becomes and the more difficult it is to treat. The morbidity and mortality for our patients is significant. Untreated mental illness can lead to relationship problems with partners, family, friends, coworkers and children, academic impairment, absences and decreased productivity from work and reduced life expectancies.

Our patients are at risk for substance problems, which they often use as a way to self medicate. Once an addiction takes hold, a person's prognosis worsens. Our patients are at increased risk of death not only from suicide but also from cardiovascular disease. Cardiac, stroke and cancer patients who develop a psychiatric illness have reduced qualities of life and are at increased risk of dying earlier than those patients without mental illness. Many times our patients lack the ability to access timely medical services because they are unable to advocate for themselves.

Too many patients in this province have to wait at least a year just to receive a consultation with a psychiatrist. This is unacceptable and it poses a serious risk to patient safety.

As a result, many of us can no longer continue functioning with these long wait lists. In fact, to do so is a disservice to our patients.

As psychiatrists, we have a responsibility for ongoing care and suicidal monitoring, which is why we are reluctant to have long wait lists that can potentially put a patient's life in jeopardy.

In an act of desperation, many patients turn to the emergency department because they recognize it is the quickest way to get ahead of the queue.

The psychiatry emergency department should be reserved for emergency psychiatric assessment, but the conundrum is that the ER is filled with patients who have waited too long and have become emergencies.

Our hospital inpatient units have, in turn, become overcrowded and patients are often forced into holding beds as they wait for an available opening.

By the time these people reach the psychiatrist, their lives have gone through so much devastation, that it becomes much harder to help them reintegrate with their community.

Their relationships fall apart and, unable to maintain employment, many are forced onto social assistance programs. These are the kinds of situations that can destroy families.

For seniors, the situation is particularly dire. These patients have very specific needs and the critical shortage of geriatric psychiatrists has made getting access to these specialized services increasingly difficult.

Increased lifespan, coupled with a declining birth rate, has meant that seniors, aged 65 and older, now represent a large and growing proportion of our population. It is estimated that 20% of all seniors in Canada are living with a mental illness. In Newfoundland and Labrador we lament the loss of our young people to other provinces but it is here that they come back and retire to. We currently do not have enough psychiatrists dedicated to serving the mental health needs of our seniors, let alone those increasing numbers that we will have to deal with in the future. Elderly patients are more complicated physically and mentally. Caring for them often leads to caring in some form for their families. Elderly patients face high rates of Alzheimer's disease and other types of dementia. A report released in January 2010 by the Alzheimer Society of Canada reported that someone in Canada develops dementia every 5 minutes. Of the increasing numbers of elderly living in nursing homes, 80-90% are living with a mental illness or some form of cognitive impairment. Our current system does not facilitate or support a practice solely dedicated to geriatric psychiatry. The current remuneration system is grossly inadequate.

Newfoundland and Labrador is also lagging behind when it comes to comprehensive approaches to treating the developmentally delayed adult population, patients with addictions and children. In fact, the shortage of child psychiatrists in the province has reached a level of crisis proportions, which Dr. St. John will soon elaborate on.

Adding to the problem is the lack of psychologists, specialized social workers and occupational therapists –all of the ingredients that make up a comprehensive program for treating mental illnesses.

Psychiatrists end up fulfilling numerous roles for these patients. Many patients are without family doctors and it is up to us to ensure they receive adequate follow-up care.

They come with such severe and complicated illness that it becomes the psychiatrist's lone responsibility to try and manage a host of added problems.

This is a recipe for burnout, and no one should have to worry about seeing a physician who feels stressed and overworked.

I find it very discouraging. I can only imagine what it is like for our patients and their families; many of who are not comfortable about expressing their concerns because of the stigma attached to mental illness. For many, the suffering will be in silence. Several weeks ago I found myself defending our current system to a patient in an attempt to convince him to access hospital and emergency services should he need them. After he left my office, I realized that I was defending a system that I am quickly losing faith in. I can only imagine how he felt.

I have had two mothers each offer to give up their place in my practice so that I could provide care to their adult children. It is unacceptable when patients feel that they have to barter and sacrifice their own health care for their children's. It is a system that we ought to be ashamed of and one that desperately needs to be improved. There are dedicated people willing to work to improve the system for our patients but they are getting increasingly frustrated and burned out trying to do it alone.

I'll turn it over now to Dr. St. John.