UNIVERSITY OF MASSACHUSETTS

A CLOSER LOOK AT THE MENTAL HEALTH CHALLENGES FACING THE MARKHAM AND STOUFFVILLE COMMUNITIES IN ONTARIO CANADA

by

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Abstract

Markham Stouffville Hospital (MSH) is a progressive, two-site community hospital with leading diagnostic services and clinical programs in acute care medicine and surgery, addictions and mental health; all of which are focused on the needs of the rapidly growing communities of Markham and Stouffville and is the centre of community care for the almost 400,000 residents of these communities. Specifically working with the Chief of Psychiatry, Patient Care Manager for Mental Health, Patient Care Manager of Palliative Care and The Professional Practise Leader for Mental Health, my goal was to learn more about the mental health issues affecting these communities, delve into and evaluate best practices as it pertains to programs offered by the hospital to determine if the mental health needs of the community were being met. Through research, literature and journal reviews, interviews with mental health professionals and utilizing infographics I was able to achieve this. Building on my knowledge from my five core courses, I applied my health promotion competencies into practice to draft a concise handbook that would outline the programs available that can assist those that are afflicted with the more commonly experienced mental health illnesses. This practicum gave me the raw material needed to create that mental health handbook and after it is printed in English, reviewed and approved, I have suggested that it be made available to patients, staff, visitors and hospital volunteers in other commonly used languages in the community such as Chinese, Italian, Punjabi and French.
Update of Aims and Rationale

Mental illness affects one in every five Canadians. Therefore, almost everyone has been touched by its effects, if not directly, through a family member, friend or colleague. On April 12, 2017 while I am yet in the midst of the practicum, one of the communities on which I am focusing, that of Markham, was rocked by a workplace suicide when a 48 year old male jumped from the seventh floor to his death at the IBM headquarters and injured a colleague in the process. This sadly demonstrates that mental illness can affect our lives unexpectedly at any time.

Despite the wealth of information available and efforts to raise awareness, there is a considerable sub-section of the population that is at a loss as to the resources at their disposal if they need help for themselves or for a loved one. It was my assumption when beginning the practicum that as MSH cites its mental health programs as one of its core competencies that they would have the capabilities to handle any of the most commonly seen mental health illnesses. Although they do offer a range of programs, I found that there were notable gaps in the services offered.

My original goal was to highlight the most common mental illnesses and then detail the corresponding program at the hospital in a brief easy to read handbook. After discovering gaps such as a lack of in-patient beds for young adults and that the infrastructure was not in place to treat substance abuse over the long term, I adjusted the goal to highlight the top 5 most common mental illnesses seen in the Markham and Stouffville communities and shed light on the hospital’s treatment programs.
The practicum helped me to understand that stigma is still the most commonly cited reason that individuals delay or resist getting the care they need for themselves or their loved ones. However, through public health and other awareness programs, mental health issues and its prevalence are now openly discussed and this has greatly helped in reducing the stigma.

As mental illnesses slowly become destigmatized however, there are many now more people now seeking help. According to the 2011 census, York Region had the fastest growing population of any region in Ontario, at 15.7 per cent and Stouffville stands as the fastest growing municipality in York region, experiencing a 54.5-per-cent population expansion between 2006 and 2011. Markham too showed a similar pattern of growth. Therefore those that go a considerable amount of time without care often do so not out of choice, but because there is inadequate funding and resources are very limited to accommodate growth of this magnitude.

To illustrate, the devastating effects of dementia are now commonly known. Of the most commonly known mental illnesses, dementia has a lesser stigma and as a result, care is readily sought for those that are suffering with this illness. Many families find it difficult and expensive to gain access to long term care for elderly family members that need specialized services. Although the region experienced growth in all age cohorts, from 2006 to 2011, the ranks of older residents increased at a faster rate with the 60 to 64, 80 to 84 and 85 and over groups outpacing all other categories. Therefore, for these rapidly growing communities, that means that providing the right care at the right time can be a difficult goal to achieve – there is simply not enough services to meet the ever growing demand for mental health supports and services.

Since concluding the practicum, I do not view mental illness differently, but I do admit that during my interviews with the mental health professionals I realised one more than one
occasion that I that been influenced by some of the myths associated with certain illnesses. For instance, I always believed that memory loss was a part of getting older. I did not believe that being older meant that one would eventually become demented, but I did believe that forgetfulness and a degree of confusion was a natural part of the aging process. I learned that this is not the case. It lead me to believe that if such a misconception is widespread, there are many that do not seek care in a timely manner, simply because they too consider what is happening to be normal. As I plan to enter the field of health education, I view it as invaluable to have this opportunity to be to learn more about these illnesses and help raise awareness about this issue that affects so many.

**Update of Approach, Methods and Findings**

To meet the aims of my practicum I primarily relied on the expertise of the mental health practitioners in the facility. Dr. Rustom Sethna, Chief, Psychiatry was able to clarify which conditions are the actual five top mental health issues facing this community as there was a conflict in some of the information I read. They are:

- Depression
- Anxiety Disorders
- Bipolar Disorder
- Dementia
- Substance Abuse

Dr. Sethna also provided an overview of the challenges being experienced by those that seek treatment. Janel Wilson, Manager, Mental Health, Bonnie Jean-Baptiste, Patient Care Manager,
Palliative Care and Gwen Treharne, Professional Practice Leader, Mental Health all outlined the gaps in the current system and the barriers to treatment.

The second step I took was to access journals, data and statistics from Statistics Canada, The Canadian Mental Health Association and Centre from Addition and Mental Health (CAMH) in order to see what is the distribution of thee illnesses in the population as well as the myths surrounding them.

I then went on to evaluate the current programs being offered by the hospital. MSH has instituted such programs as its Adult Outpatient Services which offers group therapy which provides Cognitive Behavioural Therapy (CBT) Group for Depression and Anxiety, Coping with Emotions Therapy group and has time limited individual therapy for those who do not meet the criteria for groups. Other programs include the Adolescent Treatment and Learning Alternative Service (ATLAS) program which is targeted towards preteens and teens between the ages 12 and 19 who are struggling with depression and/or anxiety and are having significant difficulty attending or succeeding at school. The program combines a classroom experience and group therapy to help participants learn to better cope with their difficulties in order to prepare them for a return to their home and school. They are gently nudged back into life and given the tools needed to successfully deal with the pressures they face.

Another program offered by MSH is the Building, Restoring, Initiating, Developing, Growing and Empowering (BRIDGE) day treatment program. As described by Dr. Sethna, this program is in actuality the adult version of the aforementioned ATLAS program and does in fact works as a “bridge” between life in the hospital and life at home for the patient. This program is sometimes used to prevent hospitalization for patients who are presenting the initial stages of an
illness or for those that are suffering a relapse. Through use of this day program, it has allowed some to avoid a stay in the hospital. The program uses a “wellness model" to help patients learn about and understand their illness. The care coordinator focuses on learning and practising coping skills as a route to recovery, and offers a wide variety of group inpatient programs for anyone who may require ongoing support.

If I were to undertaking the practicum with all that I now know, the two things that I would do differently would be to (1) physically visit the Canadian Mental Health Association (CMHA) and The Centre for Addictions and Mental Health (CAMH) in order to set up an appointment to speak with someone in person and (2) instead of focusing on the mental health illnesses that are seen in the community, I would narrow my focus further to discuss the mental health illness that are treated at the hospital..

As a result of my work, I had the necessary information to put together the Markham Stouffville Hospital Mental Health Handbook, a comprehensive resource to disseminate and share knowledge while raising awareness of the hospital’s treatment programs. Staff patients and visitors will have at their fingertips information that can help them determine what to do if they or a loved one is suffering and are willing to get help. As many older ones are not very comfortable with technology, referring them to a website learn more about treatment options can be overwhelming and can sometimes lead to inaction. As there is often comorbidity with mental illness and other conditions, this handbook will be found in the waiting areas of other units such as labour and delivery, cardiology and the surgical services departments as even though a patient might be mainly being treated for a separate issue there may be a mental health condition present.
Reflection on the Practicum

My idea of a handbook was favorably received and I was told on more than one occasion that it would prove to be a useful tool. Dr. Sethna, Ms. Wilson, Ms. Jean-Baptiste and Ms. Trehanne with whom I worked with on the practicum all expressed in some way that they thought this will be a great resource for our hospital and community if approved by the Senior Leadership Team.

Gaining the insight that I did also gave me the rewarding experience of feeling that I had helped a colleague. A highlight of this practicum experience was being able to put into practice what I had learned. The last question I asked at each interview with the mental health professionals was “What advice would they give to someone who believed that a family member, friend or colleague was suffering with a mental illness?

There were five main points:

- Show genuine interest and empathy
- Foster an atmosphere of trust
- Do not minimize or dismiss the persons pain
- Express concern but do not offer quick fix solutions
- Communicate to them that you do want to help

The suicide on the IBM employee mentioned at the outset was featured constantly in the news during the days following. There was much discussion about mental health in the workplace and what could be done by employers to ensure that their employees were being cared for. I spoke to a co-worker about the suicide to which he replied “That guy’s the lucky one – at least he’s out of his misery. I’m still stuck in mine.” He went on to detail the recent happenings
in his life and his inability to cope with the unexpected changes in circumstance that he was experiencing. This practicum allowed me to really think about what I should say instead of offering clichés or emotional placebos. I tried to employ all five points that and ended the discussion with offering to research the number for our Employee Assistance Program (EAP) which provides support, resources and information for personal and work-life issues. Although he declined my assistance, he did say that he appreciated me taking the time to listen and just talking to someone did make him feel better.

While this was a great reward, there were frustrating challenges associated with the practicum. Although The Canadian Mental Health association (CMHA) and The Centre for Addictions and Mental Health (CAMH) no doubt had in-depth information that would have been invaluable, I was unable to receive and audience despite my repeated attempts at contacting a practitioner that would be willing to share their expertise. I therefore had to solve this by using information that was offered on the CMHA and CAMH websites, limited as it was. I attempted several times to speak with a researcher or clinician at both these institutions because, as they specialize in mental health, I thought that I could further insight into programs that they now offer which our facility could investigate as we expand our programs in the long run. My site supervisor also attempted to contact her counterpart at each of these institutions on my behalf to see if they could assist in the process of securing an interview but was also unsuccessful. Our emails to these organizations went unanswered and our calls were not returned. I therefore felt that some questions that I wanted to explore were left unanswered.

What surprised me in the practicum is that at the beginning of it all I wondered how I was going to fill ten pages. After reading, thinking and learning so much on these illnesses my only regret is that due to the word limit I am unable to share more about how this experienced has
enriched my academic career. Public Health Practice is more than an academic exercise - it is an opportunity. What I have done here has prepared me and trained me to make changes in a real world setting. It has allowed me to examine a topic that I thought I knew quite a bit about and come to the humbling realization that I did not know much at all. However, with what I now know, I can help others.

Conclusion

It is always a rewarding feeling when we feel that we have made a difference. During many of my courses, we as students have spent much time talking about the “greater good” and what that really means. We also spend time talking about the role of education and how much more improved the health of communities could be if there was an awareness of the facts of the issues that are being faced.

This practicum gave me the opportunity to make that difference; it made me feel that I had the chance to do something for the “greater good”. The fact that so many in my community battle every day with debilitating depression, anxiety and substance addiction and hesitate to reach out for help means that although we have come a far way there is so much more work that needs to be done. As I prepare to send the draft of the handbook to the Senior Leadership Team for their approval, I feel that I have contributed in my own way in helping to fight the war against mental illness and its associated stigma.
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