

CONNECTIONS



**A BOOKLET FOR PEOPLE WITH MENTAL
ILLNESS, THEIR FAMILIES AND INTERESTED
COMMUNITY GROUPS**

CANADIAN MENTAL HEALTH ASSOCIATION



**Canadian Mental Health Association
Fredericton / Oromocto Region, Inc.**

Jean McBrine - Executive Director

65 Brunswick Street Room 292

Fredericton, N.B. E3B 1G5

Telephone: (506) 458-1803 / (506) 444-8199

Fax: (506) 459-3878

E-mail: cmhafo@nb.aibn.com

The Association is a non-profit charitable organization dedicated to providing people in the Fredericton and Oromocto area the opportunity to enhance their mental health and live to their fullest potential through various programs that the association provides. Staff, volunteers, people with mental illness, and their families all play an integral role to ensure quality service delivery.

Those of us at the Canadian Mental Health Association Fredericton / Oromocto Region, Inc. and the Fredericton Mental Health Centre sincerely hope this booklet is beneficial to you and your family and opens all the necessary "CONNECTIONS" needed for your road to recovery!

2nd printing, October 2002

INTRODUCTION

This booklet was initiated by the Canadian Mental Health Association (CMHA) Fredericton/Oromocto Region, Inc. and the Mental Health Centre (MHC) Fredericton, N.B., with input from patients, families and mental health service providers.

Once a month the Executive Director of CMHA and the Liaison Nurse from the MHC meet with patients and their families on 2SE (the Psychiatric Unit, Dr. Everett Chalmers Hospital) to inform them of the available mental health services in the community. We continue to update this book based on input from these meetings and community input.

In order to ensure that all patients and their families receive important community information, this booklet was produced and is available at the hospital Psychiatric Unit and from the CMHA office upon request. Since the first printing, we have distributed the booklet more widely in the community.

The title “Connections” was chosen because of the need to connect the patient and family to community services, and to make the transition from the hospital to home as smooth as possible.

We would appreciate your feedback at any time.

TABLE OF CONTENTS

I. HOSPITAL PAGE

A. STAFF ROLES

II. DISCHARGE

A. DAY THERAPY

III DEFINITIONS AND TERMINOLOGY

A. DEFINITIONS OF COMMON MENTAL ILLNESSES

B. TERMINOLOGY

IV. COMMUNITY RESOURCES

A. SERVICES PROVIDED BY CANADIAN MENTAL HEALTH ASSOCIATION
FREDERICTON/OROMOCTO REGION INC.

B. MENTAL HEALTH CENTRE

1. HOURS OF OPERATION

2. REFERRAL

3. SCREENING

4. WAITING PERIOD

5. TEAMS AND SERVICES

IV. C. SELF-HELP / SUPPORT GROUPS PAGE

1. FOR PERSONS WITH MENTAL ILLNESS

2. FOR FAMILIES AND CAREGIVERS

V. FREQUENTLY ASKED QUESTIONS AND ANSWERS

VI. CRISIS

A. WHAT IS A PSYCHIATRIC CRISIS?

B. WHAT CAN YOU DO?

C. WHAT HAPPENS IF THE PERSON IN CRISIS IS NOT ADMITTED TO HOSPITAL?

VII. IF ALL ELSE FAILS

A. ADVOCACY

1. CANADIAN MENTAL HEALTH ASSOCIATION

2. PATIENT ADVOCATE

3. MENTAL HEALTH CENTRE

4. PSYCHIATRIC UNIT

VIII. AGENCIES AND RESOURCES – PHONE LISTING

IX. SERVICES OUTSIDE FREDERICTON/OROMOCTO

VIII. ACKNOWLEDGEMENTS

IX. BIBLIOGRAPHY

I. DR. EVERETT CHALMERS REGIONAL HOSPITAL (PSYCHIATRIC UNIT)

A. STAFF ROLES

The people listed below work together as a “Team” in the hospital. The patient and family provide important information to the team. This information is strictly confidential. You will be given scheduled times to see members of your team.

An orientation upon admission to the psychiatric unit helps to familiarize the patient with the routine of the hospital.

At times the patient may not want the family involved, and this can prevent the staff from providing information to the family. When appropriate, a consent form to allow family involvement and discussion with the staff, can be beneficial.

You are encouraged to participate in scheduled activities including therapeutic groups.

IF PATIENTS OR FAMILIES HAVE ANY QUESTIONS OR CONCERNS THEY SHOULD ASK A MEMBER OF THE TEAM!

PSYCHIATRIST A psychiatrist is a medical doctor who is a specialist in the assessment, diagnosis and treatment of mental disorders. A psychiatrist can prescribe medications.

FAMILY PHYSICIAN While you are on the psychiatric unit, you are under your psychiatrist’s care. Your family physician is an important part of the team and will be involved if required.

PSYCHOLOGIST A psychologist provides testing and counselling services to patients with mental and emotional disorders. A psychologist is not a medical doctor and cannot prescribe medication.

NURSE The nurse carries out the care of the patient on a day-to-day basis in collaboration with the psychiatrist and the team, and also the family physician, when necessary. Responsibilities also include administration of medications, facilitation of groups and assessment of the patient’s illness and concerns through observation and discussion. The nurse is the key access person for the patients and their families/caregivers.

SOCIAL WORKER The social worker deals with the emotional, social and environmental problems associated with an illness or disability. A social worker counsels individuals and families regarding mental illness and how to cope with the impact of the illness on a person’s life at home, at work, or in their social life, etc. They can also obtain information on financial, legal and other areas including health cards for medications, etc.

OCCUPATIONAL THERAPIST The occupational therapist works with the patient on challenges they may experience in carrying out self-care, and work-related/leisure activities. The goal of the occupational therapy assessment and treatment is to enable a patient to do meaningful activities as successfully and independently as possible.

II. DISCHARGE

A. DAY THERAPY

The Day Therapy Program is available to help to make changes. These changes will help you cope more effectively with everyday problems and improve your quality of life. An advantage of the Day Therapy Program is that you can benefit from a wide range of therapeutic services while you live at home. The program includes groups and/or individual meetings with hospital staff to address social, psychological, occupational, mental and physical health concerns. Referral to this program is through a psychiatrist only.

Staff hours are 8 a.m. to 4 p.m. Monday to Friday. Patient hours are flexible and adapted to individual needs.

III A. DEFINITIONS OF COMMON MENTAL ILLNESSES

DEPRESSION / UNIPOLAR

Depression is one of the most treatable of the mental illnesses. One in ten people, from all walks of life, can expect to develop depression in their lifetime. Depression affects the total person--body, feelings, thoughts and behaviours. At times everyone can feel down, blue or sad. It becomes an illness when the depressed mood persists for at least two weeks, deepens or worsens, starts interfering with everyday life and work, and results in no interest or pleasure in nearly all activities. Other signs of depression are feelings of worthlessness, hopelessness, helplessness and irritability; disturbances in sleep, decrease or increase; disturbances in eating habits, decrease or increase; reduced ability to concentrate and think; withdrawal from family and friends and recurrent thoughts of death or suicide and/or attempts.

There is no single cause of depression. Physical and environmental triggers may combine to give rise to depression. Life events and the way you have learned to respond to them may make you more susceptible to depression. Stress, some medications or an illness can also cause depression. Finally, biochemical imbalances in the brain seem more and more to be a significant part of this illness.

Treatment is generally with a combination of medication (antidepressants) and psychotherapy. Psychotherapy is a type of therapy that offers understanding, reassurance, insights and suggestions for handling the emotional aspects of your illness, and how to provide less stressful living situations. In cases of depression that have been difficult to treat, electro-convulsive therapy (ECT) has been successful.

MANIC DEPRESSION / BIPOLAR

Manic depression is an illness that is found in about one percent of the population. People with manic depression experience periods of depression, as discussed above, as well as periods of mania. During an episode of mania, some or all of the following symptoms may be observed: excessive energy, racing thoughts and flights of ideas, pressured speech, grandiose delusions or inflated self-esteem, overspending, decreased need for sleep, impaired judgment, extreme irritability or rapid, unpredictable mood changes.

Causes for manic depression are the same as for depression and it is believed the illness may be hereditary.

There are a variety of effective treatments available for manic depression which include medications aimed at alleviating the symptoms and psychotherapy.

PANIC DISORDER

A panic disorder is a form of anxiety when a person suddenly experiences overwhelming intense terror for no apparent reason. Their fear is accompanied by other symptoms including sweating, heart palpitations, hot or cold flashes, choking or smothering and feelings of unreality.

PHOBIA

This term describes the kind of terror, dread or panic that overwhelms anxiety sufferers when they are faced with a feared object, situation or activity. Many common phobias are familiar to us: fear of snakes, enclosed spaces and air planes, for example. Agoraphobia, the fear of being in a public place with no escape, (like a bus or crowded store) can leave the person housebound.

POST TRAUMATIC STRESS DISORDER

This can affect anyone who has survived a severe and unusual physical or mental trauma. Witnesses to a violent auto accident or survivors of a life-threatening crime may develop this illness. Some victims re-experience the traumatic events through nightmares, night terrors or flashbacks. Others numb themselves emotionally, startle easily, are plagued by general anxiety, inability to sleep, poor memory, difficulty concentrating or completing tasks and feel guilty about their own survival.

ANOREXIA/BULIMIA

Anorexia and bulimia are psychiatric eating disorders characterized by a preoccupation with food and a feeling of a lack of control over aspects in one's life. These disorders occur usually in adolescents but can occur in adults as well.

The person with anorexia nervosa is often a perfectionist, but suffers from low self-esteem and an irrational belief of being overweight, regardless of how thin they become. The person with bulimia binges on huge quantities of food and then purges their body of dreaded calories by self-induced vomiting, laxative use and often excessive exercising.

OBSESSIVE COMPULSIVE DISORDER

For obsessive compulsive disorder sufferers, obsessions are a way of coping with their anxieties: repeated, unwanted thoughts or compulsive behaviors; rituals that get out of control. For example, someone who has a fear of germs may clean themselves so compulsively their hands bleed.

SCHIZOPHRENIA

Schizophrenia most often strikes the 16 to 30 year-old age group, affecting an estimated one person in a hundred, and is youth's greatest disabler. Schizophrenia often starts slowly. When the symptoms first appear, usually in adolescence or early adulthood, they may seem more bewildering than serious. In the early stages people may find they lose the ability to relax, concentrate or sleep. They may shut long-time friends out of their lives. Work or school begins to suffer, as does their personal appearance. During this time, there may be one or more episodes where they talk in ways that may be difficult to understand and/or start having unusual perceptions. Schizophrenia tends to appear in cycles of remission and relapse. When in remission, people seem relatively unaffected and can more or less function in society. During relapse, it is a different story. People with schizophrenia may experience one or all of the following: delusions or hallucinations, lack of motivation, social withdrawal and thought disorders. People with schizophrenia may think someone is spying on them, listening to their thoughts or placing thoughts in their minds. Hallucinations most often consist of hearing voices that comment on behaviour, are insulting or give commands. Disorganized thinking makes some people with schizophrenia feel mixed up in conversation; they may jump from one unrelated topic to another. Depression and anxiety frequently accompany these feelings.

The symptoms of schizophrenia vary greatly from person to person, from mild to severe. A psychiatrist is needed to make the diagnosis, especially because there are no diagnostic tests. It is known that schizophrenia is a biological disorder of the brain. The causes are not yet known but there are different theories. There is strong evidence of important inherited factors. Research is continuing.

Treatment includes medication to help control the hallucinations and delusions and maintain coherent thoughts. Psychotherapy is also an important part of the treatment for both the patient as well as their family.

Information used in above definitions are from the following sources:

Canadian Psychiatric Association

The Schizophrenia Society of Canada

The National Canadian Mental Health Association

III. B. TERMINOLOGY

Dictionary for Mental Health.

DELUSIONS

Delusions are false beliefs that have no basis in reality. They are real only to the person experiencing them.

MENTAL HEALTH CONSUMER

A mental health consumer is the term used for people with a mental illness who have used the mental health system.

ELECTRO-CONVULSIVE THERAPY (ECT) (SHOCK TREATMENT)

ECT is a controlled procedure that causes a seizure in the brain by passing a mild electric current through electrodes that are held in place on your forehead. An anaesthetist will administer medications by intravenous which will make you fall asleep during the procedure. Your psychiatrist and nurse will explain in more detail.

MENTAL HEALTH ACT – “INVOLUNTARY/VOLUNTARY STATUS”

If a physician examines a person and is of the opinion that the person is in need of the observation, examination, assessment, care or treatment provided in a psychiatric facility, the physician may apply to a psychiatric facility to have the person admitted to the facility as a voluntary patient. The patient can refuse to be admitted. If a person is not suitable for admission as a voluntary patient, or refuses to be admitted, and the physician feels the illness is such as to require hospitalization in the “interests of the person’s own safety or the safety of others”; then an Examination Certificate is signed and dated for an “involuntary” admission. The certificate authorizes detention for a maximum of 72 hours. During this time routine medical treatment can be administered. When a patient is admitted involuntarily, the administrator of the facility must notify the person’s nearest relative in writing. In order to have the patient remain in hospital, the physician must apply to the Chairperson of a tribunal before the 72 hours are up. If the patient refuses to stay, the full tribunal (consisting of a lawyer, the patient, a patient advocate, a mental health professional and a mental health consumer) is

summoned. More complete information can be found in the “Mental Health Act of New Brunswick.”

IV. COMMUNITY RESOURCES

A. SERVICES PROVIDED BY THE CANADIAN MENTAL HEALTH ASSOCIATION FREDERICTON/OROMOCTO REGION, INC.

ADVOCACY

This program responds to the individual concerns and needs of persons with a mental illness. In some instances the Association is involved with long-term lobbying and advocacy efforts to bring about positive changes in institutional and community systems.

ASSESSMENT AND REFERRAL

People are supported during times of crisis by consulting with the person regarding the current problem and providing appropriate and prompt referrals and resources. Teamwork in the community is crucial for the quality care of the consumer. The team could include psychiatrists, family physicians, social workers, government workers, nurses, hospital staff, police, as well as, numerous other community resources.

VOCATIONAL

“Let’s Work”, a program funded by Human Resource Development New Brunswick, assists persons with a mental illness to enter or re-enter the workforce. The “training on the job” team offers assistance in training, planned development and evaluation on and off the job, problem solving and follow up. One-on-one support is available in special circumstances. The office is a pilot site for the “Routes to Work” project funded by Health Canada through the National CMHA office.

BUILDING YOUTH CONNECTIONS

By providing awareness through seminars, information booths, contact with schools, parents and other youth-oriented groups, linkages and connections are established with youth. This includes presentations in the areas of suicide, early intervention for first episode psychosis, stress, depression, self-esteem (the I’m Thumbbody Program to Grade 3 students), and other innovative programs. Staff and volunteers maintain membership on youth-oriented committees and partner with community agencies in the area of mental health.

PUBLIC EDUCATION AND PROMOTION

Mental Illness and Wellness

This program responds to the need for health promotion and education regarding the reduction of stigma, improved sensitivity towards the mentally ill, increased stress in the workplace, suicide and depression. The Association develops resource materials and presents workshops and training in the areas of suicide intervention, stress, bereavement, problem solving, depression in the workplace and other areas relating to mental health and illness. Literature distribution, videos, tapes and media information help to increase knowledge in an area that is often misunderstood. A computer is available (with assistance from staff) to research information.

CONSUMER EMPOWERMENT

Assisting consumers to have power over their lives through support and education and a strong resource base, can help direct decision makers to provide more humane, sensitive and effective solutions.

SELF HELP

The Association offers the opportunity for people with mental illness, and their families, to take part in self-help groups which provide information, reassurance, encouragement, comfort and hope and the sharing of common problems and solutions that have worked for others. A Suicide Bereavement education program is offered as needed.

Support and Sharing Education and Learning

IV. B. MENTAL HEALTH CENTRE

Fredericton Community Mental Health Centre
Victoria Health Centre, 2nd floor
65 Brunswick Street
Fredericton, N.B. E3B 5G1
TELEPHONE: (506) 453-2132 Fax: (506) 453-8766

The Centre provides mental health services, at no cost, for people in the southern part of Health Region III. The Centre offers services through 5 multidisciplinary teams comprising nurses, psychologists, social workers, community support workers, and occupational therapists; with psychiatric consultation available to each team. These service teams include

Intake/Screening/Crisis, Child and Family, Acute Adult, Rehabilitation, and Seniors.

1. HOURS OF OPERATION

The regular hours of operation of the Centre are 8:30 A.M to 5:00 P.M. Monday to Friday. The Centre offers Emergency After Hour Services from 5:00P.M. to 8:30A.M. Monday to Thursday and 24 hours on weekends and holidays. The purpose of the service is to assist people with mental health emergencies to deal with crises and to prevent inappropriate admission to inpatient psychiatric beds. This service is accessed by calling the Mental Health Centre number, 453-2132. For further information contact Adult Services at 453-2132 or Children's Services at 444-5337.

2. REFERRALS

Referrals are generally made by telephone and mail, physicians, families, police, government and volunteer agencies. People can also refer themselves.

3. SCREENING

People enter the mental health system by means of an Intake/Screening/Crisis Team, unless previously hospitalized. Then, the entry point would be the hospital through the liaison nurse. By obtaining background and current information regarding the nature of the problem, the client's needs can be assessed and dealt with at this stage or referred to the appropriate service team.

4. WAITING PERIOD

Waiting periods are dependent on the severity of the person's difficulties/illness and the availability of the clinicians. Pending assignment to a therapist, crises will continue to be dealt with by the Intake Team.

5. TEAMS AND SERVICES

The Child and Family Team

This team works with children 18 years and under who are still attending school. Priorities for service include: suicidal children/adolescents, depression, sexual abuse, extreme behavioural problems, dysfunctional families, separation and loss, anxiety based problems, and eating disorders.

The Adult Service Team

This team provides acute, short term intervention with persons 19 years and older. Depression, acute and chronic anxiety states and phobias, suicide attempts or gestures, post traumatic stress disorder, and personality disorders are some of the major problems with which the team is involved.

The Psycho-Social Rehabilitation Team

This team offers services for adults 19 years and over with persistent, recurrent, psychological, social and emotional problems. Diagnoses of schizophrenia, major affective disorder, manic depression or paranoid psychosis predominate.

The Senior's Team

This team offers services to those aged 65 years and over who require mental health services and who are experiencing problems usually associated with aging. Consultation and in-service training to the ten nursing homes in the center's area are offered. Most services to seniors are provided in their places of residence.

Rural outreach services are provided on a regularly scheduled basis weekly or every two weeks to McAdam, Harvey, Minto and Doaktown. In-home and on-site services are offered where appropriate.

The Centre also offers or co-ordinates groups such as:

- Self Help Group for Widows and Widowers
- Social Skills/Life Skills for Youth
- Early Psychosis Program

The Mental Health Clinic will be offering an Early Psychosis Program (Pilot Program of 1 year) for residents of the Fredericton city limits. The age group is between 16 and 30. Contact the Mental Health Centre at 453-2132 for further details.

IV. C. SELF-HELP/SUPPORT GROUPS

1. FOR PERSONS WITH MENTAL ILLNESS

CHANGES:

A support group for persons diagnosed with a Mood Disorder - Depression (Unipolar) or Manic Depression (Bipolar).

For further information and screening prior to attending the group, contact the Canadian Mental Health Association, Fredericton/Oromocto Region, Inc. at 458-1803.

SCHIZOPHRENIA SOCIETY:

For persons with Schizophrenia AND their families.

For information about the Fredericton Chapter of the Schizophrenia Society contact:

Mary Ellen Tait at 455-2721 or Liz White at 363-5886.

RECOVERY INC.:

Meets weekly on Wednesdays at Wilmot United Church, corner of Carleton and King Streets from 7 - 8:30 P.M.. The self-help group is for people who suffer from depression, anxiety, panic attacks, bipolar disorders and other mental health problems. New members are always welcome.

FRIENDS AND FELLOWSHIP

A social and recreational activity centre, Friends and Fellowship, allows many individuals with a mental illness to share time together. Activities include card and board games, crafts, painting, photography, gym night, bowling, summer day trips and camping experiences at various sites around the province.

CLUBHOUSE

The goal of the Clubhouse is to improve the quality of life of persons with long-term psychiatric disabilities by helping them to assume responsibility for their own lives and to function as actively and autonomously as possible in the community. The Clubhouse provides a work-ordered day program to members, with work stations such as gardening, woodworking, computer/printing skills, and the Thrift Shop. Members learn work skills and also life skills required in the workplace.

The Clubhouse is located at the Victoria Health Centre, 65 Brunswick Street, 1st floor. For information on becoming a member call 452-2753

IV. C. 2. FOR FAMILIES AND CAREGIVERS

FRIENDS AND FAMILY OF THE MENTALLY ILL:

A support group which provides education, support and encouragement to families or friends of a person with mental illness.

For further information contact the Canadian Mental Health Association, Fredericton / Oromocto Region Inc. at 458-1803.

SUICIDE BEREAVEMENT:

For persons who have suffered a loss due to suicide. Programs are offered throughout the year based on sufficient numbers for a group.

For further information contact the Canadian Mental Health Association, Fredericton/Oromocto Region, Inc.

JOURNEY OF HOPE PROGRAM FOR FAMILIES:

The “Journey of Hope” is an 8-week program (provided in 2 1/2 hour sessions one night a week) designed to address the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, major depression and obsessive-compulsive disorder. The course is usually offered once or twice a year. There is no cost.

The program provides the factual information on these brain disorders to family members and caregivers. It provides valuable information and helps them adjust to the diagnosis of a chronic mental illness. The topics include: physical causes, symptoms, medications, and treatment programs.

Practical issues for families which are addressed in the “Journey of Hope” include community services available, legal issues, entitlements and other financial issues.

The emotional impact of having a seriously mentally ill family member and the stress of caring for that person is an important component of the Journey of Hope. Information is presented and techniques are taught in the areas of crisis management, empathy for the ill person, coping skills, communication skills and problem-solving techniques.

For further information contact Mary Ellen Tait at 455-2721

IN ORDER TO LIVE MORE COMFORTABLY WITH MENTAL ILLNESS, EDUCATION IS EXTREMELY IMPORTANT FOR BOTH YOU AND YOUR FAMILY. THIS ENSURES UNDERSTANDING OF THE ILLNESS, AND MAINTENANCE OF MENTAL WELLNESS.

V. FREQUENTLY ASKED QUESTIONS AND ANSWERS

The following are questions that patients and families often ask. We hope the answers will be beneficial .

“In the hospital who will give the best information regarding a family member’s progress? How do I contact them?”

The principal person to speak with is the nurse or psychiatrist. To contact the nurse for your family member, go to the nursing station located on the unit. If you would like to speak with the psychiatrist regarding your family member, speak with the nurse and she will direct you in the appropriate manner. You may also call the psychiatrist’s office directly.

- “Who is in charge and what role do the other people play in my family member’s care?”

The psychiatrist is in charge, but he works with all members of the team to ensure the appropriate care and treatment. Please refer to page 1 and 2 in this booklet for a more complete description of the team.

- “What should I tell my family and friends about my family member’s illness?”

What you tell people is up to you and your family member. Both of you should educate yourselves so you understand the illness and, therefore, better inform your family and friends. There is an education room on the psychiatric unit which has resources that may help (ask the staff for location). As well, the Canadian Mental Health Association has a variety of literature available.

- “How can I best be involved in my family member’s care while in hospital?”

You should discuss this with your family member, the psychiatrist and nurse. Let them know you are very concerned and interested in doing what you can. Don’t hesitate to bring up any concerns with the staff.

- “What is helpful and what is not?”

Being supportive and understanding to your family member is important. Depending on their illness, it is probably best not to discuss things that might upset them . Discuss this with their nurse.

- “What should I tell the team about my family member’s illness?”

You need to inform the nurse and psychiatrist of the changes in behaviors or stressors you have observed prior to the admission of your family member. Stressors could be recent deaths, a change of residence, job change (loss or promotion), etc. Also inform staff of their sleeping habits, appetite, weight gain or loss, etc. This information can assist the treatment team.

- “After the illness, will my family member be able to return to the way they were?”

Most often persons with mental illnesses return to their regular way of life with treatment, medications and positive support systems.

- “Is suicide an ongoing concern?”

Always take a threat of suicide seriously. Literature is available to provide awareness of warning signs, etc. Check with the Canadian Mental Health Association or hospital library.

Always discuss threats with hospital staff if family member is in hospital. Treatment and medication can reduce the risk of suicide.

“What does “better” mean in terms of when someone is ready for discharge from hospital. How much better will they be?”

Family members discharged from hospital will probably not be completely better and will require follow-up with the psychiatrist, and possibly the Mental Health Centre. Your family member requires time to heal. The time varies with the individual. They require support from family; they need to take medication; keep medical appointments; and participate in on-going counseling, if recommended.

“I have no money, the creditors are calling, my employment insurance hasn’t come through, what can I do?”

Talk with your social worker, she can help you to make inquiries. Family Enrichment & Counseling Services and the Canadian Mental Health Association provide valuable support in this area.

“I don’t have drug coverage and can’t afford my medication, what can I do?”

Speak with your nurse while in hospital, who will direct your concerns to the psychiatrist and social worker. It is important to let your nurse know if you cannot afford your medication. You require it to remain healthy.

“What should we plan for discharge, ie. supervision, ability to return to work, to look after the children, to manage day-to-day activities?”

Talk with the staff of your family member’s hospital team to obtain these answers. There often is a need for follow-up of some kind -- possibly a referral to the Mental Health Centre, or counseling with a private therapist. Your family member will need time to adjust to being home after having experienced a very serious illness.

“When I am discharged from hospital, what help is there in the community?”

There is a great deal of support in the community. This includes the Mental Health Centre , the Canadian Mental Health Association, Fredericton/Oromocto Region Inc., self-help groups, etc.

“How do my medications work? What do I need to know about them? What are the side effects?”

Ask your psychiatrist to discuss this with you. Information can also be obtained from the hospital education room or from your pharmacist.

□ “As a family member, how do I know when things are getting worse and I should intervene? What are the signs that someone is becoming ill? What should I pay attention to? How much should be left to my loved one’s self determination?”

Symptoms vary from one illness to another. Education about the illness is extremely important. Any changes in behaviour such as withdrawal from family and friends, feelings of sadness, helplessness, hopelessness and irritability, change in appetite (increase or decrease), problems sleeping or waking, feelings of greatness, excessive spending, hallucinations or delusions are symptoms to watch for. If you feel your loved one is a threat to themselves or others, action should be taken immediately! Empowering people to take control of their own lives is important in recovery. This can be judged on the basis of how the person is responding to treatment and their ability to make decisions.

□ “Is there someone for me to talk to regarding how I feel about my family member’s illness and the future? I would like to talk to someone who really understands.”

There is a support group especially for family and friends of the mentally ill, and thus their name, “Friends and Family of the Mentally Ill.” You can SHARE your problems with others, COPE by discussing your experiences, LEARN about local services and facilities and HEAR the latest from informed speakers. For more information call the Canadian Mental Health Association Fredericton/Oromocto Region, Inc. at 458-1803.

□ “If I need help or have questions about my loved one after they get home, who should I call? What resources are available? Is there a cost? How do I access them?”

The answer to the first question would depend on what kind of help you require and the type of questions you have. If the help needed is related to the illness or medication, then you can call the psychiatrist and leave a message with the receptionist. If the person has been referred to the Mental Health Centre, you can call there for information. If it is urgent, tell them so when you call. You can also call the Canadian Mental Health Association Fredericton/Oromocto Region, Inc. There is no cost for services from either of the two mentioned above. Family Enrichment & Counseling provides a variety of services, and their fees are on a sliding scale basis.

□ “What should I do if my family member is in a crisis? Who do I call if I am at home and need assistance?”

Please refer to the following section.

VI. CRISIS

A. WHAT IS A PSYCHIATRIC CRISIS?

If you or your family member are experiencing a problem that you can’t deal with or solve in your usual way; or you are feeling overwhelmed, distressed and unable to cope, you may be experiencing a psychiatric crisis. When a person is a danger to themselves or others, help

should be sought immediately.

B. WHAT CAN YOU DO?

What you can do depends on the severity of the crisis, but there are options. Ask your psychiatrist or family physician what the course of action should be for a crisis.

If you are unable to contact a doctor, you can call the Mental Health Centre at 453-2132 between 8:30 A.M. and 5:00 P.M. and explain what your concerns are, and they will advise you. If it is after regular hours, you can call the same number and receive help from the after hours service.

You can contact the Canadian Mental Health Association Fredericton/Oromocto Region, Inc. during regular office hours at 458-1803.

If none of the above are effective in resolving the problem, take your family member to the Emergency Room. If your family member refuses to go, call the police and they will assist you.

REMEMBER, HAVE A PLAN OF ACTION IN PLACE BEFORE A CRISIS OCCURS!!

C. WHAT HAPPENS IF THE PERSON IN A PSYCHIATRIC CRISIS IS NOT ADMITTED TO HOSPITAL?

There are still gaps in this area.

The Advocacy Committee of the Canadian Mental Health Association Fredericton/Oromocto Region, Inc. identified crisis services as a priority and established a sub committee who are meeting regularly with other community groups to address this concern.

There may be times when you have been dealing with a crisis involving a family member for an extended period of time. At some point the person is taken to the Emergency Room of the Hospital. The person is not admitted and you feel you can no longer cope with the person at home. Discuss this openly with the Doctor. If you are then asked to take the person home, enlist other people to help you. They could be other family members, friends, or you may have to call the Fredericton Mental Health Centre or the Canadian Mental Health Association for some guidance and support.

VII. IF ALL ELSE FAILS

A. ADVOCACY

1. CANADIAN MENTAL HEALTH ASSOCIATION FREDERICTON/OROMOCTO REGION, INC..

As mentioned before, the CMHA is a strong advocate for persons with mental illness and their families.

Their policies state that they are committed to the following principles:

- Persons with long-term mental health problems have the right to appropriate care, treatment and rehabilitation within the least restrictive environment. They have the right to remain in their own community whenever possible.
- Government, caregivers, the voluntary sector and individuals must work toward improved quality of life for mental health consumers
- Continuing public education is necessary to sensitize society and to fight the stigma of chronic mental illness

Some of the following areas of concern are brought to the Advocacy Committee for assistance: --You or your family member have been unsuccessful in accessing appropriate care

- You are having financial difficulties due to a mental illness
- You cannot afford your psychiatric medications
- You are experiencing legal problems due to your illness

2. PATIENT ADVOCATE

Under the provincial Mental Health Act, a Patient Advocate offers advice and assistance to persons who are detained in a psychiatric facility on an involuntary admission. The Advocate is to be notified when the person is admitted and confers with that person and represents them at hearings held by a tribunal.

3. MENTAL HEALTH CENTRE

Staff at the Mental Health Centre can advocate for you if you are a client. If not, they will refer you to the appropriate resource.

4. PSYCHIATRIC UNIT

Staff of the Psychiatric Unit can also advocate for you while you are a patient and/or request the assistance of other groups.

VIII.AGENCIES AND RESOURCES THAT MAY BE OF HELP

(For information on Services not listed, call CMHA at 458-1803, or the CHIMO Help Line at 450-4357 / 1-800-667-5005)

Canadian Mental Health Association, Fredericton/Oromocto Region Inc.
65 Brunswick St., Rooms 289, 290 458-1803

Canadian Mental Health Association's "Let's Work" Vocational Program
65 Brunswick St., Rooms 212, 214 451-9190

C.F.B. Gagetown - Social Work/Pastoral Care Services 422-2000 Extension 3066 or
2414

CHIMO Help line (Fredericton) 450-4357

CHIMO Help line (For anywhere in New Brunswick) 1-800-667-5005

Clubhouse 65 Brunswick St., 1st floor 452-2753

Dr. Everett Chalmers Regional Hospital Priestman St. 452-5400

Family Enrichment & Counselling Services Inc. 618 Queen St. 458-8211

Fredericton Anti-poverty Organization 458-9102

Fredericton City Police 460-2300

Fredericton Community Residence 454-1206

Fredericton Community Soup Kitchen 65 Brunswick St. 457-1788

Fredericton Emergency Shelter Inc. 65 Brunswick St. 450-1102

Fredericton Food Bank 860 Grandame St. 459-7461

Fredericton Mental Health Centre 65 Brunswick St. 453-2132

Friends and Fellowship 65 Brunswick St. 451-8414

Gignoo House 458-1224

Grace House (Women's Shelter) 273 Charlotte St . 450-3001

Human Resource Development NB 453-2001

Military Family Resource Centre/Oromocto 422-2000 Extension 2404

Oromocto Food/Clothing/Furniture Bank 74 Iroquois Ave., Oromocto 357-3461

Oromocto Public Hospital 103 Winnebago St., Oromocto 357-4700

Region 3 Addiction Services 65 Brunswick St. 452-5558

Salvation Army (Family Services) 120 Westmorland St. 453-1706

Transition House (for abused women and children) 459-2300

University of New Brunswick Counseling Services (for UNB or STU students) 453-4820

Books regarding mental illness can be borrowed from the Canadian Mental Health Association - N.B. Division Resource Library located at 65 Brunswick St., Room 292; or from the Public Library.

IX. SERVICES OUTSIDE THE FREDERICTON/OROMOCTO AREA

Woodstock Community Health Centre

200 King Street

Woodstock, N.B. E0J 2B0

Telephone: (506) 325-4419 Fax: (506) 328-4802

The Centre offers the same services as Fredericton to residents of the northern part of Health Region III.

For information on what services are available in other areas call the Department of Health and Wellness at 444-4442.

The Canadian Mental Health Association has offices in other areas in the province as well. Contact the Provincial Division office at 455-5231 for listings.

X. ACKNOWLEDGMENTS

- Mental health consumers and their families/caregivers
- Charlotte Young - Friends and Family support group
- Liz White - Schizophrenia Society
- Mary Ellen Tait - Journey of Hope Program
- Staff of the Psychiatric Unit - Dr. Everett Chalmers Regional Hospital
- Janice McIntyre - Nurse/Manager – Psychiatric Department, Dr. Everett Chalmers regional Hospital

IX. ➤ Mental Health Centre, Fredericton, N.B.

➤ Marjorie Edwards - Member – Fredericton Mental Health Consumer Network

Volunteer – Canadian Mental Health Association Fredericton/Oromocto Region, Inc.

Thank you !

XI. BIBLIOGRAPHY

- “Anxiety, Depression and Manic Depression” brochure
 - Canadian Psychiatric Association, Eli Lilly Canada Inc., Pfizer Canada Inc. and Smith Kline Beecham Inc.
- “Schizophrenia” brochure
 - Canadian Psychiatric Association, Eli Lilly Canada Inc., Pfizer Canada Inc, and Smith Kline Beecham Inc.
- “ Day Therapy Program” brochure
 - Psychiatric Department, Region III Hospital Corporation

Funding for the printing of the “Connections Booklet”, Second Edition was provided by the Fredericton Mental Health Consumer Network, a Committee of the New Brunswick Mental Health Consumer Network

The Fredericton Mental Health Consumer Network Committee:

GOAL: To promote empowerment and self-help for Mental Health Consumers in Health Region III

OBJECTIVES:

- to be the voice of Mental Health Consumers in Health Region III
- to develop a communication network among Mental Health Consumers
- to develop public awareness and understanding of mental health issues through education
- to work in collaboration with government and other organizations to improve mental health care and services
- to provide referrals to the appropriate community resources
- **ADVOCACY** - support for Mental Health Consumers when existing services fail to meet their needs

FOR FURTHER INFORMATION PLEASE CONTACT:

Fredericton Mental Health Consumer Network Committee
c/o Coordinator Friends and Fellowship
65 Brunswick Street
Fredericton, N.B. E3B 1G5
Telephone: (506) 454-6057

WHAT YOU MAY NOTICE IN SOMEONE WHO IS CONSIDERING SUICIDE:

- Preoccupation with death and suicide (eg. writing or talking about it, drawing pictures of

people taking their own life)

- Lack of interest/withdrawal in activities once enjoyed
- Loss of interest in previously important relationships
- Despairing attitude
- Disturbed sleep; change in appetite; decline in personal care
- Inability to concentrate; mood swings
- Making final arrangements such as giving away prized possessions
- Reckless risk taking and increased irritability or aggressiveness
- Increased and/or heavy use of alcohol and/or drugs
- Sudden change in performance

POSSIBLE RISK FACTORS INVOLVED WITH A SUICIDAL PERSON:

- Previous suicide attempt
- Low self-esteem
- Helplessness or hopelessness
- Abused or neglected
- Homosexual
- A traumatic event
- In trouble with the law

- Recent loss
- Disabled
- Loner - socially isolated
- Recent suicide of family member or friend
- Recently widowed, separated or divorced
- Loneliness