

HOME ON THE HILL
SUPPORTIVE HOUSING,
CARING COMMUNITY

SPECIAL
POINTS OF
INTEREST:

Carer
statistics:

78% — female

61 — average
age

1 in 5 — look
after more
than 1 person

72% — main or
sole carers

4 in 10 — feel
unable to cope
with constant
anxiety

IN THIS
ISSUE:

Mental 1
Asylums?

Speaker Series 2

Psychosis 3
Program

Director Profile 3

Your Donation 3
Helps

Help Lines 4

Updates 2

Home on the Hill

VOLUME 2, NUMBER 1

MARCH 2015

Should We Bring Back Mental Asylums?

Marvin Ross

Reprinted with permission from the blog *Mind You*, February 16, 2015 dawsonross.wordpress.com

In an analysis of where we've come in the past 30 years, Hamilton psychiatrist Dr David Laing Dawson wrote that "For a significant number of mentally ill people (and their families) we have, over the past 30 years, reversed the reforms provoked by Dorothea Dix in 1843." [See endnote.]

Certainly, the statistics for Canada, the US and the UK, bear this out. The Canadian Journal of

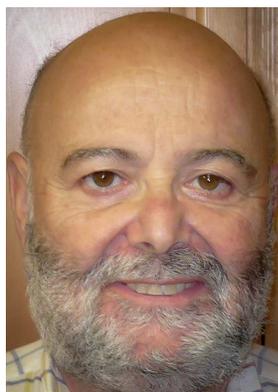
Psychiatry pointed out that there was a rapid closure of beds in the 1970s and 1980s but that was offset by an increase in days of care in the psychiatric units of general hospitals. They called this transinstitutionalization. But, by the 1990s the overall days of inpatient care began to decrease.

Between 1985 to 1999 there was a decline of 41.6% in average days of care per 1000 pop in psychiatric hospitals and a decline of 33.7% in psych units in general hospitals. Days in hospital declined but there were more frequent stays for patients – the revolving door.

In a document by the Public Health Agency of Canada called the Human Face of Mental Illness, it was stated that "This discontinuity and inadequacy of care after hospitalization is common among seniors who have lived with

schizophrenia for most of their lives. After being transferred from psychiatric institutions they may find themselves in long-term care facilities that generally have limited availability of mental health professionals."

Meanwhile, there was a near-doubling in the total proportion of prison inmates in Canada with mental illnesses between 1997 and 2009. Prisoners often end up in segregation units and without adequate treatment because the prisons don't have the staff or resources to properly care for them.



In the US according to the Treatment Advocacy Center, in 1955 there were 340 public psychiatric beds available per 100,000 U.S. citizens. By 2005, the number plummeted to a staggering 17 beds per 100,000 persons. And we know that the largest psychiatric facilities in the US are the jails in New York City, Chicago and LA.

The Guardian newspaper in the UK recently reported that more than 2,100 mental health beds have closed since April 2011, amounting to a 12% decline in the total number available. It also found that seven people had killed themselves since 2012 after being told there were no hospital beds for them.

On one occasion last year, there were no beds available for adults in England.

In 2011, Dr Peter Tyrer, a professor of community psychiatry at the Centre for Mental Health at Imperial College, London, wrote in the British Medical Journal that "I am now rueing the success of the community psychiatric movement in the UK, where the inane chant of "community good, hospital bad" has taken over every part of national policy. At some point in the steady reduction of psychiatric beds, from a maximum of 155 000 in 1954 to 27 000 in 2008 the downward slope has to level off or rise."

Meanwhile, earlier this year, three medical ethicists at the University of Pennsylvania, Dominic Sisti, Andrea Segal and Ezekiel Emanuel, argued for a return of the mental asylum in the Journal of the American Medical Association. They said that their use of the word asylum wasn't meant to be "intentionally provocative."

continued on page 4 . . .

2013 Family Guidelines from the Mental Health Commission of Canada

No. 8: Provide family caregivers with timely access to appropriate education that responds to their needs at different stages in the illness and caregiving trajectories.

No. 13: Require service providers to include family caregivers in treatment planning where appropriate.

No. 24: Establish protocols in hospitals for a clear process on

involving family caregivers in discharge and follow-up care plans, including guidance and relapse, crisis prevention, and a recovery plan for both the person with the mental illness and the family caregivers.

Speaker Series—“Ask the Doctor”



Dr. David Dawson, our next *Speaker Series* speaker

Wednesday, **March 25**, 7:00 p.m.
St. Mary's Anglican Church, 10030 Yonge Street

Home on the Hill is pleased that Dr. David Dawson, former professor of psychiatry at McMaster University, and Psychiatrist in Chief at Hamilton Psychiatric Hospital, will conduct a second session answering questions from family caregivers who are supporting a loved one living with a serious mental illness. Members of the community are also most welcome to attend this event.

Home on the Hill is presenting this opportunity because families are often prevented from accessing health information that they need to support their loved one. For example, under the current Personal Health Information Protection

Act (2004), a relative who may be experiencing paranoia could refuse to sign a consent form that would allow families to have necessary health information. Recommendation 14.1 of the 2013 Family Guidelines of the Mental Health Commission states: “Develop and implement clear protocols for providing necessary information to family caregivers and require mental health service providers to follow them”. The Guidelines also recommends a “cultural shift” to an “individual and family model” of care. Until these recommendations are implemented, Home on the Hill is determined to provide necessary health information to families. Best practices state that client outcomes improve when family caregivers can access clinical guidance.

Updates

Charity Golf Tournament.

We are pleased to announce that Home on the Hill has been selected as one of the recipients in the Richmond Hill Mayor's Charity Golf Tournament. This is an annual event being held this year on June 15 at the Richmond Hill Golf Club. Proceeds are shared between three local charities.

Robert Veltheer, Home on the Hill President and Maggie Veltheer, Treasurer attended the Central Local Health Integration Network (LHIN) *Housing and Support Summit Conference* on March 3 and 4, 2015. An article on the role of LHINs in mental health will follow in a later issue.

Kathleen Mochnacki, Home on the Hill Vice-President has been invited by the Mental Health Commission of Canada to join a small group of stakeholders to give feedback on the toolkit being developed to support mental health agencies in implementing the Recommendations of 2013 Family Guidelines. (See selected recommendations, top.)

Family Education and Support for Psychosis Program

McKenzie Health currently offers a Family Education and Support for Psychosis Program. There are 4 sessions that are run every other week on Thursday evenings from 5:30pm-7:30pm. Topics include:

What is Psychosis, Medication, Crisis Intervention, Navigating the Mental Health System and Stigma, Resources, and Family Recovery. Sessions are run by a psychiatrist, nurse, social worker, recreation

therapist, and crisis workers. It is a self-referral program. People can call our intake department at (905) 883-2127. The intake worker will register them and provide them with the next available session.

Your Donation Helps

Home on the Hill supportive Housing has two objectives: "To provide and operate non-profit residential accommodations and incidental facilities for persons of low or modest income including seniors and disabled persons" and: "To provide training, counselling and other support services to people with disabilities."

Our focus is on persons with mental illness and their family caregivers.

Our long term objective, to provide affordable housing, will require substantial investment from government and the public. We are seek-

ing government support and will be conducting major fundraising drives in the future. In the meantime we are continuing the Speakers Series in which experts in the treatment of mental illness are providing information to family caregivers and others. Although the speakers generally, the members of the board of directors, and volunteers are not paid for their services we do incur expenses for supplies, rent and specialized services. We are exploring partnership arrangements on a program by program basis with established social agencies serving persons with serious mental illness

and their family care givers.

In order to continue existing services and to develop new and expanded services we need your help. Please consider a donation to Home on the Hill Supportive Housing as part of your charitable giving.

Home on the Hill Supportive Housing is a registered charity, number 84686 3082 RR0001. Donations are tax deductible.

You can donate by telephone, mailing a cheque, or give online at *Canada Helps* — shortened link: <http://is.gd/ajowet>.

Although the speakers and volunteers are not paid we do incur expenses.

Director Profile—Kathleen Mochnacki BA (Psych), BSW, MSW, RSW

Kathleen Mochnacki is a family caregiver and also has worked within the mental health system for fifteen years, which included two years on an Assertive Community Treatment Team. She has lived in Richmond Hill for thirty four years, and is presently en-

rolled in the post Masters social service administration program at the University of Toronto to better prepare herself to help administer Home on the Hill. The agency hopes to maintain ties with the University, other social service and housing agen-

cies, the Town of Richmond Hill, community volunteers, and most importantly family caregivers as it moves forward. Kathleen, who is currently taking a course on research and evaluation at the University, is passionate about

continued over . . .





Home on the Hill Supportive Housing

209 Harding Boulevard West
Richmond Hill, Ontario, Canada L4C 8X6
905-883-1508 (voice)
905-883-3147 (fax)
info@home-on-the-hill.ca
<http://home-on-the-hill.ca/>

Vision

A caring home environment that projects a sense of belonging, growth and security for all persons.

Mission

To provide a quality home environment for people living with serious mental illness in our community, by changing the way people are supported.

Should We Bring Back Mental Asylums? contd.

“We’re hoping to reappropriate the term to get back to its original meaning, which is a place of safety, sanctuary, and healing, or at least dignified healing for people who are very sick.”

The United States, they said, now has 14 public psychiatric beds per 100,000 people, the same as in 1850. On average, Sisti said, countries in the European Union have 50 beds per 100,000.

On a personal level, author Katherine Flannery Dering whose book *Shot in the Head* discusses how she and her 8 siblings cared for a brother

with schizophrenia, described the impact of what she called The Great Emptying on one of the talks that she gave. As she says, the number of people needing hospitals did not shrink as much as hospitals did.

Asylums (or psychiatric hospitals) do not have to be evil places where patients are abused or ignored.

There is no reason they cannot be caring compassionate places that give patients the necessary time to heal or to protect them from the outside world if that is what they need.

Endnote. Dorothea Lynde Dix (April 4, 1802 – July 17, 1887) was an American activist on behalf of the indigent insane who, through a vigorous program of lobbying state legislatures and the United States Congress, created the first generation of American mental asylums. During the Civil War, she served as Superintendent of Army Nurses. —Wikipedia

Kathleen Mochnacki contd.

quality evidenced based service and is determined that there be adequate evaluation processes in place for the agency’s future services.

Significant, sustained change can only happen in a culture of learning and Kathleen believes that in Home on the Hill, there will be that constant

drive to continually access new knowledge and use this new knowledge to inform future program development.

Help Lines:

Community Crisis Response Service for individual, family, or friend mental health crisis: 310-COPE (310-2673). Krasman Centre Warm Line 1-888-777-0979 for support from individuals with lived experience with mental health concerns, addiction, and/or trauma. Toronto Distress Centre 24/7 line 416-408-HELP (416-408-4357) — you will speak with a trained volunteer who can provide you with emotional support in response to your crisis or distress.