



Community services seen as essential component in mental health care

By Johanna Weidner, Record staff
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WATERLOO REGION — More community-based services for people struggling with mental health and addiction issues would go a long way toward preventing serious problems requiring hospital care, local experts say.

"If we can get these services and supports to them early on, they won't build to the point they need to go to hospital," said Fred Wagner, executive director of Trellis. The agency provides community-based mental health and developmental services to people of all ages across the Waterloo-Wellington area.

Early intervention and support is essential, but there's simply not enough available.

"There are lots of wait lists. There aren't the supports that are required," Wagner said.

Boosting the investment in community-based services is recommended in a recently released report from an advisory group to provincial Health Minister Deb Matthews on a new mental health and addictions strategy for Ontario.

While Ontario spends more per capita on hospital services than any other province, according to the report, that heavy investment has not translated into improved mental health. More money must be invested in community-based services to provide the help people need to improve health and well-being, the expert panel urged.

"We can treat a lot of people successfully in the community without going to the hospital," Wagner said.

Waterloo Region has recently seen an influx in funding for local mental health care beds, with a new long-term care unit at Freeport and expanded acute care at Grand River and Cambridge Memorial hospitals.

"These are good things. We also need to balance that out with services and supports in the community," Wagner said. "We still have a long way to go."

While people most likely won't be cured, they can enjoy a good quality of life if they get the support to feel included and engaged in meaningful activities.

"They can adjust to it and carry on living," Wagner said.

Don Roth, executive director of the Canadian Mental Health Association's Grand River branch, agrees it's crucial to put more resources into early identification, support and intervention to address issues before they become entrenched and difficult to treat. That escalation makes unavoidable more "intensive and intrusive" responses, such as police action or emergency room visits.

"And then watch the revolving door that happens for years afterwards," Roth said.

Support is also essential after a person leaves hospital, to prevent relapses and readmission. Often, people coping with mental health and addition issues don't have much support from family and friends and are disconnected from the community.

"When people are released from hospital, that's one of the most difficult times," Wagner said. "It's really critical

we help people continue with their recovery.”

Along with calling for more community-based services, the panel said those supports need to be better integrated to break down the barriers that stop people from getting help. Currently only one out of three adults, and one out of six children, with a mental health illness is accessing services and reports.

Mental health and addiction services need to be integrated, considering people often suffer from both, as well as co-ordinated with other health care and programs that address housing and employment.

Wagner said there’s already a push to better connect care, and local service providers are motivated to make improvements. The Waterloo Wellington Addiction and Mental Health Network, which includes providers, partner organizations, health care professionals and affected individuals, started working more than a year ago to better co-ordinate services to make sure people get the right care.

“It’s going to be very easy to make some practical gains,” Roth said.

He said the provincial report offers “a very strong road map” for the future of mental health care in the province — and echoes the shortfalls already apparent to those working in the field.

“It’s articulating the things we’ve been saying,” Roth said.

Knowing the long wait for services and difficulty accessing them in rural areas, Waterloo marriage and family therapist Paul Radkowski founded an online recovery program.

“It’s a way to fill in the gaps,” said Radkowski, who is also a crisis counsellor and trauma specialist.

He came up with idea for the Life Recovery Program (www.liferecoveryprogram.com) after working in the Far North. While it’s not a substitute for traditional treatment, Radkowski said, the online program offers immediate and easily accessible support.

The window is small when a person finally reaches out for help, especially those suffering with addictions, he said. A long wait list can lead to relapses, overdoses and other critical situations.

Radkowski would like to see the transformations outlined in the report for more timely and integrated care to ensure people get the help they need without trouble.

“They’ve already got enough challenges.”

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