

Hope on the Horizon

by Kim Eggers

Mental Health. This term is heard *almost* constantly, *almost* everywhere: on TV, social media, amongst friends and family, and within health care. It's encouraging and discouraging all at once. After centuries of ignoring people's mental health needs even as recently as the 20th century, society is finally recognizing what a significant impact it can have on every aspect of one's life and that at some level, we all suffer from time to time, depending on how life happens to be unfolding for us.

Fortunately for all of us, health care has recognized the importance of good mental health, whether it be for patients or for health care professionals. That's the good news.

The not-so-good news is that we just do not have enough human resources to aid all those that seek help.

But I believe the model of delivering mental health care is like many aspects of our health care in BC—it's time to shift the paradigm and start to create a model that can help more people since I don't believe we will ever quite catch up when it comes to pairing patients with accredited counsellors and psychiatrists.

I've been interested in mental health for many years, and as such, have read a lot on the subject and watched many documentaries that have really opened my eyes.

A study that really stood out to me was based on how every person needs to feel connected to others. Between 1969 and 1974, a psychiatrist and a statistician decided to try something new: they had health care professionals send handwritten letters to a number of patients that had been treated and discharged from San Francisco psychiatric hospitals after suffering from depression and/or suicidal tendencies.

The letters were simple and straightforward—and *human*. They wanted to find out if reaching out to individuals struggling with serious mental health issues, letting them know that they were still thought of and cared for, made a discernible, positive difference in the patients' lives. It did. Compared to the control group (the discharged patients that did *not* receive follow-up letters), suicidal ideation decreased and there were less suicides. Even many years later, the group that semi-regularly received kind, caring letters from health care professionals, had a lower suicide rate.

And there's the crux of it: every human being that has ever graced this earth just needs to feel connected and cared for—and *seen*. We are all struggling towards the light, and sometimes, we need support.

This places a large burden on physicians in general practice in BC. Often, a person struggling with anxiety, depression, or even more serious mental health issues, reaches out for help from a F.P. first. Many of these healthcare professionals want to help these individuals, so they refer the patients forward to mental health specialists, hoping that their patient won't be placed on a long waiting-list.

Unfortunately, often even patients with the most serious mental health needs end up waiting and waiting. Sometimes the clock runs out for them even though they sought the help they realized they needed.

Then there are those patients that may be on the lower end of the spectrum of mental health needs. They may be suffering from anxiety or low to mid-level depression. Serious, but if addressed sooner rather than later, very treatable in many cases. But when an overburdened healthcare system must put these patients in a holding pattern because of lack of mental health specialists, there's always the chance that the low to mid-level mental health issues can progress to much more serious levels. This places even more of a burden on the system.

Recently Qualitycast North interviewed one of the BC physicians that helped create a program for physicians that have a heart for their patients struggling with mental health. It's called *Mindspace*. This program aids F.P.'s in addressing mild to moderate mental health issues in their patients using cognitive behavioural therapy.

It involves having the interested physician take a number of mini-training modules, and from there, they can moderate small groups of patients in order to teach them straightforward, proven psychological techniques that empower the patients to be proactive about their mental health. This model can reduce some of the severe overburdening of our mental health specialists. And of course, between learning and applying sound mental health techniques to their lives and knowing that their health care professional cares—this can make a definite difference in patients' lives.

There's also a reciprocal thing that takes place when patients and physicians work together. It ends up benefiting *both* parties, because to reach out and lend a helping hand to another human being imparts a visceral sense of satisfaction. It fills us up, whether we realize it or not.

I encourage health care to pivot to a model of care that not only benefits patients and health care providers, but also, in the long run, will allow budgets to be more sustainable when addressing mental health in BC.

Band-aids can only stick for so long.

Resources/Links:

<https://sparg.stanford.edu/solutions/caring-letters-prevent-suicide>

<https://mind-space.ca/>

<https://mind-space.ca/referring-to-our-program-mind-space/>

<https://www.techtarget.com/patientengagement/news/366584767/5-Principles-to-Build-Positive-Patient-Provider-Relationships>