The cost of madness misunderstood

by Miriam Korn

Mt. Hope Lunatic Asylum. This was the original name of the Nova Scotia Hospital when it first opened up its doors 135 years ago. The name has changed, but for many of its patients, past, present and future, the stigma has not.

Last fall, the public was invited to tour Mt. Hope Center, the most recent addition to the hospital's facilities. It was built to replace the original DeWolfe building. For years, the hospital has had the $12 million dollars needed for construction, however, almost a dozen years of discussion and planning were involved in order to assure the new building was appropriate for optimal patient care, both from the patient and the health care worker's point of view.

"There is no question this building was made *for the patients*," said Greg LaLonde the tour guide, "It's about time it served the patient first. After twelve years, there was a big separation between the patients and staff."

For some, this hospital will be one's home for a long time. Thus, every effort was made to make it as comfortable as possible with fully furnished rooms and private bathrooms.

The atmosphere of the brand spankin' new building is indeed uplifting. The "sea-worthy" names of the wings, chosen by both staff and patients, correspond to the colour schemes. Coral, Atlantis, Maritime and Emerald Halls have similar setups, each with 23 beds, but cater to different sorts of patients. Facilities available are vastly improved, especially in the occupational therapy department. A kitchen, sewing machines, and a ceramics studio are just a few of the facilities now offered. These all help with therapy that teaches "activities in daily living."

"The focus of the hospital is rehabilitation and treatment," said Linda McMaster, director of Community Relations. She organized tours of the hospital in order to encourage people from the community to see the new building to help dispel some of the stereotypes associated with the mental health field. "People leave with a different perception. Many originally think that the care is mainly custodial. We show them there are treatment plans. When a holistic approach to treatment is used, other things follow. This is the treatment these people deserve," said McMaster.

The hospital believes in community based service. Of the 2000 patients treated by the hospital, 750 are out in the community. Also, there are more outpatients, with the number of beds being reduced from 560 to 270 over the past 10 years. "The philosophy is rehabilitation to get people back into the community. Life-skills training prepares people so the transition is smooth," said McMaster.

Doug Crossman, Executive Director of the Canadian Mental Health Association's Nova Scotia Division, said the organization applauds the replacement of the old building at the hospital, but noted that when such a large facility is built, money is inevitably taken away from other parts of the mental health system. "The government has to look at how it can build an equitable system."

CMHA acts as a complimentary service linking the hospital with the community, independent of the hospital board, says Crossman. He noted the hospital is very expensive due to the high number of professionals it employs. The hospital has a guaranteed amount of funding every year, while community services are very under-funded, since it must depend on non-sustainable funding such as the United Way and some government grants.

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The Nova Scotia Hospital has a yearly operating budget of approximately 54 million dollars. It costs an average of 296 dollars per day to care for a patient in the hospital. This contrasts with the 700 dollars per month a typical mental health consumer receives from social assistance when living in the community.

Fifty cents of every dollar spent on mental health services in Nova Scotia goes to hospitals. This is contrary to what those served by mental health system need, explained Crossman. "Most consumers say they want services that help them in the community, not in an institution. Other parts of the system need more money." A higher emphasis on health promotion and prevention as well as community support would be beneficial.

Archie Kaiser, a professor at the Dalhousie Law School who teaches mental health law, believes there are no disadvantages to an "appropriately conceived deinstitutionalization process that works to depopulate institutions which presently exist." He noted however, that there are presently not enough community based support mental health services so that institutions are not necessary.

John-Paul Galipault, a consumer representative on the working group on mental health in Nova Scotia, said institutions should be a last resort. However, he added, "too often it is the first treatment used."

Galipault said that hospital funding should be maintained for the time being, but "more funding should be infused into the community to set things up so money can be diverted from the hospital later. We have to be careful. Otherwise there is the danger that people will be denied access to one program but have nowhere else to go."

Right now, he explained, the main problem is access to alternative services if one is on a fixed income, considering that private psychiatrists and psychologist's services are not covered by MSI. "There has been very little research done to find out what the consumer population wants to be covered. For example, if they don't want drugs, but they do want massage therapy, or a combination thereof, MSI should cover it."

According to Irene Drake-Smith, Executive Director of the Halifax Branch of CMHA, "Stigma is one of the biggest barriers facing people recovering from mental health disorders." She also noted that in Nova Scotia "there is a desperate need for advocacy work on behalf of or to assist consumers in gaining access to community services."

One former patient of the Nova Scotia Hospital said the main problem with accessing services in the community is that one needs to accept the label of being mentally ill to gain the right to use them. "If you want the services, you have to call yourself crazy," she said. "And once you're in the mental health net, you can't break out."

She demonstrated both the reality of stigma and the need for advocacy by pointing out an issue recently in the news, whereby the federal government wants to take away voting rights from people diagnosed with mental health disorders. "On the hierarchy of how people are perceived in society, prisoners are ahead of mental health patients."

"There is an appalling neglect of both institutional and non-institutional availability of advocacy services," agreed Kaiser. "It is one of most urgent needs of the consumer community."

He explained there must be "lay-advocates" or non-professional support who can assist people in articulating their needs concerning treatment, conditions and employment. Professional advocates are mainly needed if complaints need to go before the courts or tribunals or if there is specific work which can only be done by a professional.

Galipault also noted the need for accessible consumer advocates. "The system is geared so that if one doesn't have a lot of money, one has a high risk of having one' rights being abused."

The need for patients' affirming their rights was underlined by another former consumer, "Advocates should be from the post-mentally ill themselves, against the mental health system as it is."