



## PRESIDENT'S REPORT OCTOBER 2013

REHMAN ABDULREHMAN  
PH.D., C.PSYCH.  
MPS PRESIDENT, 2012-2014

Dear Colleagues and Friends.

Language is to a psychologist what a scalpel would be to a surgeon. Using it well is a fundamental skill for our profession. But language is a critical tool that is essential for the communication of ideas not just in therapy, but also in advocacy and promotion of good mental health. With regards to physical health, our society has a common language it uses to relay ideas about it, and thus our public health knowledge about physical health is strong. If we get a cold, we

know the processes to engage in for recovery and to cope with symptoms along the way. We also can use a common language to articulate what it is we are struggling with and what to ask for when seeking remedy. Unfortunately, our society's knowledge and common language to discuss mental health issues is not as strong. Though we have progressed as a culture to be able to talk about mental health, and in many ways have reduced the stigma of seeking help, we do not always use a common language to discuss our concerns, in the same way that we would about physical health. As a result, one could argue that our public health knowledge of mental health concerns is relatively poor or at best inconsistent. A simple

analysis of the words therapy, treatment, and counseling are one such example. Are we worriers, do we simply have stress, or are these disorders?

Therefore, in advocacy, as in therapy, having a common understandable language by which we all communicate about mental health is critical. We need to speak with one voice and ask for the same things, regardless of our profession, because in truth the issue of mental health affects us all.

The Manitoba Psychological Society has been working hard at this endeavor, first, with the Mind Your Mental Health

*(Continued on page 2)*

## Fall Institute & Members' Night

November 20<sup>th</sup>, 2012

The Society Page is the quarterly newsletter of the Manitoba Psychological Society. MPS publishes this newsletter as a service to its members and to the public. Articles presented do not necessarily reflect the views of the MPS Board.

Submission inquiries should be addressed to the incoming Editor of *The Society Page*:

Darek Dawda, Ph.D., C.Psych.  
Unit C—909 Dorchester Avenue  
Winnipeg, Manitoba R3M 0P7  
Phone: (204) 253-2832  
Fax: (204) 453-2832



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Manitoba Psychological Society Inc.  
PO Box 151 RPO Corydon Winnipeg, MB. R3M 3S7  
Ph: 866-416-7044

## PRESIDENT'S REPORT (CONT.)

(MYMH) campaign and now with numerous other collaborative endeavors. With regards to the MYMH, as many of you know, the success it achieved in Manitoba has led to the Canadian Psychological Association adopting it as a nation-wide campaign. It continues to grow, providing not only Manitobans but all Canadians, with a common language by which they can understand the nature of mental health, the importance of getting help when needed, and the language to use to describe their difficulties. With the support of CPA's communication director, Mr. Tyler Stacey-Holmes, the MYMH campaign has spread through Facebook and Twitter, and is now garnering celebrity support.

We at home, here in Manitoba, continue to work with other organizations to once again foster a common language and better understanding of mental health. This has included a collaborative initiative between CMHA Winnipeg, CMHA Manitoba, Manitoba Schizophrenia Society, and MPS, that is aimed at working with media to help them to use more appropriate language when discussing mental health and to better understand the importance of reporting on issues related to mental health. This project is ongoing over the course of the year, and involves continuous contact with the above named organizations and the media, which has resulted in numerous instances of appropriate media coverage of important issues in mental health, with a common language all organizations had agreed upon.

Along those same lines, MPS also has been invited to join a Mental Health Alliance with numerous other peer support and community groups, including CMHA Winnipeg, CMHA Manitoba, Anxiety Disorders Association of Manitoba, Mood Disorders Association of Manitoba, OCD Manitoba, and Manitoba Schizophrenia Society. Although it was the initial goal of this cohort to address stigma, we are hoping to move more toward the issue of access to psychological services and mental health care. Once again, having a common goal to work on, provid-

ing us with a common language by which we can relay the needs of the Manitoba population, will be essential to having an impact on our society.

We already have been able to see the success of these endeavors in which MPS has been involved, as numerous media sources have covered mental health. The language that has been used has now, more than ever, been consistent with what psychologists have been advocating for all these years. An example of this excellent coverage is a documentary by Ms. Kim Lawson, of CJOB, which we have reprinted in this Society Page with the permission of CJOB and Ms. Lawson herself.

As you can see, our Board continues to be an active and busy one. Our goals continue to broaden each year, as does the reach of our advocacy. As you'll see in the report by our Executive Director, Dr. Teresa Sztaba, we've also placed a priority on caring for our members by addressing issues such as improving member benefits and developing a colleague assistance plan.

Successes such as the ones made by our Board would not have been possible without the support and dedication of many of our founding members. Along those lines, I want to take this opportunity to invite you all to Members' Night on November 20<sup>th</sup> (see notice in this issue), when Dr. Doug Tataryn will be presenting the Distinguished Life Member Award to our esteemed and well-respected Board member, and former ED, Dr. Leonard Greenwood. Dr. Greenwood has been the backbone of the MPS Board for many countless years, and without him many of our goals today would not have been accomplished. Please join us in celebrating Dr. Greenwood, our members, and our work in advocacy that evening.

R. Abdulrehman, Ph.D., C. Psych.  
MPS President

**MEMBERS' NIGHT**  
**NOVEMBER 20, 2013**  
**5:00 to 8:30 p.m.**

**Come join your friends and colleagues for an evening of socializing and celebration on Wednesday, November 20 at the Delta Hotel.**



## From the Executive Director

Teresa Sztaba, Ph.D., C.Psych.

Over the past year and a bit, I have found it exciting to be involved with the many excellent initiatives taken by your MPS Board, which has had some notable coups in the realm of advocacy (see Dr. Abdulrehman's letter for more on that topic).

In addition, from meeting with Executive Directors from Canada and across the U.S., I have become enthused about the various types of services offered to members of other professional Psychology associations. The MPS Board has agreed to explore ways of expanding our member services and benefits, while, of course, continuing to emphasize advocacy for access to psychologists, the increased involvement of psychologists in health services, and appropriate compensation for psychological services.

One member service that I think is highly valuable and warrants exploration by MPS is Colleague Assistance. Many of the Psychology associations in the United States have developed multi-faceted Colleague Assistance programs that are well-used and appreciated by members. I have utilized the excellent resources available through the APA Ethics Office and the APA Colleague Assistance Consultation group to investigate the ways in which MPS might progress toward developing some form of Colleague Assistance.

Colleague assistance does, indeed, come in many forms: education about life transitions such as retirement; wellness and work-life balance education and programming; ethics consultation; therapy referral lists; contracted therapy services. Many states of comparable membership numbers to Manitoba have developed their programs incrementally, starting with one service and then adding others over time.

Other Executive Directors have told me that their associations' Ethics Consultation Committees are used frequently by members and are much valued. Although the rules and operating procedures of these committees vary from state to state, in general, these committees offer advice and guidance about how to make ethical decisions by utilizing appropriate ethical codes and guidelines. The committees do not provide direction on how a psychologist

should handle a given situation but, rather, guide the psychologist toward the applicable resources to make a decision based on accepted codes of conduct. The committees do not handle complaints and are not adjudicative.

For a psychologist, the advantage to using such a committee as opposed to consulting individually with a colleague is that the committee is composed of a number of psychologists with familiarity with ethical issues and guidelines, who put their heads together to provide what tends to be a well-considered, educated and broad perspective in response to ethical questions. Over time, the committee members amass additional knowledge and the value of their consults increases because of their growing experience in ethics from serving on the committee.

I am very pleased to report that the MPS Board has approved the development of an Ethics Consultation Committee as a first step in creating a Colleague Assistance Program. Over the next year, we will be forming the committee, who then will develop rules and procedures. We hope to have someone from the APA Ethics Office provide some advice and training for this committee. Other resources will be available to this committee as well.

Below, you will find information from the New Hampshire Psychological Association about their Ethics Consultation Service, as an example of the type of service that we would like to develop in Manitoba.

All the best for the upcoming holiday season.

**MPS FALL INSTITUTE**

**NOVEMBER 20, 2013**

**8:00 am to 4:30 p.m.**

**Dr. Michael Vallis**

***Motivational Interviewing and Behavior Change***

**Wednesday, November 20 at the Delta Hotel.**



## **NHPA Ethics Consultation Service**

*The NHPA Ethics Committee maintains an on-call service to provide consultation to NHPA members about questions of professional ethical conduct.*

*The NHPA Ethics Committee is a permanent standing committee of the New Hampshire Psychological Association whose function is to provide information and education about matters of ethical or professional conduct to members of NHPA. The Committee bases its activities on the current Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.*

*If you are an NHPA member and have an ethical issue that you would like to discuss, call the NHPA office at (603) 792-6472 and you will be provided with the name and telephone number of the on-call person. The Ethics committee does NOT accept or respond to email inquiries, in order to protect confidentiality.*

*The goal of the on-call consultation is to engage in a collaborative process which clarifies the ethical and/or professional concern and helps the caller define a problem-solving strategy, seeking guidance from the applicable principles in the APA Code of Ethics, as necessary. The NHPA Ethics Committee does not respond to anonymous complaints, do mediation, nor investigate complaints.*

*We make every effort to return calls promptly. You can help in this by leaving your name, number, and times you are most likely to be available for a return call. If you have an issue you would like to have discussed by the committee as a whole, you can either make that request to the on-call person or by contacting the NHPA office. The committee meets once a month, on the second Friday of the month, September through June.*

*It is very important to remember during a consultation to frame the issue hypothetically, or as a general question, to the best of your ability. We do keep a record of the calls we take. To maintain confidentiality and also to avoid triggering the need for any psychologist to report an ethical violation (APA Code of Ethics Standard 1.04 and possibly 1.02 or 1.03, and 1.05) you must speak in general terms and disguise identifying details.*

*When preparing for the on-call consult, remember to:*

- **Formulate the case hypothetically**

**Disguise confidential and identifying information**

**Call the NHPA office at (603) 792-6472 and ask for the contact information for the ethics on-call**

# Fall Institute



## Don't miss the opportunity to see the award-winning, **Dr. Michael Vallis**, at the MPS Fall Institute

Register before **October 30, 2013** to receive the early-bird discount on the November 20<sup>th</sup>, 2013 MPS Fall Institute titled *Motivational Interviewing and Behavior Change* featuring Dr. Vallis, a Canadian Diabetes Association Queen's Diamond Jubilee Medal winner. Dr. Vallis is a registered psychologist in Halifax and Associate Professor in Psychiatry and Adjunct Professor in Psychology at Dalhousie University. He is an **expert in behavior change modification** and developed the CDHA Behaviour Change Institute, a training program for lifestyle counselling skills for physicians, nurses, dietitians and other healthcare providers.

**Synopsis:** Behaviour change counseling is a combination of motivational enhancement interventions, behaviour modification, and emotion management interventions. It is a person-centered counseling style that can be helpful with persons who are reluctant to change, who routinely encounter barriers that impede change, or who are ambivalent about increasing healthy lifestyle behaviours. Behaviour change counseling helps patients to recognize problems, thereby increasing their intrinsic motivation and assisting healthy lifestyle behaviour change to arise from within. It supports the self-management model by empowering clinicians to aid individuals who require support with self-management.

Date: Wednesday, November 20, 2013  
Time: 8:00 am—4:30 pm  
Location: Delta Winnipeg  
350 St. Mary Avenue

Visit [www.mps.ca](http://www.mps.ca) for the complete brochure and to register for this exciting workshop!

## Manitoba Psychologists Recognized at the Canadian Psychological Association Convention June, 2013

In her role as President of the Canadian Psychological Association, **Dr. Jennifer Frain** presented an outstanding Presidential Address and video on the importance of advocacy in psychology. Jennifer stated that, "We have a responsibility to do what we can to advocate for effective treatments for Canadians, for basic and applied research and for the training of future generations of Psychologists."



**Dr. Lorne Sexton** was presented with the CPA John C. Service Member of the Year Award. This award is presented to a CPA Member or Fellow who has given exceptional service or made a distinguished contribution to the Association. Lorne's contributions to the psychology community and CPA includes the initial development, with John Service, of the "Your Health: Psychology Works Fact Sheets" and chairing the Prescriptive Authority Task Force.

## Congratulations!



**MEMBERS' NIGHT**  
**NOVEMBER 20, 2013**  
**5:00 to 8:30 p.m.**

**Come join your friends and colleagues  
for an evening of socializing and celebration on  
Wednesday, November 20 at the Delta Hotel.**

**After a day of intense concentration and profound learning  
at our Fall Institute, shuffle over for some rejuvenation to  
Ballroom A for some light food and quiet music.**

**This year's event will be very special,  
as we will be presenting Dr. Len Greenwood  
with the Registrar's Distinguished Life Member Award.  
We hope that you will join us in honouring Dr. Greenwood  
and in learning about the contributions that he has made to  
Psychology over his career to date.**

**All members are welcome. There will be an opportunity to  
meet this year's Clinical Psychology Residents as well.**

**Cash bar will be available**

## **MPS Registrars Update - Fall 2013**

Greetings. We have a number of business items to catch up on, and one item in particular that I am very excited to share.

In terms of business, I'll be sending out an announcement soon to officially begin the 2014 membership renewal process. It seems our members are quite excited by the prospect of potentially winning the 50% rebate on the membership fees and we will once again be offering that possibility as a Membership Renewal Bonus Incentive again this year.

On more of a side note, I just want to share that over the last few years, as we examine the budgets and look at how to generate revenues to help pay for all the additional activities we are involved in, the suggestion often comes up to raise membership dues. Being one of the more senior members of the board now, I am often the one to remind the other board members that we just went through a series of fee increases each year for five years, and so we continue to work hard to find other ways to generate incomes. Thanks to all our hard working volunteer board members (and our ED) for their efforts to find ways other than increasing membership fee to generate revenues.

The additional activities/ expenses include domain names and site charges, the website development and ongoing maintenance fees, the expanded educational and Psychology Month programs and advertising, etc, and listed last, but not least, the recent part time paid position of the executive director (who is doing wonderful, wonderful things for our organization, including much more networking with other professional organizations and government agencies, and overall helping to enhance the image of psychology in Manitoba - Thanks Teresa).

Speaking of Executive Directors I am very happy to announce that the Board, at my recommendation, has agreed to honour Leonard Greenwood with the Distinguished Life Member award (See the Registrar's Report Appendix). A short excerpt from the official notification letter to Len says it all:

"Congratulations Len, you are certainly deserving of this award and in many ways the epitome of what this award is meant to recognize and I am honored to be the one to confer on you this recognition. I know all of the board members were very excited and enthusiastic on my nominating you and feel the same way as I do".

We look forward to honouring Len with his loved ones and friends at the formal presentation at Member's Night on November 20, 2013 (occurring the evening of the Fall Institute titled "Motivational Interviewing and Behavior Change).

Please do join us in personally recognizing and congratulating Len for all his hard work over the years as our Executive Director of MPS and his many other contributions to Psychology in Manitoba.

Sincerely,

Dr. Douglas J Tataryn (C.Psych)  
MPS Registrar

## Registrar's Reports Appendix: Distinguished Life Membership Criteria

(from Minutes of 2006 AGM Membership Director's Report)

I am pleased to announce that, at the February 16, 2006, Board meeting a motion was carried to re-establish the practice of conferring **Distinguished Life Membership** under the following terms of reference:

- 1) MPS may recognize as many as two Full Members in any one calendar year as "Distinguished."
- 2) Selection and recommendation to the Board is made by the Registrar in consultation with a committee of two past presidents (the most recent and one as selected by the Registrar). The Constitution indicates Distinguished Life Member status is conferred by the Board.
- 3) Criteria for selection shall require that the individual has been a member of MPS for a minimum of 15 years (cumulative).
- 4) Criteria for selection shall include but not be restricted to the following Manitoba based criteria:
  - cumulative exemplary contributions to the community as a psychological service provider,
  - cumulative exemplary contributions of service to those consumers and consumer groups advocating for provision of psychological services within Manitoba,
  - significant contribution to the science and /or profession of psychology,
  - significant long-standing contribution to the Manitoba Psychological Society.
- 5) Announcement of the selection(s) are to be made each year at the Members' Evening and/or the closest-in-time edition of the Society Page,
- 6a) Distinguished Life Members remaining in Manitoba will continue to pay the regular Full Member fee until full retirement from practice, at which point they will receive the benefit of membership as Distinguished Life Member, Retired, with no fees charged for membership for the remainder of their lives.
- 6b) Distinguished Life Members who discontinue practice in Manitoba and move out of Province permanently prior to retirement from practice will receive the benefit of membership as Distinguished Life Member without fee for the remainder of their lives.
- 6c) Distinguished Life Members who discontinue practice in Manitoba and move out of Province but return prior to retirement from practice will receive the benefit of membership as Distinguished Life Member without fee for the period of time they remain living out of Province. Upon return to practice in Manitoba, Full Member fees will be reinstated until retirement, at which point 6a will apply, or until a subsequent move from the Province, at which point 6b would again apply.

## **Recommended Fees for Provision of Psychological Services in Manitoba for 2014**

Fee recommendations were reviewed recently by the MPS Board. These recommendations had not been changed since 2012. The amendments below were adopted following a review of cost-of-living increases over the past two years, and comparison with fees charged for doctoral-level psychologists in Ontario, Saskatchewan, Alberta, and British Columbia.

<b>Individual/couple/family therapy:</b>	<b>\$170</b>	<b>per 50-minute hour</b>
<b>Group therapy:</b>	<b>\$100</b>	<b>per 80-minute session</b>
<b>Assessments:</b>	<b>\$170</b>	<b>per hour</b>
<b>Legal or consultation:</b>	<b>\$1225</b>	<b>per day</b>

Fee recommendations are reviewed on an annual basis by the MPS Board and any changes announced become effective each January. Guidelines are provided as a service to the profession, and practitioners set their own fees, incorporating the guidelines into their particular circumstances. Fee guidelines also are posted on the website of the Manitoba Psychological Society ([mps.ca](http://mps.ca)).

Recommended fees for provision of psychological services will be reviewed again for 2015.



## **MPS Current Fee Schedule (till end of 2013)**

<b>Individual/couple/family therapy:</b>	<b>\$155</b>	<b>per 50 minute hour</b>
<b>Group therapy:</b>	<b>\$95</b>	<b>per 80 minute session</b>
<b>Assessments:</b>	<b>\$155</b>	<b>per hour</b>
<b>Legal or consultation:</b>	<b>\$1120</b>	<b>per day</b>

\*\*\*Fee recommendations are reviewed on an annual basis by the MPS Board

**Season's Greetings**  
**From all of us at the MPS**

## Best Practices in Private Practice

### MPS teleseminar

According to the latest available data, more than half the psychologists in North America who deliver health care services are independent practitioners. There may be nearly as many reasons for starting a private practice as there are private practitioners. Following are some of the reasons cited most commonly by the people I see in my work as a private practice coach:

- \* the desire to practice the profession according to one's own vision, unfettered by institutional demands
- \* wanting to keep therapeutic skills "sharp" while working primarily in an academic or administrative position
- \* the freedom to set one's own hours so as to accommodate family needs or other commitments
- \* the lack of availability of other suitable positions
- \* the desire to supplement earnings from a regular job
- \* the desire to move beyond the income ceiling of most public service positions

Private practice does indeed provide many freedoms and opportunities that are simply unavailable to people working for large organizations or institutions. But it can pose a considerable number of challenges, too – professional isolation, financial strain, intellectual staleness, and the need to learn a heckuva lot in a heckuva hurry about how to run a successful small business.

In the new year, MPS will be offering a 6-part teleseminar series called *Best Practices in Private Practice*. We'll be covering issues pertaining to finances, ethics, niche selection, marketing, ethics, and therapist well-being. Our intention is to offer something of value for experienced practitioners as well as for those who are just starting out. You're welcome to sign up for all six classes, or to cherry pick the topics of special interest to you. More details will be made available in the weeks to come via Email messages from MPS.

Moira Somers, Ph.D., C.Psych.  
Registered Psychologist  
Founder of [Money, Mind and Meaning](#)

## New Student Director

Greetings to all members! I am very pleased to be the newest Student Director of MPS and in the company of such a vibrant and productive board. As student director, I hope to engage undergraduate and graduate students in psychology across the province by encouraging their active participation in MPS. Having student representation on MPS committees and involvement in continuing education events and psychology month are all potential opportunities for students to contribute to MPS and become more engaged in advocacy efforts for psychology. I welcome any other suggestions as to how to increase student presence and involvement in MPS. I look forward to meeting more of the MPS membership and working with the board to promote psychology in Manitoba.



**Julie Erickson, M.A.**  
*MPS Student Director*

## Manitoba Psychologist & Media

Interested in helping show our profession off to the public? Do you have an area of expertise that we could call on when the media/public need information? We get calls all the time looking for experts to comment on various topics of a psychological nature. Media is often working towards a very tight deadline so calls are frequently last minute in nature. The more we know about the specialities of our membership, the better we can help media access you.. the expert. Advantages can include increased media exposure, free publicity and the satisfaction of knowing that you are representing your profession well.

If you would like to be included in our panel of specialists, please send our communication director an email letting him know of areas you feel competent to comment on along with your preferred contact information and any preferences or limitations you may have about the type of media (TV/radio/print).

**Responses can be emailed to Dr. Jason Ediger**  
[jediger@sogh.mb.ca](mailto:jediger@sogh.mb.ca)

# Documentary: Waiting for Mental Health Care

By Kim Lawson, Reporter for 680 CJOB

Bullying was the catalyst to a long and painful struggle for Charlotte's teenage daughter.

"The trouble started really in grade 8. She was being bullied primarily through exclusion. The more I brought attention to the school, the more the bully retaliated and the worse her life got to the point where she became very reclusive, very dark. She'd wear hoodies with it pulled over her head and the child that I knew, I couldn't see anymore," Charlotte says.

"We had gone out of town and the girl that was causing her the most torment had a 'thank god Sarah was out of town' party. In order to get an invite, you had to post your favourite thing you didn't like about Sarah."

Her daughter began self-medicating with marihuana and cutting herself. She was written off as a "bad kid" with a drug problem or attention deficit hyperactivity disorder. She took out her pain and anger at home.

"She would get angry and hostile towards us... punch a wall... We moved in November and just looking at our house we had been in for 21 years and there were so many holes in the walls where she was so upset and would take it out on the house and I would keep hanging more paintings over the holes because I would get tired of patching them up."

It took Charlotte a long time to learn it was a mental health problem plaguing her daughter. But it took even longer for her to find help. The wait for a psychiatrist - six months. There were two unhelpful trips to the emergency room – one ending in the assessment that Charlotte's daughter was just mad at her mom – another time, sent away because she wasn't an adult so the psych nurse on call couldn't evaluate her.

"I remember one night, she was wielding a knife trying to end it and my husband physically - mobile crisis had taught him techniques of how to hold her down – and you're sitting there with your child and you're thinking, 'oh my goodness, this is terrible'. And they eventually would come, but sometimes they'd say, it's a six hour wait. Six hours is a long wait," Charlotte says.



Not getting the help they needed in Manitoba, Charlotte and her husband took their daughter to a facility in Kelowna for troubled youth. She ran away.

Staff at that facility recommended a place in Idaho for youth struggling with mental health issues. She stayed there for a month and a half and then Charlotte took her to California to spend some time with highly recommended psychiatrists.

It was extremely expensive, but the care she found in a different country proved helpful and the situation stabilized at home.

“We were fortunate enough to take our daughter down to the United States when we couldn’t get the services quick enough. I’m sorry to say that that’s the reality. It wasn’t working quickly enough for us and we were scared she was going to end her life.”

According to mental health experts, many people seeking mental health care in Manitoba do not get timely access to the care they need.

Chris Summerville, the executive director of the Manitoba Schizophrenia Society, says navigating the mental health care system is like walking into a conference room full of people and you can’t find a seat.

“And then there’s not enough ushers and not enough concession stands. Everybody’s busy. The health care professionals are very caring. They’re burning out and they’re stressed out. And you’ve got another packet of people who are locked in a big hallway trying to get out of the building and not all can get out because there’s not the right kind of support level or alternative level of care to go,” Summerville says.

Tara Brousseau Snider, the executive director of the Mood Disorders Association of Manitoba, says while sometimes Manitoba does better in a mental health crisis, the follow-up help isn’t there.

“I had an experience of a young boy. He was 21. He hung himself at 9 o’clock in the morning on a Sunday. He was changing his mind, so I got the call. I took him to the hospital. We had to sit in a line. They asked what was wrong. He clearly had the rope marks around his neck. They continued to ask him what was wrong in front of everyone. There was no privacy in the emergency room. They didn’t have a bed for him. They found a gurney around one o’clock in the morning and put him on it in the hallway. After that, they actually did find a crisis bed. He was there for

three days. They said he was stable at that point and they sent him out. He had nowhere to go. I had to find a home for him because he really wasn't that stable. He had an appointment to see a doctor in six months time," she says.

Brousseau Snider says wait times to see a public psychiatrist or psychologist typically range from between six months to two years.

## **Why the Wait?**

Part of the reason is simple math.

One in five Canadians will be diagnosed with a mental illness, and between 2001 and 2006, one in four Manitobans were diagnosed. But according to the Dr. Rehman Abdulrehman, president of the Manitoba Psychological Society, there is only one psychologist for every 5,000 Manitobans.

"The number of psychologists per capita in Manitoba more closely reflects a developing country than it does a first world nation," Abdulrehman says.

The Manitoba government says as of April 2013, there were 166 publicly funded psychiatrists and 64 publicly funded psychologists. But Abdulrehman points out not all of those positions are full-time. Many practice both publicly and privately.

"When you have somebody who's trained for 13 years, what happens is the private system tends to be much more lucrative for many psychologists, so the public system has a hard time retaining them. And most psychologists who stay within the system are just really committed to the cause of public service and so they're not in it for money," he says.

The University of Manitoba graduates 10 to 13 psychology PhD's every year, though not all are practicing psychiatrists – some are academic. There are 11 spots in the psychiatry residency program, which takes five years to complete.

Abdulrehman and Summerville say Manitoba doesn't train enough practitioners and doesn't do a good job retaining them. Many burn out or leave for other provinces or countries for better salaries and workloads.

Stigma also plays a role, though not in the way you might think.

Summerville says it certainly still exists, particularly when it comes to psychosis and schizophrenia.

“Canada’s largest mental health hospital doesn’t have a flower shop. Not enough visitors. So that’s a good example of the social prejudice and fear,” he says.

But stigma is becoming less of an issue, and while that’s a good thing, Abdulrehman says that’s putting more pressure on the system as more people come forward for help.

“My great aunt and great grandparents initially wouldn’t want to talk about feelings and now they’re saying ‘this person is in need of psychology’. As a society, people are becoming more aware of it as a problem. I don’t think the system has caught up. And it is a bit of an epidemic, to be perfectly frank.”

**And the consequences of this epidemic are huge.**

For Charlotte’s family, it meant they were living in survival mode.

“We weren’t sleeping. We had booby-trapped our house so she couldn’t escape. We were having friends sleep over keeping watch because we didn’t know if she was going to harm herself or leave. You didn’t go out anymore. You stayed home. You were attached to your phone,” she says.

“I can’t tell you how many times I visualized, ok, what if she doesn’t come home. What if I have to bury my child. You had to prepare yourself for the worst because you were going through the worst and you thought, this may not end good. No parent should have to do that.”

Abdulrehman says waiting often means people get sicker before they get better.

“Often we find that one problem will lead to another, so if somebody did not get care for an anxiety disorder, often by the time we see them, they’ll be developing depression, so now they’re sicker,” he says.

Sometimes the consequences aren't as visible.

“There's a lot of people who show up at work and they're not performing to the best of their ability and that's called presenteeism. The second leading cause of disability in Manitoba is depression. And that's got the attention of the insurance companies,” Summerville says.

The Conference Board of Canada estimates mental illness cost Canada \$20.7 billion in 2012 by reducing the number of workers in the labour force. And that cost is growing by two per cent per year.

“The implications are tremendous,” says Brousseau Snider. “This isn't simply something that we can just ignore or push aside.”

### **So how do we fix it?**

One recent step in the right direction is the opening of the Mental Health Crisis Response Centre, which takes in patients in crisis who used to go to emergency rooms, where they often waited for hours behind people in physical trauma and sometimes didn't get seen by mental health experts.

Abdulrehman says we should be doing more prevention, addressing mental health problems before they hit a crisis point.

“Why do we have to wait until things are so bad to do something? That costs our healthcare system a ton of money. If we were just to put a little bit of that up front, work with children to prevent and provide education about what to do. If we were to provide people with even just a few sessions a year, that would prevent the onset of these major crisis which actually saves us as taxpayers and society a lot of money and it increases the health of our society,” he says. Seventy per cent of mental illnesses start in childhood.

Charlotte says, looking back, she recognizes symptoms in her daughter when she was in Kindergarten.

“She'd be a happy child and then something would happen on the playground and she couldn't get her day going. Her old school – we lived close to it – and I was there probably six



times a day. I ended up volunteering there because I was there so much trying to keep her settled,” she says.

But Charlotte says recognizing her daughter needed help was the start of a long, confusing process to find help.

Brousseau Snider agrees it’s easy to get lost in the system.

“It can be quite daunting and quite frightening to anybody having to access it for the first time,” she says.

Another solution – getting more psychologists and psychiatrists into the public system.

Abdulrehman says some jurisdictions are creating a Psy.D. program, cutting down the research portion of the doctorate in psychology to get practitioners into the workforce faster.

Once they’re in, Manitoba needs to keep those professionals. Summerville says that means hiring more, compensating them better and making the workload more manageable.

Brousseau Snider says another road block to proper and timely care is poor mental health training for front line health care professionals.

“Your GP may not be trained properly in it. We also need to do some work with the professionals to make sure at that level, there is recognition of what is depression, what are mood disorders,” she says.

Abdulrehman says that problem could also be solved by putting psychologists on the front lines making diagnoses.

Once patients are diagnosed, they often go through a long line of mental health professionals and have to explain their problems over and over again. Summerville says Manitoba needs to take a page from the physical health playbook and start collaborating.

Summerville says once a patient is receiving treatment and on the road to recovery, a stumbling

block is often stressors they come back to in their lives.

“How can we prevent relapse and re-hospitalization? That’s having more community supports and services in place. Adequate income, adequate housing. I think there’s a business case that can be made.”

But Summerville says, ultimately, to make mental health a spending priority, Manitobans need to make it a priority.

Manitoba’s mental health system needs fixing. But Brousseau Snider says people should not give up hope.

“Recovery is absolutely possible. I see it on a day-to-day basis here at mood disorders. So many people go on to have such fantastic, great lives,” she says.

And Charlotte’s family is making progress. Her daughter graduated high school on time in June – a huge feat considering the school she missed – and she started university this fall.

And Charlotte is finding hope in even the small things.

“I was at home and one daughter was baking and the other daughter was doing homework and it was just a great house to be in and I just took a moment and I really appreciated it because there hasn’t been a lot of those in our journey.”

Listen to the full documentary at <http://www.cjob.com/2013/10/08/10451/>.

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# Psychology Month 2014:

## Volunteer to Give a Talk this February

MPS is currently working to organize a list of speakers for Psychology Month in February. Psychology Month is a National initiative aimed at broadening public awareness and exposure to the diverse offerings of our discipline. We would like to encourage you to consider contributing by volunteering to give a presentation within the month of February . . . or if you were already planning to do a presentation during the month of February, tell us about it because we would love to advertise it as part of Psychology Month.

Check out the list on the next page to see all the great talks that went on for Psychology Month 2013!

Appropriate presentations for Psychology Month include presentations on any psychology-related topic, within any area of psychology, that **meet the following criteria:**

- Meaningful to the community (i.e., general public or a particular group within the community)

- Presented by a psychologist or graduate student with the support of a psychologist

- Free for attendees

- Happening in February

### **MPS can help with the following:**

- Assistance with arranging an appropriate public venue (e.g., community centre/organization, school, public library)

- Advertising through MPS website and our general Psychology Month advertising campaigns

- Creating and providing colour posters

- In some cases, we've been able to help negotiate reduced/waived venue fees

If you have a presentation that you would be prepared to deliver, or if you have any questions or comments regarding Psychology Month, **please contact:**

**Pamela Holens, Ph.D, C.Psych.**  
MPS Director of Public Education  
[pholens@deerlodge.mb.ca](mailto:pholens@deerlodge.mb.ca)  
phone: 204-831-3458

**PSYCHOLOGY MONTH**  
**Presentations in Manitoba**

Date	Time	Title	Audience	Location	Presenter(s)
Jan. 28	9:00 a.m.	Psychological Assessment and Treatment of Chronic Pain	Community Mental Healthcare workers, RNs, dieticians, and program managers	Thompson	Dr. Matthew Bailey Dr. AnnaMarie Carlson
Jan. 31	10:00 a.m.	The necessity of mental well-being for living a Meaningful life: Lessons from psychology and sport	***General Public***	Manitoba Sports Hall of Fame at Sport Manitoba	Dr. A. Leslie- Toogood Caelin White
Feb. 01	10:30 a.m-12:00 p.m.	Endings in Cognitive Behavioural Therapy--when clinical realities collide with empirical data	***General Public***	Basic Medical Sciences Bld 145 Bannatyne, Theatre B	Dr. Deborah Dobson
Feb. 04	Between 6:00 and 9:00 a.m.	Topic: Mental Health	***General Public***	Breakfast TV	Dr. Rehman Abdulrehman
Feb. 04	9:00 a.m.	ADHD and Asperger's Disorder	Educational Assistants	Beaver Lodge School	Dr. Gary Shady Fran Gambin
Feb. 04	1:00 p.m.	Challenging Students for Challenged Teachers	Teachers	Ecole Dieppe	Dr. Gary Shady Gary Borger
Feb. 06	12:30 – 1:20p.m.	The Psychology of Younger and Older Drivers	***General Public***	Rm 4L28, U of W	Dr. Jim Clark
Feb. 06	n/a	The Bio-Emotive Framework for Personal and Professional Stress Reduction	Board Members	Selkirk & District Mental Health Support Centre, Selkirk, MB	Dr. Douglas Tataryn
Feb. 07	2:00 – 3:00 pm	Managing stress, even when it seems impossible	Education Department	Holy Family Nursing Home	Dr. Andrea Piotrowski
Feb. 09	12:30 – 1:20 p.m.	How to Spot a Hypocrite	***General Public***	Rm 4L28, U of W	Dr. JeremyFrimer
Feb. 11	Between 6:00 and 9:00 a.m.	Topic: Relationships	***General Public***	Breakfast TV	Dr. Carrie Lionberg
Feb. 11	9:00 p.m. show	Topic: Anxiety	***General Public***	CJOB 68 radio show	Dr. Lorraine DeWiele
Feb. 13	12:30 – 1:20p.m.	The Psychology of Bullying Prevention	***General Public***	Rm 4L28, U of W	Dr. Wendy Josephson
Feb. 13	1:00 -3:00 pm	Understanding Depression Treatment and How to Get Help	***General Public***	North End Women's Centre, 394 Selkirk Ave	Dr. Jason Ediger
Feb. 13	n/a	The Mechanics of Emotional Regulation and Resolution: A Guide for Parents	Members of S.P.A.R.K. Parent Support Group	Education Bldg, University of Manitoba	Dr. Douglas Tataryn
Feb. 19	12:00-1:00 pm	Coping with Trauma: What Makes us Resilient	***General Public***	St. Boniface Hospital	Dr. Carrie Lionberg Leah Enns Zoe Therrien
Feb. 20	Between 6:00 and 9:00 a.m.	Topic: Stress	***General Public***	Breakfast TV	Dr. Andrea Piotrowski
Feb. 20	12:00 noon	Self-Care and Burnout Prevention	Staff	Aboriginal Health and Wellness Centre	Dr. Maxine Holmqvist
Feb. 20	7:00 -8:30p.m.	Strategies for Preventing Workplace Bullying	***General Public***	McNally Robinson Classroom	Dr. Karen Harlos
Feb. 21	7:00 – 8:00p.m.	Babies, Toddlers and Preschoolers: Understanding and surviving the early years!	***General Public***	McNally Robinson Classroom	Dr. Sayma Malik Enid Britton, MSW, RSW
Feb. 22	7:00 -8:30p.m.	Coping with Trauma: What Makes us Resilient?	***General Public***	Niverville Recreation Centre	Dr. Carrie Lionberg Zoe Therrien Leah Enns
Feb. 25	Between 6:00 and 9:00 a.m	Topic: Sleep	***General Public***	Breakfast TV	Dr. Norah Vincent
Feb. 25	12:00–1:00 pm	When Giving Birth Isn't What You Expected: Coping with Trauma in Labour and Delivery	***General Public***	St. Boniface Hospital	Dr. Carrie Lionberg Zoe Therrien
Feb. 25	7:00-8:00p.m.	Tips on Communication: How to Stop having the Same Argument Over and Over	***General Public***	McNally Robinson Classroom	Dr. Alicia Ordonez Dr. Jo Ann Unger
Feb. 26	7:00 – 8:30 pm	How your Mind Affects Your Heart and What You Can Do About It	***General Public***	Reh-Fit Centre	Dr. George Kaoukis
Feb. 27	12:30 – 1:20p.m.	Post-Concussion Syndrome and the Brain	***General Public***	Rm 4L28, U of W	Dr. Steve Smith
Feb. 27	7:00 p.m. – 9:00 p.m.	When Memory Fails: Normal Aging or Early Dementia? When to Seek a Diagnosis and How to Find Help	***General Public***	Deer Lodge Life and Learning Centre	Dr. Colleen Millikin
Feb. 28	7:00 – 8:30 pm	"Mom, is the fish sleeping?": Dealing with Family Loss	***General Public***	McNally Robinson Classroom	Dr. Carrie Lionberg Leah Enns

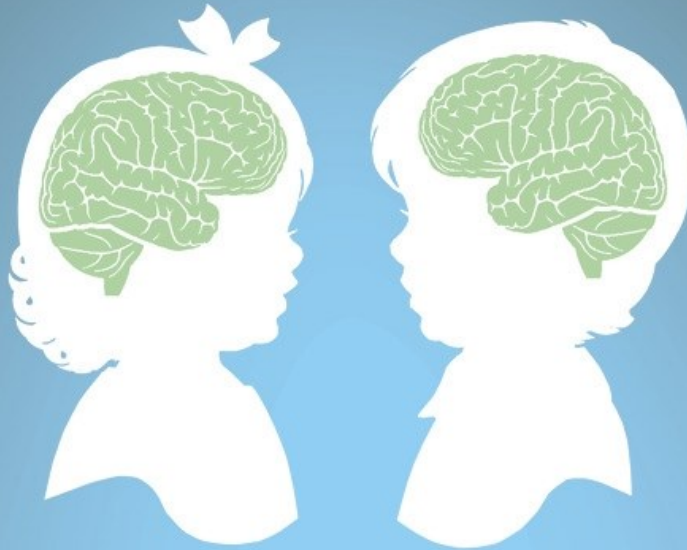


# Images from 2013 Psychology Month



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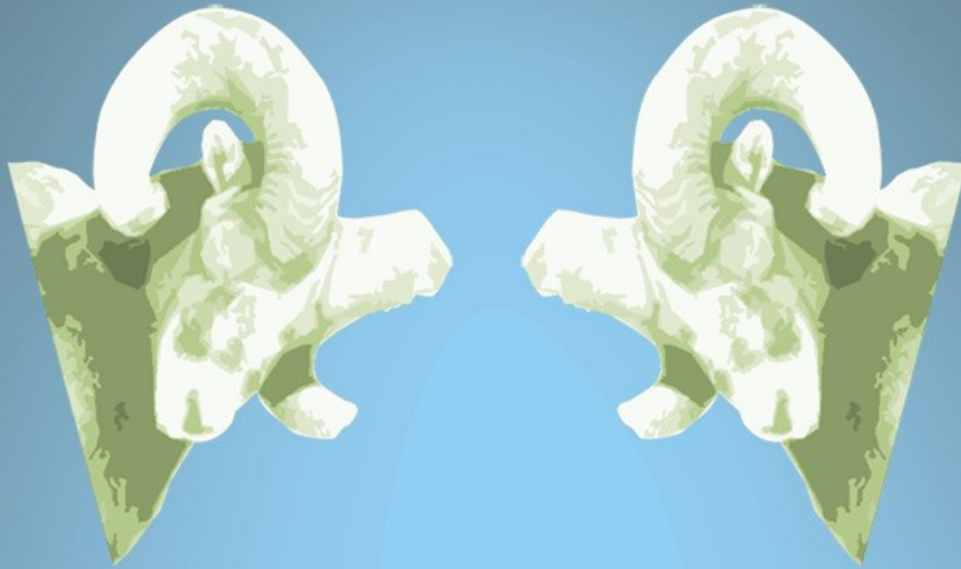
THURSDAY FEBRUARY 28  
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