

## Jayne Whyte AUDIO 2

I saw my first psychiatrist in 1965 in Saskatchewan. If I had entered the mental health system in 1965 in any other Canadian province or even 10 years earlier in Saskatchewan, there's a good chance that I would have been put away in Saskatchewan Hospital North Battleford, and 20 years later, after I had lost my independent living skills, I'd have been deinstitutionalized.

Because of the stage of mental health services at the time I accessed them, my life has been quite different. It was marked by long but temporary stays in general hospitals and occasionally psychiatric wards. Dr. McKerricher, the dean of the new College of Medicine at the University of Saskatchewan, was pushing education and continuing education to encourage general practitioners to become front-line mental health workers. The availability of psychiatric nurses and social workers through community mental health clinics was important in offering education and support and access to more intense services as needed.

In 1971, when the Weyburn Hospital was officially closed and the population at the North Battleford Hospital reduced, the government returned 50 million dollars from the mental health budget to general revenues. 50 million dollars in 1971. If that saving on hospitalization had been spent on foundations for community services, including housing, employment support, programming and skilled compassionate support systems made up of professional and peer support, deinstitutionalization would not have become a recipe for poverty, isolation and constant struggle. Of course, when the base budget was significantly reduced in 1971, the percentage increases for the next years, never catch up the initial shortfall.

In my first 20 years in the deinstitutionalized mental health system, I probably cost the system more than 1 million dollars in doctor visits and hospitalizations. When I received the correct diagnosis and began appropriate therapy dissociative disorder, I still had hospitalization and doctors visits but my costs to the system decreased as I learned to cope and began to heal. With the support of private services, I have not been in the hospital in 10 years. The saving the mental health system has been significant; the cost to me has also been significant.

Today in 2014 at the age of 66, I pay for the counseling, the body work massage and support that I require. Because my diagnosis, Dissociative Identity Disorder was not recognized by the PhD Psychologist at the mental health clinic, and has been doubted and ignored my psychiatrist, I have had to seek private services. This causes economic hardship for me. Because I could not sustain regular employment, my Canada Pension Plan is less than \$200 a month, so that my joint OAS/CPP cheque is just under \$1000 a month. Fortunately, I get a cut rate from my therapist. She calls it a volume discount but weekly sessions take \$300 out of my income and my body/energy therapist costs \$120 per month. Add the medication for diabetes and for high blood pressure and for health food supplements, and my pension

income supports my mental and physical health, but that's not a lot left over for nutrition. I do live in subsidized housing so my rent is 30% of my income.

Fortunately, at this point, I continue to take contracts to supplement my income and the sale of the house I bought, against everyone's advice when I was on welfare allows me to pay my bills. I am currently finishing the 3rd round of editing my memoir "Beyond Endurance" based on letters to my therapist during 2013, that deal with the extreme abuse of my childhood and the process of therapy that is allowing me to live a full and interesting life.