

Bonnie Bricker  
Creating a Light at the End of the Tunnel  
by  
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When her son Reid went missing following his discharge from the Health Sciences Centre on October 24, 2015, Bonnie Bricker decided that something needed to be done to change the way the medical system deals with people who have mental health problems.

Over the 10 day period prior to his disappearance, Reid had made three attempts on his life. “The first time, he woke up in Seven Oaks Hospital,” Bonnie said. “He had no recollection of how he got there. He woke up in the Emergency Room and looked down and saw his shoes with his keys and a note telling him where to find his car. He got dressed and walked out of the hospital and back to his car. He didn’t recall talking to anyone or getting permission to leave the hospital; he knew he had taken an overdose of his medication.”

On the 23<sup>rd</sup> of October, Reid made another attempt on his life and was rushed by ambulance from Whittier Park to the St. Boniface Hospital, where he stayed from 12:00 PM until 8:00 PM.

“Between these two points he may have made another attempt on his life, but that is unclear,” Bonnie said. “On the 23<sup>rd</sup> we contacted the police and gave them a missing person’s report. Through their resources, the police established that he had been at the St. Boniface Hospital and had just been released. They were waiting for him at his apartment at around 9:00 PM. He had walked home from the St. Boniface Hospital.”

The police took Reid to Health Sciences Centre at 10:00 PM on a ‘form three’ (involuntary custody), meaning that he couldn’t leave the hospital until he was discharged by a doctor. The police stayed with him until at least midnight, at which time they placed him in the custody of hospital security. What happened after that is somewhat vague, but Reid was released from the Health Sciences Centre at 3:20 AM and hasn’t been seen since.

“One of the issues we are addressing with the WRHA (Winnipeg Regional Health Authority) is discharge protocol,” Bonnie said. “The current discharge form is generic, whether a person has a broken foot, a heart attack or suicidal ideation. You are all discharged under the same protocol. This does not reflect the requirements of discharging a person with psychological problems, and certainly not someone in urgent crisis with suicidal ideation.

“The reality is that Emergency Departments are a 24-7 operation. They are going to release people at any time of the day or night. They cannot keep them. They don’t have the resources,” she added. “A person who goes to the Emergency Room with psychiatric, mental health issues will not currently get the help that they need. It is the wrong place to take them.”

The current system has places for people to go who have mental health issues if they are in crisis during the day, Monday to Friday, but not late at night, when a person is most likely to be feeling lonely, depressed and in greatest need of help. This is one of many things about the way our system treats those dealing with mental health issues that Bonnie is fighting to change. She is aware that she is not alone in her frustration with the system.

“There is no question in my mind that the health care professionals Reid saw that night are completely frustrated with the way that they have to cope with this,” she said. “But nothing has changed. Even though there are good people out there trying to enact change, things have remained the same.”

The biggest problem to be dealt with first, is PHIA (Personal Health Information Act) which limits what a doctor can do to provide help for an adult dealing with mental health problems. “PHIA appears to be a huge stumbling block for about 75% of the health care professionals in this province,” Bonnie said. “They can fine a nurse or doctor 30 or 40 thousand dollars for breach of privacy, they can remove their licence, they can fire them and make sure that they can’t get work in this province.

“But, there is also a section of the PHIA act that gives them wiggle room to think outside the box and make a better decision for their patient,” she added. “It was pointed out to me that the WRHA has never been sued for a breach of privacy; they have been sued, however, for not divulging information about a patient to that person’s circle of care.”

The way things are currently run in the Emergency Room, the patient will see a medical doctor, who will make sure that they haven't physically harmed themselves. From there, they will probably see a Psychiatric Emergency Nurse or a psychiatrist who ask a standard list of questions to determine whether they are mentally competent. The problem is that people with suicidal ideation have likely been through this routine before and already know the 'right answers' to give. From there, they are offered some alternatives and released.

"We need to change the way these circumstances play out," Bonnie said. "Reid's case is not a rarity. This is the norm. At this very moment, there is somebody, somewhere, sitting in an emergency room, not getting the proper care"

Even the Crisis Response Centre (CRC) is not a fail proof operation, because they lack both the staff and the beds to handle current needs. "We don't actually have any follow up care in Manitoba," Bonnie said.

"When Reid left the hospital that night, did they make arrangements for him to check in with somebody? Maybe. How are they going to hold him accountable?" asked Bonnie. "What they need is a mentoring system much like AA. The Mood Disorder Association of Manitoba (MDAM) has a group of 200 peer volunteers with lived experience. We need 2,000 or 10,000. There are 300,000 people in Manitoba right now that need this."

There are models around the world, and even in Canada, of how the system can be done better, but they haven't caught on in Manitoba. "That doesn't mean there aren't a lot of people engaged in making changes," Bonnie said. "We have health care professionals who have dedicated their entire lives to changing the way the system works and to helping these vulnerable people. But it is a tidal wave. One or two or 10 people can't stand against it. It has to be every single person in Manitoba who has to stand up and make change. It has to be everybody, consciously aware, having conversations and demanding answers."

Bonnie is part of an advisory board with the WRHA working on trying to improve the system. Referring to the other board members, she said, "These people have a lot of experience; they are intelligent, strong people with a lot of know-how who come to these meetings because they want to enact change."

One of Bonnie's goals is to bring all parts of the community together, working towards recognising and helping those with mental health problems; the medical community, the justice community, the educational community, and the public in

general. She is adamant that teachers and those working with young children should be educated in cognitive behaviour therapy. “We need to change the curriculum to include mental health wellbeing,” she said. “It is proven that the earlier we detect this, the better chance the person has of surviving and having quality of life.”

Bonnie spends a lot of time working with the Mood Disorder Association of Manitoba and there are now two pieces of jewelry, a necklace and a lapel pin, that were designed by Hilary Druxman that are exact replicas of Reid’s last sculpture, ‘LifesArt’, which has become the symbol of hope for MDAM. These pieces can be purchased at either Hilary Druxman Studio or MDAM for \$40. The net proceeds support men’s depression and youth programming at MDAM.

She also helps with their annual gala and is working with Rheesa Schachter of Kids Etc’s Youth Movement Company to do a dance camp for MDAM this summer. “Music makes you feel better,” she said. “And dancing not only releases endorphins that make you feel healthy, it lets you release and express your feelings.”

She has dedicated her life to changing the current system and is involved in many ways to make it happen. If she can’t help Reid, she is determined to do what she can to make sure it doesn’t happen to others. She can’t change the past, but she wants to rewrite the future.

“I’m optimistic,” Bonnie said. “I’m encouraged that there are more people willing to help than not help. I know that there is a means that we can give a voice to this. And if everybody joins the fight, the takeaway will be less illness, less sadness; we will win in every single area of our lives.”