

VIHA cuts: mental risk
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Those suffering from mental health problems in Victoria may not receive as much help from the Vancouver Island Health Authority (VIHA).

Services, staff and an entire wing of the Eric Martin Pavilion (EMP) are being lost as part of the 3.5 per cent cutback, which is affecting the VIHA's entire system. The cut took place on Oct. 12, in the wake of provincial funding cuts to health authorities that were announced over the summer. Some of VIHA's remaining resources will see a redistribution later this year.

The EMP's General Psychiatric Ward is slated for closure, signaling a loss of 15 per cent of psychiatric hospital beds in Victoria — equaling a loss of about 10 beds.

NDP Health Critic Adrian Dix has asserted that this loss comes at the expense of in-need patients, but VIHA Director for Mental Health and Addictions Services Alan Campbell says the beds will be redistributed into other sections of the EMP, or were being emptied anyway.

"We always see quite a turnover here [in the EMP]," said Campbell. "What we've done over the last few weeks is hold off on vacated beds until we had 10 beds blocked. Once they were blocked, we took them out of service."

Campbell admits that having 10 fewer beds is still a challenge to deal with, especially since the EMP is still continually accepting more in-need patients. But he sees the decision as a necessary one.

"When the [patients] are here, they're considered acute," Campbell said. "What we've done here, is expedite the speed of transferring Alternate Level Care [ALC] patients (patients no longer requiring active treatment) into the residential care they are waiting for."

But, Dix says the loss will make a bad situation worse by increasing the already-existing shortage of acute care beds. And the cuts don't only affect acute care — preventative care is also taking a hit. Six psychiatric case managers, community-based caregivers who are responsible for the general well-being of up to 50 patients each, were pink-slipped last month. With these six case managers gone, 300 patients will be dropped from the program, or reshuffled to other support workers.

Dix believes that, without regular monitoring, these patients will deteriorate until they reach a crisis, and will again wind up in the emergency room or the police department.

"We will be losing all the progress we have painstakingly made. The system is being turned into a revolving door, as patients will be turned out onto the street, only to return later with the exact same problems," Dix said.

Meanwhile, VIHA is looking to redistribute its reduced resources across the Island. Reportedly, Cowichan receives 58 cents of mental health spending for every dollar Victoria gets.

Dix stressed that cutting Victoria's services is not the answer. Standardizing services often just means bringing things down to the lowest common denominator, he said.

Campbell disagrees, however.

"The net effect of all of this is certainly that there will be less service available in the Victoria area — there's no way to skirt around that," Campbell said. "But the reason for doing that is transferring it to the Central and North Island areas (like Duncan, Courtney and Port Hardy) where they do not have enough funds to deal with even the most severe cases."

Dix argues that a recession should play no role in setting a health care budget and the level of service provided. If anything, he said, health services should be increased.

"It's tough to reduce services in any areas where people need it ... But, I tell you, it's the right things to do," Campbell said. "Others are way worse off, and have been hit much harder than us. There are people out there with more family troubles, more addictions, more problems. And when people in those places lose their livelihood, they need any help we can give them."

- with files from Danielle Pope

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