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Suicide victims were turned away at Nova Scotia ERs

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Sarah-Jane Sajatovich, left, and Anthony Nauss take a mirror selfie in Dartmouth. Nauss took his own life on Nov. 3.

"We were always scared this would happen ... but it's preventable. It's so preventable."

- Sarah-Jane Sajatovich, Anthony Nauss's sister

Anthony Nauss sat in the emergency room at the Queen Elizabeth II Health Sciences Centre in the middle of October. It wasn't the 20-year-old's first trip to the emergency room, but it would be his last.

Nauss took his life on Nov. 3 at his Dartmouth apartment.

"The week before, along with many other times, Anthony had gone to the ER," said Sarah-Jane Sajatovich, Nauss's older sister, in a recent phone interview.

Nauss had been to emergency rooms in Bridgewater, Dartmouth and Halifax over the past five years to seek treatment for his post-traumatic stress, bipolar and borderline personality disorders.

The last few visits to the QEII, however, were after Nauss tried to kill himself.

"He wanted to be admitted and he didn't want to go home," said Sajatovich. "He would tell them, 'No, I'm not going to go home because I'm afraid I'm going to hurt myself.'"

Nauss was released against his wishes after being treated for physical injuries and assessed.

"He absolutely felt let down and discouraged as soon as he left there," said Sajatovich. "He felt like nobody was there to help him."

In the early hours of Nov. 3, the 20-year-old reached out to his counsellor for immediate help.

"The counsellor, who I know feels bad and can't do anything about it, he said 'I can't see you until like January,' and Anthony's last message was 'well, I won't be alive by then,'" recalled Nauss's sister.

It's believed Nauss took his life moments after.

"We were always scared this would happen," said Sajatovich, "but it's preventable. It's so preventable."



Mel Balcom works with Major at FLAR Equine Experience in Hubley. Balcom took her life on June 26.

To Laurel Walker, Nauss's story echoes her friend Mel Balcom's.

The 42-year-old took her life on June 26 after multiple trips to the emergency room in Dartmouth.

"Between January and June, she was in and out of the ER probably six times," recalled Walker, a suicide prevention advocate.

Balcom was taking medication for bipolar disorder and seeing a counsellor at Belmont House, a mental health clinic, in Dartmouth, but wasn't stable, said Walker.

"I remember one of the times she just begged that they would keep her in until she gets stable," said the advocate, who had taken her friend to the ER more than once.

"But then they discharged her and said 'No, she's good enough,' and she said, 'No, I'm terrified for my life, I need more help.'"

Walker said Balcom, just like Nauss, was offered "Band-Aid solutions."

"If Mel's situation was just her own, that would be one thing, but the fact that it's happening over and over and over again, personally to me it feels criminal," said Balcom's friend.

"There's no reason why Mel needs to be dead."

Admitting patients

Dr. Sam Campbell, chief of the QEII emergency department, said whether a patient is admitted or not is based on what is determined to be best for the patient.

"If people need to be admitted, we absolutely admit them no matter what," said the emergency department head in an interview on Wednesday.

"The people who are sent away are sent away after a careful, critical assessment," said Campbell. "The person who sent them away decided the risk of them going home is lesser than the risk of bringing them into hospital."

"What you're really doing is playing the odds of you being able to hurt the patient against the odds of you being able to help the patient," said Campbell.

"From the emergency point of view, you have to entertain whether the patient is actually suicidal and not everyone who believes they're suicidal is suicidal," said Campbell. "And I'm not saying it's an easy question to answer — it's a very difficult question to answer — but you need to answer that question."

The emergency department head said when patients aren't admitted it isn't because of a lack of resources, personnel or space.

The QEII psych emergency service is staffed 24 hours a day and all patients undergo suicidal risk assessments, said psychiatrist Dr. Scott Theriault.

"We also have capacity to send patients to other zones," said the clinical director for mental health for the Nova Scotia Health Authority's central zone.

Theriault echoed Campbell's reasoning as he stressed a person's recovery should ideally "occur in the community where they have their friends, family and community around them.

"It's not that we're reluctant to admit people, it's simply that people recover best in their own community, rather than in a hospital setting," said the clinical director for mental health and addictions for Nova Scotia Health Authority's central zone.

Hospitalization can make patients with some mental disorders worse, stated Theriault, as it "undermines any confidence they have in their own abilities to manage or cope on their own."

The psychiatrist said clinicians send patients home because the clinician has faith in their recovery skills, ability to cope with stressors and distressing situations.

"You develop a plan in the context of the whole person. It's not just a simple in and out kind of thing," said Theriault.

"From the time his brother picked him up until he did actually take his life was an hour and a half."

- Yanna Conway , Garret Conway's mother

Masking mental illness

Garret Conway checked all the boxes: Supportive family, friends and a promise to attend a counselling session a week later.

"Garret really knew the vocabulary, the words to use like 'It's OK, I overreacted' or 'I have a great support system,'" said Yanna, his mom, in an interview on Thursday.



Garret Conway died on March 9.

"I think they learn how to mask it and Garret was really good at masking it," said Russ, the 24-year-old's dad.

On March 5, Garret was taken to Cobequid Community Health Centre by ambulance, before being transferred to the QEII, after he attempted to kill himself.

Spencer, Garret's younger brother, contacted his parents who were in Phoenix on vacation, to let them know Garret had been admitted to the hospital.

"We said, 'OK, he's in the hospital,' number one," said Russ.

"Number two, they know on his record that they took away his rights to make decisions not even six months ago, surely that will come up," said Conway's dad, noting Garret had been involuntarily admitted to Mount Hope mental health services in Dartmouth in October 2017.

Garret, who was diagnosed with bipolar disorder and had been to the ER three or four times before, was kept overnight before he was released.

"It was basically determined he was a low risk, that's what we were told," said Yanna.



Russ and Yanna with a photo of their son Garret who took his life after being at the hospital and being sent home. - Eric Wynne

When Garret was discharged from the QEII hospital, he requested his parents to not be contacted. He called Spencer to pick him up and drive him home to his basement apartment in Beaver Bank.

"From the time his brother picked him up until he did actually take his life was an hour and a half," said Yanna.

Conway died on March 9, three days after he was released, when he was taken off life-support.

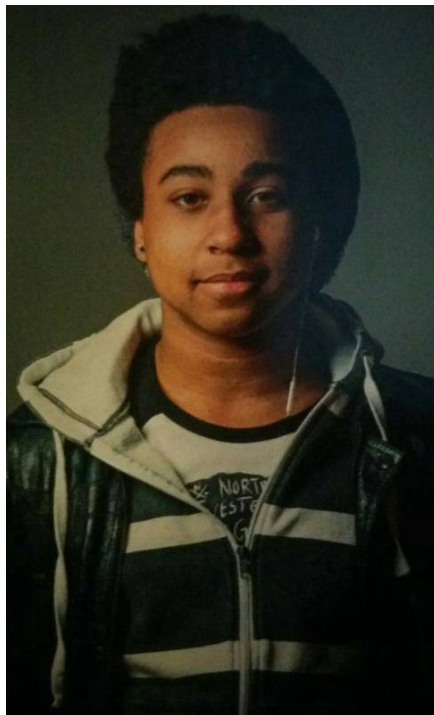
"We believe if we could've gotten through and talked to Garret and talked to them into letting us take over his decision-making, he would still be here today," said Russ.

"We understand free will and everybody is an adult and makes their own choices," Russ said. "But when you bring mental health issues in where the person knows that they struggle, I feel like there has to be a partnership.

"They want someone to help them think and reason in that moment, because in the moment a week ahead is way too far for their brain."

"... no matter how good the system is, we're going to fail, but it's important to realize that we succeed the other 99 per cent of the time."

- Dr. Sam Campbell, chief of the QEII emergency department



Kingston Desmond took his life on Feb. 22 in Truro.

Tamara Desmond said her son Kingston, like Garret, portrayed he was doing well.

"He was a very unhappy person, despite outward appearances," the 18-year-old's mom said in an interview Nov. 15.

The teenager and his mom visited the IWK, QEII and Colchester East Hants Health Centre, to seek mental health care as Kingston was struggling with his sexuality.

"You name it, we've tried it," said Tamara, "We tried hospitals, the mental health association, teen hotline, we tried numerous things."

The 40-year-old mom said they were told Kingston should "take the wait-and-see approach because some kids are confused about their sexuality and that's where they thought he was."

Kingston took his own life on Feb. 21 in Truro.

"We tried everything because that stuff weighs heavy on a teenager," said Tamara. "Unfortunately, he fell through the cracks."

Emergency physicians' 'biggest fears'

Campbell said the stories, such as Anthony's, Mel's, Garret's and Kingston's, are the "things that keeps everyone awake at night."

"Those are the biggest fears of any emergency physician, because you feel that people came to you for help, that's what you do for a living, and you've let them down," said the chief of the QEII emergency department.

There were 134 suicides in Nova Scotia in 2016, according to Statistics Canada.

Campbell said he understands some patients' treatments may not be successful, but it's a small percentage.

"It's like they say now that you don't do mammograms on people under 40," said Campbell, using a physical health issue for context.

"That doesn't mean that people under 40 don't get breast cancer. That rule, which is nationally accepted in Canada for mammograms, is going to miss some cancers," he said. "The other side, it doesn't mean everyone over the age of 40 with a lump on their mammogram has cancer."

The QEII doctor said the hospital tries to find what's best for the patient, but knows that comes with a risk.

"Although the incredibly tragic instances where people actually do commit suicide, do occur and we hear about them, they are the vast, vast minority," said Campbell.

"If we're 99 per cent, there's one in every 100 persons who's going to fail and unfortunately, those are the stories that you're referring to," the emergency department head told The Chronicle Herald.

"You're referring to the tragic percentage of people who no matter how good the system is, we're going to fail, but it's important to realize that we succeed the other 99 per cent of the time.

"We're not happy with that one per cent failure. We're absolutely not happy. We'd like it to be 100 per cent, but the reality of life is that different diseases have different mortalities," said Campbell. "We can't erase that mortality."

"We know that, as serious as mental illnesses are, recovery is a possibility for the vast majority of them," said Theriault. "That's independent of whether you get into hospital or not."

The psychiatrist said his department is always open to having discussions with family members or groups affected by mental health and/or illness.

Looking for change

Loved ones of Anthony, Mel, Garret and Kingston are still upset, but they're speaking out to bring attention to what they feel is lacking in Nova Scotia's mental health care system.

"If one person, or who cares how many, are saved from as a result from some kind of change that would make it worth it," said Russ.

"I'm just trying to process that I'm actually never going to be able to speak to him again," said Sajatovich. "I know it's too late for Anthony, but I hope we can help somebody."

But not all survivors of suicide loss are as lucky, said Dr. Simon Sherry.

The clinical psychologist said survivors are suffering because of the province's lack of suicide prevention strategy.

"Death by suicide has a profoundly negative impact on the people left behind, but Nova Scotia's provincial suicide prevention strategy pays very little attention to survivors of suicide loss," Sherry said.

Suicide by one person can trigger suicide in another, said Sherry, noting suicidal behaviour is much higher among survivors of suicide loss.

"Survivors of suicide loss may feel rejected or abandoned by their loved one and responsible for her or his death," said the clinical psychologist.

Sherry said a provincial suicide prevention strategy with "goals and timelines for real action is urgently needed."

Premier Stephen McNeil could not be reached for comment as he is on the N.S. mission to China, said a spokesman. Health Minister Randy Delorey did not respond in time for deadline.

If you or someone you know needs immediate mental health help, go to the nearest hospital, call 911, or call the **Nova Scotia crisis line:**

Reach out if you need help

- **Halifax:** 902-429-8167
- **Toll-free:** 1-888-429-8167
- **Additional services:** www.nshealth.ca/mental-health-addictions / <http://www.ementalhealth.ca/Nova-Scotia/>
- **Kids Help Phone:** (<https://kidshelpphone.ca/>) 1-800-668-6868
- **Crisis Services Canada** (crisisservicescanada.ca) **Phone:** 1-833-456-4566 or **text:** 45645