

The Chronicle Herald

Cape Breton woman's struggle to get help when suicidal

The 22-year-old knew she needed immediate medical help

[Nicole Sullivan](#) · Posted: July 12, 2021, 4:31 p.m. | Updated: 4 hours ago | 8 Min Read



Breah Higgins, 22, said it's hard to speak so publicly about her mental illness but she believes it's worth it if it might help someone else or help instigate changes to how suicidal people are handled after triage at hospital emergency departments. NICOLE SULLIVAN • CAPE BRETON POST

SYDNEY, N.S. — Breah Higgins was at a dangerous point when she went to the Cape Breton Regional Hospital emergency room last week.

EDITOR'S NOTE: *This story discusses suicide.*

Suffering with symptoms of depression, the 22-year-old didn't want to live anymore. She knew she needed immediate medical help.

But it took her three days to get assessed by a psychiatrist through the emergency department — more than 20 hours, three days off work and an estimated \$500 in lost wages.

"At this point, I'm not sad anymore. I'm angry," said Higgins, who also attends Nova Scotia Community College.

"It is like nobody is listening to me and I'm angry, there's probably millions of other people who feel the same way."



Breah Higgins took a photo inside the examination room of her arm with the patient identification bracelets she received over the three days she went to the Cape Breton Regional Hospital emergency department trying to get help for depression, which included suicidal thoughts. CONTRIBUTED

Health struggles

Suicidal thoughts aren't new for Higgins.

In 2013, she tried to die by suicide and was hospitalized overnight. Before release, Higgins begged the psychiatrist to keep her admitted but she was released, prescribed antidepressants and given a follow-up appointment with a child and adolescent psychiatrist whom she didn't continue seeing.

Through the years, Higgins had other bouts of severe depression with suicidal thoughts and continued to take antidepressants under the guidance of her family doctor.

This April, her symptoms had reached a point where Higgins called the mental health crisis line for help. She was given an appointment in August.

On July 6, Higgins reported off sick from her job. Her symptoms were so bad she knew she had to go to the hospital.

Higgins arrived at Cape Breton Regional Hospital around 3 p.m. on July 6 and was forthright when triaged about her suicidal thoughts and depression symptoms.

Three hours later, Higgins was brought into an examination room.

"The whole time I was in there I kept crying and freaking out and going into the bathroom, they had me written as, like, a suicide risk, and I kept going into the bathroom for like 20 minutes at a time and just crying in there, and nobody was coming to knock on the door to see if I was alive in there," Higgins said in a shaky voice.

Shortly after being put in the examination room around 6 p.m., Higgins was given a meal. No one checked on her again until 8 p.m. when she was told the mental health ward was closed and to come back the following day.

The next day was similar: around 3 p.m. Higgins arrived and was triaged, then waited roughly three hours before being admitted to an examination room.

This time she wasn't provided with a meal but she was seen by a crisis nurse within an hour of being brought into an examination room.

"I was telling her I was having hallucinations and I was telling her that I did not want to be alive anymore and she still, once eight o'clock came, she told me to go home and come back in the morning," said Higgins, who said she sometimes hears crowds that aren't there or sees shadows.

This time she was given two workbooks to take with her, one for depression and one for anxiety, but she said she wasn't given any guidance on what to do with the workbooks.

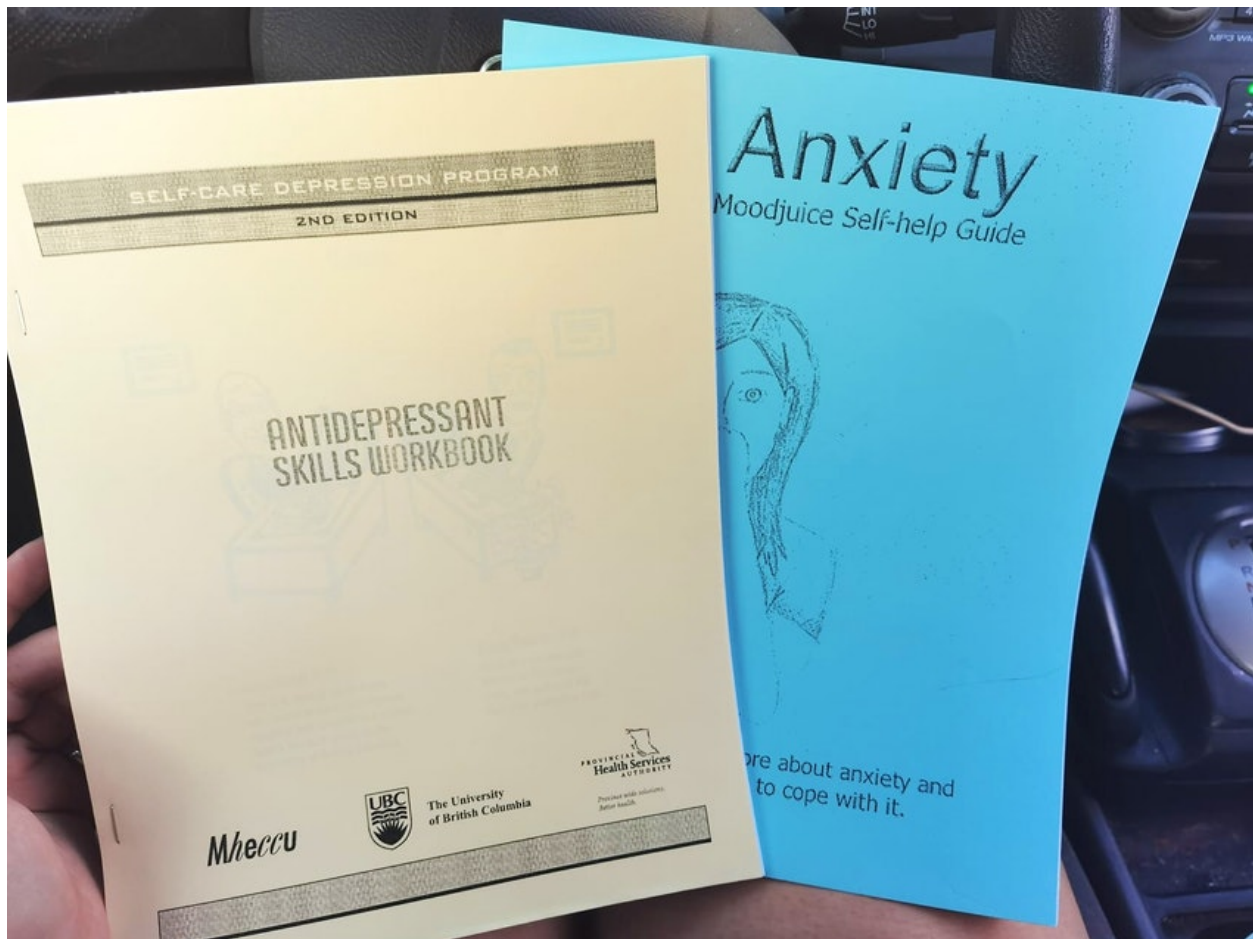
The next morning, Higgins arrived at the hospital at 9:45 a.m., near the time the mental health ward opens. Around 1 p.m. she was brought into an examination room and was seen by a psychiatrist 15 minutes later.

Diagnosed with borderline personality disorder after a 40-minute visit, Higgins was prescribed an antipsychotic medication and told her August psychiatry appointment didn't need to be moved up.

She was released and went home exhausted.

"I don't want people to be mad at the doctors or the hospital or the staff there," Higgins said on Friday, the day after seeing the psychiatrist.

"I want them to be mad that ... that's how the staff does their job because of the lack of resources that they have."



The two self-help booklets Breah Higgins was given by the crisis nurse at Cape Breton Regional Hospital emergency department before being sent home the second day she spent waiting to see a psychiatrist. Higgins said she wasn't given any direction about how to use the books. CONTRIBUTED - Contributed

Short-staffed

Nova Scotia Health said there are currently 7.4 full-time adult psychiatrists and 1.2 full-time child and adolescent psychiatrists in the Cape Breton area. There are also three clinician assistants who are also psychiatrists.

In a Doctor's Nova Scotia article about Dr. Yvonne Libbus, a psychiatrist at the Cape Breton Regional Hospital, the former chief of psychiatry said there should be 16 psychiatrists here.

Dr. Simon Sherry spoke to the Cape Breton Post about how hospital emergency rooms in Nova Scotia generally deal with patients who are suicidal and best practices.

The Halifax-based psychiatrist did not speak about Higgins' experience.

Using the anecdote of a patient arriving at the emergency department having a heart attack, Sherry pointed out they are treated as a life-threatening case with medical care being immediate, admitted to hospital for as long as needed and given "appropriate and immediate followup.

"People who are suicidal often get a prolonged wait and maybe a pamphlet for a group they can join ... where they can maybe get some help, in six to 12 months down the road. That's a massive contrast and a huge inequity," he said during a phone interview.

"Not surprisingly, if you look between 2014-19 in our province, there are many people under our health authority who are dying by suicide. Each month an average of two to three patients die by suicide or attempt suicide while under the care of the Nova Scotia Health Authority or the IWK."

Sherry, whose expertise includes depression and suicide, said these catalogued suicide cases only represent the most severe ones, which result in disability.

"Every 72 hours somebody dies by suicide in our province on average. And Nova Scotia has one of the fastest-growing suicide rates in all of Canada," Sherry said.

"In fact, between 2000-12 our suicide rate has grown faster than any other province in Canada."

Hospital protocols

Nova Scotia Health officials were unable to grant an interview request before publication deadline. Written answers to questions were provided.

"When someone presents to the emergency department expressing mental health needs, they are medically assessed to rule out medical cause for the presenting symptoms, which is consistent with Canadian national standards," said a Nova Scotia Health spokesperson.

"Once medical clearance has been received, and based on the needs of the individual, the emergency department physician may assess them as needing a consultation with a crisis response clinician and/or psychiatry, or may release them with a followup plan if needed."

The spokesperson explained when a person goes to an emergency room at a hospital in Nova Scotia because they are having suicidal thoughts, they are given a suicide risk assessment.

"This (suicide risk assessment) is integrated into all MHA programs and all access entry points into any care service and includes a mitigation and monitoring plan for identified risk and this would be incorporated into the care plan in any treatment service," said the spokesperson.

"Suicide risk is not an isolated treatment approach and is integrated into all treatment planning and care provision, and follows the clinical practice policy under Accreditation Canada as a required organizational practice."

Nicole Sullivan is an immigration/diversity and education reporter for the Cape Breton Post.

NEED HELP NOW?

Mental Health & Addictions, Mental Health Crisis Line
1-888-429-8167 (toll-free)
Available 24 hours, seven days a week
Read more at NSHealth.ca.