

Hello, my name is Ed Arvelin, and I work at the psychiatric hospital in Thunder Bay as an RPM.

I've worked in mental health for almost 20 years now.

But that's not the only thing I've worked in.

I worked in cardiac step down, I've worked in the hospice acquire brain injuries and pretty much every field in mental health, from crisis response to community health, to acute care units to forensic units

So been there, done it, in health care.

Thank you for this legislation

You know it's long overdue, but it's a start.

It does not go further, and it needs to go further, and it needs to include others.

Others meaning health care providers, front-line workers other CSA workers, developmental service workers – stuff where front-line people see and suffer from PTSD all the time.

OPSEU will be giving you an electronic version of our submission, but I want to give you a personal story, because, working in mental health, I see it and I know it, I've lived it.

I stand beside a nurse when it's code white – violence.

Red, yellow, blue, orange, black, pink – you see the reaction.

It's stop, solicit, let's get ready to run.

That's what we do.

We are first responders.

We are here first on the scene in the hospitals, in our communities.

We are crisis responders in our communities. We are usually the first ones there dealing with a crisis with our patients in the community.

That needs to be addressed.

I'm going to give you a little history, some of the violence that we've seen.

I'm sorry, I got a little nervous, because this is very passionate to me, and I've seen it lots.

A couple of violent situations I've seen:

When I first started, I got called to a code white.

Assigned staff perk up, listen, run to the location.

Getting onto the unit – I still remember clear as day – I walk in, I see a person, female, being held by the hair.

His hands in the nurse's hair, her head, she was being swept across the floor like a mop.

You don't want to see that.

We got into the situation, got the person secure, treatment delivered, it was good.

Fortunately, that person has never stepped into another acute care unit ever again.

Another one was, I was attending another code white situation.

Attention staff: code white.

I perked up, listened, ran.

It was insane.

I have never seen that much blood ever.

The person was on top of one of my buddies, pounding his face.

His face was caving in.

We got on top of him, we secured that patient, got home safe.

We went after our own and made sure he was safe he was secure.

He ended up with two rods in his nose to stop his face from caving in because of the violent attack.

Again, it's something you just cannot see.

Yes, you see it all.

We have cut-down knives hanging in our office in the psychiatric units.

We've had to cut down on visuals – we don't want to see that.

I've held a person's arm too because they were very creative in peeling it apart with a razor.

What they did is that they pulled a razor.

They cut from the wrist up to their elbow – not just once, but they did it several times.

Blood was gushing.

We held her together while we called some responders, and the person survived.

Again, you don't want to see that.

Walking into people's homes, finding a person dead because they've cheated on their medication enough to the point where they can commit suicide.

Our staff walked into that situation, seeing stuff that we don't want to see.

PTSD: it's what we do.

We call them mental health days.

In mental health, there are sick days, but we call them mental health days.

It's because, you know what, we just can't listen to it, we can't hear it.

We've been through enough, we're shaken.

The lack of support that we feel after incidents – the way I was brought up was – “Okay, are you all right? Good, next patient.”

And slowly evolving, conversations are happening by the employer.

They are realizing they have to provide different supports.

Small steps, but more is needed.

Reporting a PTSD often doesn't happen with people who provide mental health training.

Because, well, we're supposed to be the mental health experts, right?

We should know how to take care of ourselves, good luck.

Brother said, “You know that mom or dad who works in the medical field?” We gotta have that.”

You know? Arm hanging off you or a foot dangling to go.

That's what we do.

Also, we're bleeding hearts

We work longer hours.

We go into the mentality: we book off, our patients suffer.

Because a lot of times, in our communities, there is no back filling.

If I book off on the in-patient, it concerns our institutions, and our co-workers suffer.

Because there is no back filling.

I have gone home after a shift and needed quiet for at least an hour just to settle my thoughts.

That means I've shut down my children and my wife because of the events that had happened and that I've had to deal with.

There are four main points that will help assist front-line service providers.

Cover all front-line service providers.

Strengthen preventive measures.

Allow doctors to diagnose physicians.

Make sure that benefits are being provided for wages and treatment.

Dealing with WSIB sucks, because it's unrecognized.

It's invisible, and it happens all the time.