

March 25, 2021

Honourable Mr. Everett Hindley
Minister of Mental Health and Addictions
Room 208, Legislative Building
2408 Legislative Drive
Regina, SK
S4S 0B3

On behalf of my family, congratulations on your appointment to the Minister of Mental Health and Addictions. We recognize that this new focus on mental health is a positive development for the people of Saskatchewan.

I am writing to you today to ask that you and your ministry increase the collaboration and resourced support for mental health and bereavement services in Saskatchewan.

Today we are reaching out to you because of a significant lack of coordinated response services available for the tragic situation that occurred to us last fall. Service delivery was fragmented, absent or inappropriate. Some of the professionals we dealt with lacked empathy and could not provide us direction at a crucial time for our family. While we have not previously sought these specific services before, we have been able to navigate other systems within government when necessary. We are a well-educated family who all work in private, public and non-profit organizations in Saskatchewan and as such we are generally capable of navigating bureaucratic systems. In this particularly tragic period, we were unable to find the supports we needed and were unable to find anyone able to help us. Our hope is that this can be remedied so that others do not have the same negative experience that we had.

Because of the series of unfortunate occurrences that negatively affected our family, we were connected to a Patient Advocate and we believe that some progress will be made. Additionally, at our last meeting with executive members from provincial services in EMS, primary care and mental health, we were assured that change is possible. Some of the following commitments were made to improve the fragmented delivery of services. Some of these changes discussed will require additional support by the government:

- a) Empathetic trauma/grief training for EMS and other response agencies like Mobile Crisis, Victim Services, and PACK (in-crisis teams), 811 staff, and COAST (Government of Saskatchewan);
- b) Using 811 as an option to help people in traumatic times but with extra training for staff in triaging calls to a monitored response line while ensuring Social Workers that have been trained in trauma counselling are available 24/7;
- c) Increasing operational times of various support services (most closed at 4 or were not open because it was leading into a long weekend), i.e., Mobile Services, Victim Services, grievance support services;
- d) PTSD therapy increased options to include Eye Movement Desensitization and Reprocessing across south Saskatchewan – Saskatoon has 5 trained staff, Regina has 1;
- e) Gold-standard individual and family bereavement support that is regulated and monitored by professional service organizations – reinstate a model like the Greystone Bereavement Centre and ensure mental health services/departments have a trauma/grief counsellor available;

- f) Primary Health Services should include training of staff on delivery of grief support and provide option of EMDR therapy to staff suffering from PTSD; and
- g) Coordinated efforts between provincial and municipal services during traumatic events so that families are provided with options to have support services immediately available. Willing and trained Social Workers and Death Doulas may be a part of the solution in the continuum of care for families following a traumatic death.
- h) Working nationally to establish a Suicide Prevention 3-digit number to anonymously allow people in distress to reach out.
(<https://cmajnews.com/2020/12/16/suicideprevention-1095913/>)

We have attached key components of our family's story which includes several unfortunate events that occurred in our interactions with responders, agencies and support services during our traumatic event. Our story is also being tracked by the Saskatchewan Healthy Authority's Patient Advocate, Lois Alport, as we seek to work towards improved responses and supports that are more collaborative, effective and efficient for others in similar tragic situations.

Our hope is to provide insight into our experiences in order to help the Ministry of Mental Health and Addictions implement changes. We want a better outcome for other families experiencing traumatic events and we recognize that collaboration between areas providing services in large organizations can be challenging.

We were very grateful for the meeting organized by Lois Alport to support our family and we are hopeful that change can happen so that others are better supported during their time of grief. Having sufficient support services to families like ours can help people return to being productive community members and avoid long-term mental health issues which will save the healthcare system resources in the long run.

We appreciate your attention to this matter and would be pleased to meet with you to further discuss these issues at your convenience.

The Ziegler Family,

Donna, Malissa, Levi & Isaac
3424 Elder Grove, Regina, SK S4V2V3

Attached Addendum

cc Honourable Don McMorris, Deputy Premier
Honourable Lori Carr, Minister of Social Services
Honourable Paul Merriman, Minister of Health
Lisa Lambert, MLA

Addendum to Letter to Honourable Everett Hindley
March 25, 2021

John Mark Ziegler – June 6, 1964 – October 8, 2020

This letter is an open letter to you regarding our tragic situation and a call for collaboration and resourced support for mental health and bereavement services. As a very active, loving, and community minded family in Saskatchewan, we wanted to reach out to you to raise a few concerns, but also provide some progress that has been made in breaking down some of the silos that exist in the delivery of provincial and regional public and non-profit services.

On October 8, at the age of 56, John Ziegler, father, husband, and friend to many, took his own life by suicide. John was not previously diagnosed with mental health issues, had never sought clinical help and had no visible warning signs to those closest to him. Most would say he was the least likely to do anything like this because he was always full of laughter and smiles. John was a salesman in Regina for over 35 years and well-connected to community. There were more than 500 computer log-ins for his funeral – some were entire businesses with 120 staff. John will be missed by many, many people who loved him.

We know that anyone who completes suicide is ultimately not in a healthy mind state and/or doesn't have access or awareness of the supports they require to help them in their time of need. In Canada, three out of four suicides are men, and only one third disclose any warning signs; the highest number of men who complete suicide is between the age of 40 – 60. (Centre for Suicide Prevention - <https://www.suicideinfo.ca>)

Moments after we became aware of our family's tragic circumstances, a series of additional unfortunate events took place. There was a plethora of miscommunication by multiple supports: COAST (government paid response team to community outreach); mobile crisis, Victim Services, and others. We have a recording of these events and we have a well-documented story that we have shared in meetings with Lois Alport, Patient Advocate, Quality and Safety Regina.

All these organizations are normally expected to help people in situations like ours. However, this miscommunication snowballed and increased the state of grief for our family. People entered the house unannounced, wore no identification tags, referred to their own suicide experiences in the mere moments after the discovery, referred to the only assistance we could get as obtaining sleeping opioids and left us with a list of phone numbers to call.

All of those numbers were not helpful – if you can imagine, not one - because 'it was the long weekend' or 'if no one was in danger of imminent self harm, they couldn't help us'. One service led to a dead end and a hang up.

The only person of any help was the Coroner, and a dear friend who was a Death Doula. These two people provided clear information and support and gave us the best advice for dealing with a state of shock. They sat with us and helped manage our immediate PTSD and traumatic grief. These two people outperformed any agency that was supposed to be providing services. The other agencies we contacted gave responses such as: they had no staff, they were off for the long weekend, they do not give support over the phone (even though it is a pandemic and we are only using virtual communication), dead ends

on phone lines provided, or out of orders. The list of excuses just continued for a long time – more than six days. We only received a call back from a private counsellor 5 days after John took his life.

We called every counsellor we could (all paid for personally because there is no support services available for free). As a person who truly values customer or patient support, I could not believe this was all happening – to our very informed and able family who on our very worst day, needed help from others and it was not available.

As well-educated and connected people (we have been in Regina and contributed to the community all of our lives) we could not navigate this system of errors. We also knew that if we could not do it, others in equally great despair would also be lost.

There was no grief / trauma support available to us. I can only extend my heart to those suffering through a COVID death (of which there are so many this year) without any support. My daughter and her mother-in-law were suffering from PTSD and required help. Through multiple connections and outreach, we were given the name of a very special counsellor who we still work with today. She has extensive training in grief/trauma and is trained in a PTSD therapy called Eye Movement and Desensitization Reprocessing (EMDR). This therapy has helped them tremendously. However, there is only one person certified in this therapy technique in Regina while Saskatoon has five trained in this area. I've since learned that the government has chosen to go with Cognitive Behavioural Therapy as it is more commonly taught in school for counsellors. EMDR is much more progressive and doesn't require 'reliving' the experience over and over again.

We had a meeting just before Christmas with a couple of members of the government who oversee COAST and mobile crisis. I can speak for the entire family, when I say it was an emotional reliving of the event for us but not helpful meeting with these employees as they were new to their jobs. However, in February our patient advocate organized a second meeting and we met with a group of collaborating department leads from provincial services, mental health services, primary care services and provincial emergency services. It was at this meeting that we saw some helpful progress. There were discussions of finding ways to triage people in our situation from a single call to 811, the possibility of using a hybrid model for EMDR training for counsellors and other staff, ensuring grief counsellors are part of mental health, and nurses receive some training on grief counselling. This type of therapy should also be available to all EMT and EMS or health delivery personnel – it was truly a miracle for our family. We will await to see how things progress in the next two months.

We continue to work through our grief. This experience would have been terrible and tragic for any family, but it could have been significantly less so had there been services and supports in place to help us.

We are asking that you reconsider the Greystone Bereavement Centre model. We recognize that death is inevitable, but it need not be as traumatic as it was for our family. Helping others through death can reduce anxiety, depression and other outcomes related to mental health. It can open the discussion and help people live a healthy life after death. We as a family are forever grateful that after reaching out to many people, we were able to find a wonderful counselor who continues to work with us six months later. Because we had access to this person and could afford the services made available, we are slowly recovering and once again are contributing members to the workforce, to society and to others.

Our family has also started a legacy fund in John's honour called The Johnny Z Healthy Minds Fund at the South Saskatchewan Community Foundation. We will be helping raise awareness on men's suicide prevention and mental health issues and will be working with the suicide prevention program called "Buddy Up" – something the government could easily implement across its departments.

In June we will be focussing on supporting the Buddy Up efforts right here in Saskatchewan <https://www.suicideinfo.ca/buddy-up-for-mens-suicide-prevention/>. We will also try to help counsellors with financial support for EMDR training.

We look forward to working with the Ministry of Mental Health and Addictions and the healthcare system in Saskatchewan to do more on the grief/trauma and support services areas as well as raising awareness about men's suicide prevention and mental health.