

Foreign report

Psychiatry in Northern Newfoundland and Labrador

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1992 is the 100th anniversary of Sir Wilfred Grenfell's visit to the Labrador coast from England. He laid the foundation for medical services in Northern Newfoundland and coastal Labrador. The Grenfell Regional Health Services (GRHS), funded by the Government, continues the Grenfell tradition.

I spent a year (1989) working for this organisation as the sole psychiatrist responsible for 35,000 people scattered over an area bigger than Scotland and Wales. The task was challenging and I started off by establishing a regular out-patient clinic at the Charles Curtis Hospital, at St Anthony in the Northern tip of the island of Newfoundland. Patients would be flown down from little fishing communities more than 500 miles away to be seen. Those who



The town of St Anthony in winter. The harbour in the foreground and to the right is frozen.



Grenfell House, St Anthony, houses a lot of Sir Wilfred Grenfell's memorabilia.



The Charles Curtis Memorial Hospital, St Anthony.

needed in-patient care were admitted to psychiatric beds on a medical unit.

The hospital had its own plane which would fly me to Goose Bay/Happy Valley in the heart of Labrador. There was a small hospital there, where psychiatric patients were admitted and busy outpatient clinics were run. From Goose Bay I was able to fly into some of the smaller communities along the Labrador coast where the populations were mixed, with some comprised wholly of the Inuit, also known as the Eskimo, and the native Indians, known as the Innu, who are of Noscapi and Montagnais Indian origin. Goose Bay, being an Air Force base, had families from the USA, UK, Holland, France, and Germany. The staff from the GRHS came from all over the world and the region was a little melting pot of its own.

The psychiatric problems were coloured by geographical isolation, severe winters when temperatures dropped to -30°C , and the cultural diversity of the natives and white settlers. As expected in rural communities, somatisation was a common mode of presentation. Anxiety and depressive states were common and could often be linked to the difficult living circumstances. In addition to the schizophrenic and affective psychoses in the general population, alcohol abuse and related problems were rife, especially in the native populations. One community

had a large number of cases of myotonic dystrophy, many of whom suffered from various degrees of mental handicap and psycho-social problems. Another community of 1,000 residents of mainly Inuit descent had high suicide rates (140 per 100,000). One explanation is the "Anomie" that these people face at a time when cultural changes are being imposed upon them resulting in economic hardship and high rates of alcoholism.

In a remote, sub-Arctic region of Canada, I was therefore able to gain valuable experience in being intimately involved in the living problems of the people, understand the effects of inhospitable climates, and study the impact of changing times on culture. I was also able to practise independently as a psychiatrist, and I found that my training in the UK served me very well.

Further reading

- BLAIR, L. (1991) Dr Wilfred Grenfell and the forgotten people of Newfoundland and Labrador. *Canadian Medical Association Journal*, **145**, 12.
- GUSHUE, J. (1992) Sir Wilfred Grenfell: a truly remarkable man. *The Medical Post*, April 14.
- GOJER, J. A. C. Mental health services in Northern Newfoundland and Labrador. *Canadian Medical Association Journal* (in press).