

TRANSCRIPTION

cpsi Canadian Patient Safety Institute
iscp Institut canadien pour la sécurité des patients
Samaria Cardinal
Patients for Patient Safety Canada

[0:00:10] My name is Samaria Cardinal. I'm here to talk about my experiences in the health care system and misdiagnosis over medication and how I was treated.

[0:00:24] I had had my child and I was experiencing severe postpartum and I was very depressed and anxious. And I had been living with a lot of trauma in my life. And I ended up getting so depressed, I got put into a mental health ward in a hospital. And from that moment on, I was labeled bipolar. Back then, a lot of people didn't realize what a lot of Indigenous people have been through in their lives. My father was in a residential school and he suffered extreme trauma in that process. And as a result, he was very damaged as he grew older and he could not be a good father at all, and he was abusive in many, many ways. And so I was severely traumatized and I had gone through a lot.

[0:01:31] Up until that point, I had run away from home, I got addicted to drugs. I was in a very bad state. And so the medical system didn't really understand what was going around with PTSD and all those things. And a lot of my symptoms were very strange. I would disassociate a lot and I would actually see things and my moods were very up and down. So I can kind of understand why they initially gave me the bipolar diagnosis.

[0:02:05] I've been locked up in mental health care wards many times. I've been given medication that I shouldn't have been on and ended up with severe tardive dyskinesia at one point because of being over medicated for many years on antipsychotic drugs. And I was given shock treatment biweekly for a very, very long time because of it. I had lost my driver's license. I had been put on AISH. I was living in Calgary housing. I was just existing. I had lost my partner. I was by myself. And I had gone back to drugs again. And I was taking so many medications. And I thought there was really no life left. And I was going to kill myself.

[0:03:05] I ended up being homeless under a bridge in Calgary. It was 30 degrees below zero. I was sitting on a mattress that was dirty, soaked with urine, and I had no coat. It was freezing. And I thought, "I'm not living anymore. My life has been destroyed. Nobody can help me, so I might as well just end it right now." But something gave me the strength to live. And I chose to live. And so I got into a shelter. And then I started doing better.

[0:03:59] I met a man that I had known 25 years ago that really loved me. And he started supporting me. And then my daughter started helping me and giving me strength.

[0:04:14] Every time I would go to the doctor, she'd just give me more pills and more pills and more pills. And when I left that team, wow, things changed. I get a new psychiatrist that loves to take people off medication and only medicate them when they actually need it. I had love and support for people in my life. And when I got off all the medications, I started realizing that I was okay. I didn't have bipolar. And even this other doctor says, "You don't have bipolar. You never had it. You were extremely traumatized. You have PTSD."

[0:04:59] So I started getting involved in many different holistic practices. Meditation. I joined support groups. And finding all these people that helped me helped me realize that the medication was nothing. It was the inner work that I needed to do to deal with all of this.

[0:05:28] I'm back in university. I own my own place. I have my own business. I am happy. I've got everything to live for. And I advocate now and I fight. And I wouldn't have any of that if I was still locked in that space I was.

[0:05:51] I really feel my Indigenous heritage played a big part in how I was treated and misdiagnosed by our health care system because we are not understood by mainstream society and we're not understood by many doctors and nurses and people that are involved in the health care system. They don't understand what we've been through as a people and they don't understand how it has affected us.

[0:06:24] I personally believe many people need to connect more with Indigenous people, learn the real history of Canada and North America, learn what these people have gone through, and try to understand where they are at the current time. And as a non-Indigenous person, look at the myths out there. Try to educate yourself and understand another culture. I would still be living in Calgary Housing. I would be taking so many medications, that I wouldn't be able to function. I would be living a life where I was a burden on society, unhappy, a victim, lost, not going anywhere, just basically existing.

[0:07:27] I think advice I would love to give to somebody that is a health care professional is that, be very careful with the label that you're putting on an individual, .specially a mental health care diagnosis because with that diagnosis comes a lot. People are judging you wherever you go. So really be careful when you're dispensing that.

[0:08:08] Having elders involved in the health care system, working in hospitals and liaison with all the health care professionals is very important because they can be an advocate, they dispense wisdom, they dispense experience, and they can be the intermediary between the health care professional and the Indigenous person, the patient involved. So it's very important to have them there. And I have started seeing instances of that in Calgary, which is really nice, and it's a real big step from the way things used to be. And also, many Indigenous people, they're not urban indigenous. They live on reserves, so they're coming far away to a place they're not comfortable in with a lot of people that

don't know them. So having somebody there like an elder makes them feel better, provides them with a sense of safety.

[0:09:17] The current health care system that resides in our country is not currently set up to help Indigenous people with regards to their health. Patients for Patient Safety Canada is a very important organization. It provides a venue for change. It provides a place where people that have had experiences can voice and lend experience that the people in the health care system, the professionals, need to hear.

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