

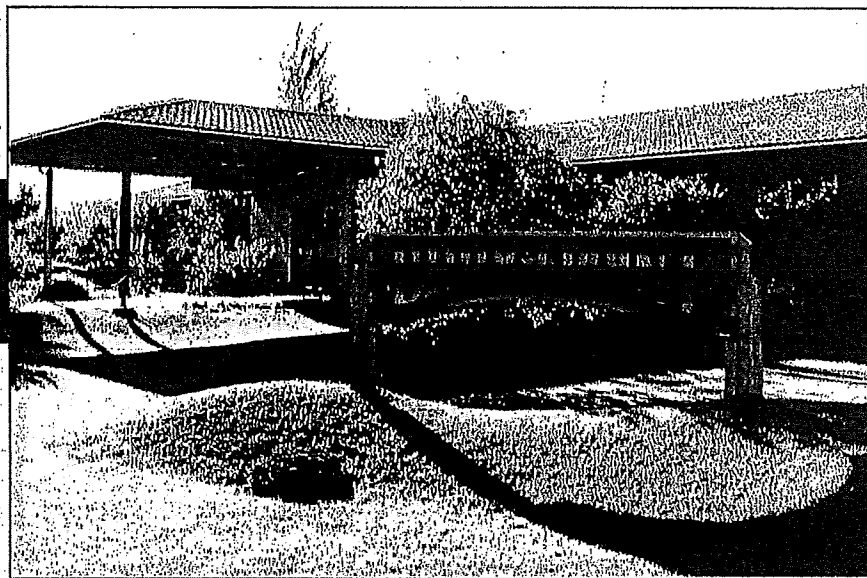
ROAD



to

BRIDGEPOINT

Center for Eating Disorders



Milden, Saskatchewan
Canada

(306) 935-2240

ROAD TO BRIDGEPOINT

by Doug Charrett.

Edited by Helen Mourre

for

The Milden Venture Project Corporation

*The creation of this book has been funded by the
Canadian Adaptation and Rural Development
Saskatchewan Program, CARDS.*



CONTENTS

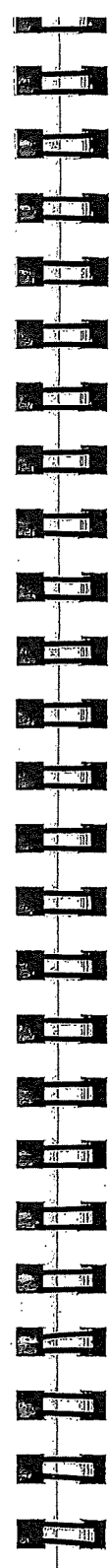
Copyright 1999

Milden Venture Project Corporation Ltd.

All rights reserved. No part of this document may be reproduced or transmitted in any form by any means, electronic or mechanical, including photocopying and recording, or by any information storage or retrieval system, without permission from the publisher or owner of this document, except in the case of published reviews, for which purpose the reviewer may quote brief passages.

*Milden Venture Project Corporation Ltd.
Milden, Saskatchewan*

*First printing 1999. Printed in Canada.
Second printing 2002. Printed in Canada.*



Dedication

A Note from the Author

The Preface

The Story

- Chapter I** Hospital Closure A Reality
- Chapter II** Hurdles on the Road
- Chapter III** A Curve in the Road - New Partnerships with Midwest District Health, Saskatchewan Health and REDA
- Chapter IV** A Hill to Climb - Securing Government Support
- Chapter V** Good Samaritans on the Road to BridgePoint - Volunteerism
- Chapter VI** The Final Stretch - Media Attention, International Conference, Government Decision



DEDICATION

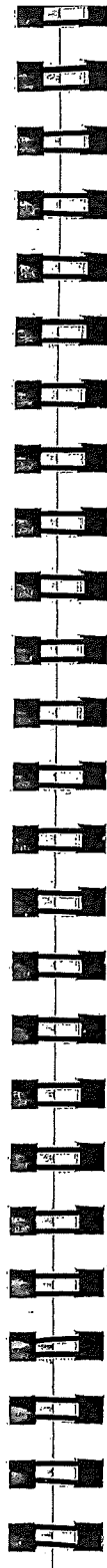
"Perseverance is a great element of success. If you only knock long enough and loud enough at the gate, you are sure to wake up somebody."

Henry Wadsworth Longfellow

This single thought reflects the drive and determination of those inspired and dedicated people who, undaunted by discouragement and stumbling blocks, transformed the closed Mildren Union Hospital into a Saskatchewan and Western Canadian sanctuary for those struggling with eating disorders. This book is dedicated to the memories of Evelyn Jensen and Joanne Clark, to all of the unselfish volunteers, and the many people who have accessed the services at BridgePoint.

Glen Adair, Chairperson of the BridgePoint Board of Directors, shares the following thoughts on the contributions made by Evelyn Jensen and Joanne Clark:

Joanne's involvement with the BridgePoint story began right at the beginning because of her position as Chairperson of the Mildren Hospital Board. She was given the unpleasant task of walking the community through the process of closing their hospital. It seemed to me that sometimes the age-old adage of "shooting the messenger" must have put an enormous amount of pressure on her. However, her commitment to the community never wavered as she moved into being our representative on the newly formed Midwest District Health Board. She also served on the government joint committee which established the need for a center such as BridgePoint. Her positive attitude and sense of humour were contagious. Her sense of community and what it takes to make things work were things I marvelled at.



Evelyn's contribution began with her nomination to the committee which eventually became the Mildren Venture Project Corporation. When the decision was made to pursue the proposal for an eating disorder treatment center, her expertise in conducting research brought her to the forefront of our effort. The research paper she developed seemed to be the turning point for us. The research material and how she presented it apparently turned Saskatchewan Health's head and they realized how serious the community was about taking on the project. Evelyn also served on the joint committee and remained committed to this project until the time of her death. Her vision of what this could be and her commitment to attaining it never wavered even when we were at the lowest point in the process.

I recall one morning when Evelyn arrived at my shop, appearing to be in a foul mood. She told me in no uncertain terms of some of the pitfalls she feared for our project and of some things that we could possibly do to prevent them. She told me of some things that had to happen right away if we were to have a chance at making this work. She then told me she was not going to have time to help do any of it. At the time it confused me and made me wonder where she was coming from. A little more than two months later she died.

I feel privileged to have had the opportunity to have worked so closely with both Joanne and Evelyn. I cannot begin to speak of all that I learned from these two people and of my friendship that existed with each one of them. My only regret is that both of them are not here now to see what was created from the initial dream.

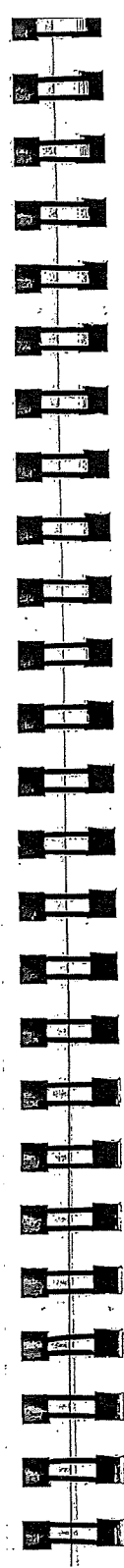
THE AUTHOR

A NOTE FROM THE AUTHOR

It has been pure pleasure working on this story. It is rare for a writer of non-fiction to be commissioned to prepare a manuscript involving so much human interest, compassion, and understanding, and yes, some politicking as well. I would like to thank all who so willingly gave of their time and energy to tell me about their part in the Road to BridgePoint.

I would particularly like to acknowledge the work of Glen Adair and Denise Hynd, who spent hours with me imparting their knowledge and expertise; for keeping me focused on the story; and for the vast volume of information they supplied, from which much of this story is written.

Doug Charrett



THE PREFACE

The village of Milden, nestled within a rich agricultural area, is located on Highway # 15, halfway between Outlook on the east and Rosetown on the west. Milden serves part of this vast agricultural area. With a population nearing 230, Milden has a retail and service section consisting of a drugstore, grocery/shopping store, liquor vendor, library, 3 seed cleaning plants, an Interprovincial Pipeline station, autobody shop, restaurant, hotel, recreation vehicle dumping station, golf course, a campground, and a hardware/lumber outlet. Milden is within the Prairie Schooner Tourism region, whose claim to fame is, "With everything from hundreds of kilometres of lakeshore, to outstanding parks, rugged hills, and a fascinating history, excelling as a family vacation destination." It appeared that Milden's decline had been stabilized. Then came the hospital closure.

The Road to BridgePoint is a story of dogged determination to find an appropriate use for the closed hospital in the village of Milden, Saskatchewan. The story involves many people, and their observations and comments give the continuity necessary to tell this tale of success. I think the title of this story, Road to BridgePoint, is symbolic as well. The Living Webster Encyclopedic Dictionary figuratively defines "Road" as, "any action or experience that leads to a change in one's fortune." This is what BridgePoint is all about.

Rural Saskatchewan has a tradition of cooperation and in this tradition the Road to BridgePoint unfolds. It's a story of dedication and sharing, as the community of Milden and area came together around the issue of the closure of their hospital. It has been an exciting and rewarding process to help stabilize the community and provide a much needed eating disorder rehabilitation center.

Part of the success of BridgePoint is the character of the community of Milden itself. It has a history of community initiatives and past successes.

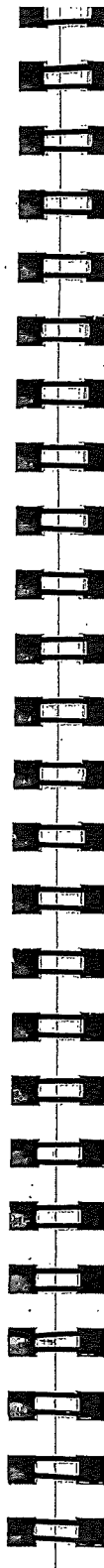
A good example is when the community needed a restaurant to replace the old original restaurant that was located within the local hotel. The community was fortunate to have attracted a newly married Chinese couple to take over the old restaurant. Their cooking was excellent, and a large clientele resulted. However, the facility was old with a poor kitchen and not large enough to accommodate many customers. Through local initiative, the community was canvassed to raise funds to build a new restaurant, which in turn was sold to the young couple. The community continues to be well served by a restaurant that has a reputation for fine food throughout the district. Other successful community projects include the Heritage Heights senior citizens housing project, development of a new hotel, renovation of the existing hospital building, construction of a nine hole golf course, and development of an annual old-time threshing demonstration and fair in October that brings in 1500 to 2000 interested people to reminisce and enjoy good food and fellowship.

The early beginnings of Milden are well described in the locally produced history book, "Our Milden Heritage 1997". Saskatchewan became a province in 1905, and the area that was to become the community of Milden,

was a vast undulating plain. The survey parties of 1883 who marked the township boundaries, reported great herds of buffalo and antelope, with wildfowl in abundance. By 1905, when the first settlers arrived, the buffalo herds had disappeared and also the antelope to some extent, but wildfowl was still plentiful.

The history book continues:

During the years 1905-1912 this area, which was to become known as Milden, was showing signs of developing into a thriving farming community. The railways were equally as busy as the homesteaders-surveying, grading and laying steel in order to handle the future freight and passenger business. It was the policy of the railways to survey townsites along the right-of-way at intervals of eight to twelve miles. The Townsite of Milden was surveyed in the fall of 1909, and lots were listed in the Outlook paper in 1910. Building activity started the same year.

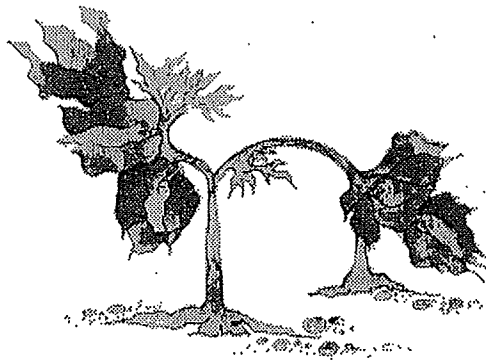


It was also the custom of the railways to assign names to newly surveyed townsites and we find this town was given the name of "Tisbest." This name was used by the railroad for a short period, having preference over Jordanville, a name suggested by a homesteader, William Jordan, who homesteaded on the southeast quarter of Section 30, Township 29, Range 11, W3rd. Milden, the name eventually adopted, was compounded by using the names of two early settlers, Mills and Bryden. This name was made up by using the "Mil" from Mills and the "Den" from Bryden, in recognition of Mrs. Charles Mills and Mrs. Robert Bryden, the first women to set up house-keeping in that area.

In 1907, a meeting of homesteaders was held in the Charles Mills home on the northeast quarter of Section 14, Township 29, Range 11, W3rd, to petition the federal government to establish a rural post office in that area. The request for the post office was granted, and in 1911, when Chas. Mills and Son opened their hardware store in town, they moved the post office from the farm to the store.

In the context of a small, caring, rural community, with roots deep in the soil of Saskatchewan, the 'Road to BridgePoint' begins.

ROAD TO BRIDGEPOINT



CHAPTER I

Hospital Closure A Reality

There had been rumors for months. Would the Saskatchewan government "wellness" model of health care reform require the closure of the Mildren Union Hospital? Community concern ran high and the issue of local hospital closure was widely debated. Many people recognized the need to rationalize the Saskatchewan health care system because of the heavy cost of operation. But when the issue of closing the well-equipped and newly renovated 10-bed hospital hit home, the intensity of debate grew and "what if" scenarios were rampant. The philosophy of the new "wellness" model being introduced by the provincial government was a combination of disease prevention through lifestyle change and individuals taking more responsibility for their own health. In practice, this meant a swing from an emphasis on acute care to prevention. A noble policy, but where did it leave the future of the Mildren Union Hospital?

For many in the community, the idea of closing and moth-balling a well-equipped, substantially reconstructed, and beautiful building was unacceptable. Nevertheless, the axe fell, and on June 28, 1993 a community meeting was held in the Goldorama Hall to announce the formal closing of the Mildren Union Hospital, to be effective September 30, 1993. At the June 1993 community meeting, action was swift. An Investigative Committee, nominated from the floor by the community, was established to examine all options for keeping the hospital building open. This initial Committee involved Bill Keith as Chairperson, and Glen Adair, Dale Maxemniuk, Faye Piercy, Elizabeth Thomson, Judith Gilli and, John and Marlene Hendricks, Ruth Jensen, Slavek Dasiuk, and Evelyn Jensen as members.

A community development expert was asked to help with the process of flushing out ideas. The Committee met with Kirk Livingston in late July and began to brainstorm. Many ideas were documented in preparation

for a community meeting in August.

The committee intended to seek and develop ideas for an alternate use for the facility. Along with all the other ideas that were being discussed, the committee decided to take out ads in various papers requesting proposal submissions.

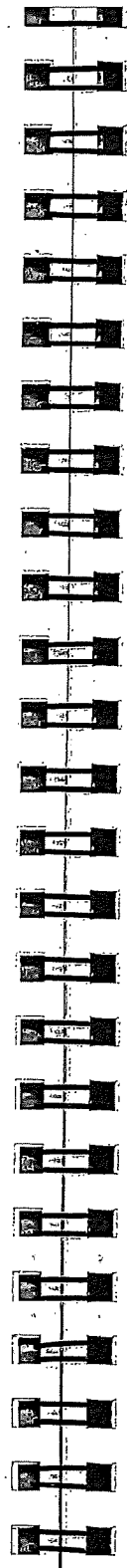
Some of these ideas were a level 3 and 4 care facility, a senior hostel, a laundry facility to service surrounding health districts, an alcohol and drug rehab center, a shelter for survivors of spousal abuse, an aboriginal training center, a mini-mall to house various new businesses and services, a first responder training center and a group from Saskatoon interested in establishing an eating disorder clinic.

The community hall in Mildren was the location for another well-attended community meeting on August 18, 1993, during which a number of proposals for the hospital building were presented and discussed.

The Investigative Committee's first priority for the closed hospital was a level 3 and 4 health care facility. This use was just not feasible because of the high rate that would have to be charged for each room to properly and successfully operate such a facility. The high rate was due to the required 24-hour level of staffing, the cost of utilities, maintenance and the other costs necessary for high-need patients.

Even before the Investigative Committee requested proposals for use of the former hospital, a submission to use it as a regional laundry facility for a number of health districts was made. This proposal eventually was dropped due to lack of interest from the surrounding health districts.

A Mildren Senior Hostel was suggested for people who needed some assistance with daily living, but did not require the more intense care that would be provided in a level 3 or 4 facility. Accommodating 8-10 clients, the proposed facility would provide a room to call their own, three meals a day, laundry and housekeeping services, assistance with personal hygiene and medications when required, personal security and community activities. A board of directors, chosen from various sectors of Mildren and district, would be responsible for any major repairs to the building, contracting of the caregivers, and rent collection. The live-in caregivers would rent the facility from the board of directors and be accountable to them, and would be responsible for complete management and organization of the services given to the clients. The whole facility would be operated as a non-profit corporation, with two classes of shareholders, ownership shareholder (the village of Mildren), and membership shareholders (community people who had an interest in the facility). This way the assets of the closed hospital could be transferred to a legal entity, from the current owner, Midwest District



Health. This idea was dropped due to concerns over the continuity of quality staffing and being able to keep the facility full.

Another proposal involved a training and/or rehabilitation center, which could be rented out to various social service agencies such as an alcohol and drug treatment program, a shelter for survivors of spousal abuse, or an aboriginal training center. The committee was told by government representatives that programs already existed to meet these needs.

It was also proposed to create a mini-mall out of the former hospital facility to meet the needs of the community. Uses suggested for the mall included an insurance agency, bakery, dental office, a veterinarian's office, a craft/floral shop/antique store. The committee found this suggestion to be unfeasible.

A first responder ambulance training program was looked at as well, but it was decided that there was not enough personnel available for the program to operate efficiently. With acute care no longer available in Mildren, there would be insufficient trips to keep the local people current on procedures. It was agreed that because the Rosetown/Outlook Ambulance services employed trained personnel who update their skills regularly, and because they are on 24-hour standby; that the community would be better served by an upgraded service from the Rosetown/Outlook operation.

Finally, Christian Counselling Services of Saskatoon showed considerable interest in the closed hospital building, as they proposed to establish an eating disorder clinic. This was a group from Saskatoon which provides counselling to individuals and families, adoption services and had begun working in the area of eating disorders. This proposal sparked a lot of interest within the committee; they could envision the potential of such a facility.

By August 1993, the Investigative Committee, which had been acting as the interim board of directors, had now been formally constituted as a non-profit corporation called the Mildren Venture Project Corporation (MVPC). During the fall and winter, a campaign had been held to sell memberships to the newly formed non-profit corporation. This campaign was very successful netting nearly 150 community members from which a nine-person board of directors was elected. The village of Mildren was also a member of the MVPC, which facilitated the transfer of the hospital building and assets to the MVPC from Midwest District Health. Midwest District Health acquired the closed hospital from the Saskatchewan government on the condition that it be used for health-related purposes. The building had been moth balled with the heat being shut off, water

CHAPTER II

CHAPTER II

Hurdles on the Road

In order to investigate the whole area of eating disorders, a contract was entered into with Entrepreneurs 2000, the regional economic development authority (REDA) located in Rosetown. A visit to the Remuda Ranch in Arizona was arranged to examine first hand the operation and method of treatment in a first class eating disorder clinic. This visit was funded by the Partnership Agreement on Rural Development (PARD) and the MVPC, with participants including Kirk Livingston of Entrepreneurs 2000, Dr. Bruce Pringle of Christian Counselling, and representatives Bill Keith and Ruth Jensen from the MVPC. With REDA, the MVPC developed a preliminary financial plan for the project. Negotiations had begun with the Christian Counselling Service in Saskatoon regarding their role in the proposed eating disorder treatment center. Midwest District Health was at all times kept in the picture in terms of the progress of this important project, and they fully cooperated with the MVPC throughout.

All the elements of the proposal to establish an eating disorder clinic in the closed Mildren hospital were being handled simultaneously. During all this activity a preliminary report was prepared by the MVPC to formalize contact with Saskatchewan Health, so that the eating disorder clinic could receive their moral and financial support. It must be emphasized that this report was preliminary, and it was being prepared without complete research information, but it contained several pertinent observations:

- Saskatchewan Health now recognized there was an acute need for the treatment and care of eating disorders in Saskatchewan.

pipes drained and all services disconnected. After several meetings with the Midwest Health District, the hospital was transferred from the health district to the MVPC for the price of \$1.00, on the understanding that if the MVPC did not continue to exist, the property would transfer to the village of Mildren. With winter looming near, the committee feared that severe damage could occur if the building was to sit through a winter unheated and therefore, a decision had to be made about its future.

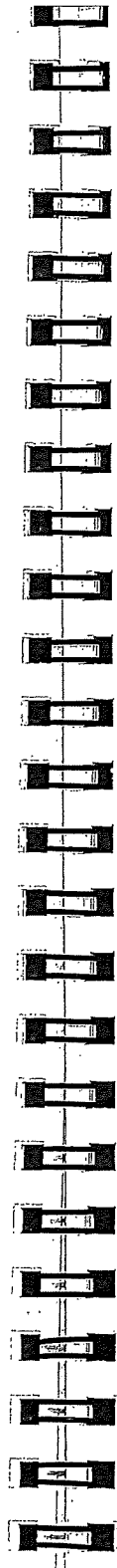
At this time the committee approached the Mildren and District Health Foundation, with the proposal for the foundation to finance the heating costs until such time that a project was up and running. The individuals on the Foundation desired to maintain the building until all opportunities were exhausted. This was a huge leap of faith on the foundation's part as there were no guarantees of any success.

During the transfer of title and formation of MVPC, Dale Skelton and Tyler Tollefson, of the legal firm, Skelton and Company Law Office, provided invaluable guidance in putting the corporation together.

The first official meeting of the MVPC was held January 6, 1994. There was much interest shown by the community and much discussion ensued about the pros and cons of the many uses proposed for the closed hospital. After much discussion and careful consideration of the proposals before the board, the MVPC decided that an eating disorder care center would be a desirable use for the closed hospital. When the pros and cons of each proposal had been evaluated, it was agreed by most that the eating disorder center proposal had the greatest potential. Once this important first decision was made, it was necessary to do some research into the need for an eating disorder facility and what was involved in working with individuals suffering with the disorders.

This decision took the committee of the MVPC down a strange and unfamiliar road, one for which they had no road map.

- After an article on the Mildren project appeared in the Rosetown Eagle newspaper, the MVPC received calls from Rosetown, Outlook, Estevan and Cutknife, from parents and grandparents of sufferers, asking how they could help to get the project up and running. Health professionals also advised they had clients in need of such a facility.
- There were different levels of need and therefore different levels of care for eating disorders. The Mildren facility envisioned residential care, involving both in patient care (day care) and out-patient care. In-patient care would involve conversion of the closed hospital into a residential setting for the treatment of about 8-10 clients at a time who were suffering from anorexia and/or bulimia, using a holistic approach to treatment. Out-patient care would involve clients being housed outside the Mildren facility, but who would come to the facility as required for treatment. Follow-up care would involve clients attending, as required, at the facility during the day, as well as post-discharge contacts with other health care professionals as needed for complete recovery.
- This preliminary report also identified other factors that seemed important to the success of the proposed eating disorders clinic:
 - 1) Saskatchewan government agreement and approval must be obtained regarding funding arrangements.
 - 2) Individual(s) should be contracted who have the experience to start a foundation for fund raising; have some human resource management skills; can continue program negotiations with the Remuda Eating Disorder Clinic in Arizona; and continue working with health care professionals who will be needed at the Mildren facility.



- 3) Name the facility, and chose an appropriate decor theme. In this regard continue working with a Saskatoon contractor who has offered to donate landscaping services.
 - 4) Recruit local volunteers to redecorate the closed hospital, using a theme. For example, rustic headboards for the beds, wallpaper, the conversion of the nursing station to a snack bar and fun center, and redecorate counselling rooms and furnish them.
 - 5) Canvass area residents for funds and/or in kind services.
 - 6) Redecorate former nurse's residence.
 - 7) Develop and strengthen the community and the relationships with the various health districts by expanding the networking system, so that everyone is aware of the proposed Mildren eating disorders facility.
- The MVPC brought their preliminary report to a close by asking the question, "Why couldn't a small residential eating disorder treatment center operate in central Saskatchewan, when other successful rural facilities are operating in the U.S. at Rimrock and Remuda, and in Florida, and in Canada in Victoria, B.C.?" The positive advantages for such a treatment facility in Mildren included a well-constructed debt-free building, sitting on land that was tax exempt, in a rural setting, just over an hour from the center of a thriving city, Saskatoon. And what was most important, a community that was eager to have, and willing to support an eating disorders center.

Glen Adair observed, "PARD was kind of an unlikely source of funding, but they were incredibly helpful during our time of need. It was the only government organization that we found to access for funding." They provided funding for some of the research required and some of the Investigative Committee work as well. They also provided funding for promotion of the eating disorders facility project in the form of brochures and an information package, as well as the funding to record the history of the Road to BridgePoint." Reg Hartness and later Brian Champion of PFRA (PARD) were of great help during this early stage of the process, and as Brian was later to observe, "When you take people to the Mildren eating disorder facility, they are instantly impressed and recognize the whole project as good community economic development."

"The Christian Counselling Services proposal for the Mildren eating disorder center was pretty well everything we were looking for," suggested Glen Adair. "Christian Counselling Services would provide eating disorder treatment and the MVPC would be the landlord."

However in July 1994, the interest of Christian Counselling Services in the proposed Mildren Eating Disorder facility waned. Their Executive Director, Dr. Pringle, advised the MVPC that they could not see their way clear to continue with the project because of timing and financial considerations. Specifically, the timeline and need for government funding placed too many constraints on MVPC which resulted in a parting of the ways.

This was a low point for the Mildren group. It took much courage and renewed determination by everyone on the committee to continue with the process. It was a time of much soul-searching for the people who were working so hard to make this dream a reality. They wondered if they had indeed been chasing the wrong dream, if perhaps they were even on the right road.

CHAPTER III

CHAPTER III

A Curve in the Road - New Partnerships with Midwest Health, Saskatchewan Health and REDA

Despite this setback The MVPC continued to see the merit in establishing an eating disorder center in the province. Kirk Livingston of Entrepreneurs 2000 then offered to prepare an updated report, which was completed after many hours of work. The report, Eating Disorder Treatment Center, Mildren, Saskatchewan, was prepared, based upon all the investigative work performed to date. One of the major sources of relevant information came out of the visit to the world class eating disorder treatment center, Remuda Ranch Center for Anorexia and Bulimia Inc., in Wickenburg, Arizona in March 1994. The experience, knowledge, and contacts gained from this visit and from those in charge of the treatment center, helped to further identify issues relating to programming, human resources, facilities, and operational requirements. This Eating Disorder Treatment Center Report was an updated report based on meetings members of the MVPC had with senior officials of Saskatchewan Health, Midwest District Health and REDA. The report identified several needs:

- develop more comprehensive and focused treatment programs in Saskatchewan for eating disorders related to anorexia nervosa and bulimia nervosa
- determine the treatment methods and programs that would most effectively deal with the need for treating eating disorders such as anorexia nervosa and bulimia nervosa
- develop an eating disorder treatment model for Saskatchewan that could be piloted in Mildren, Saskatchewan

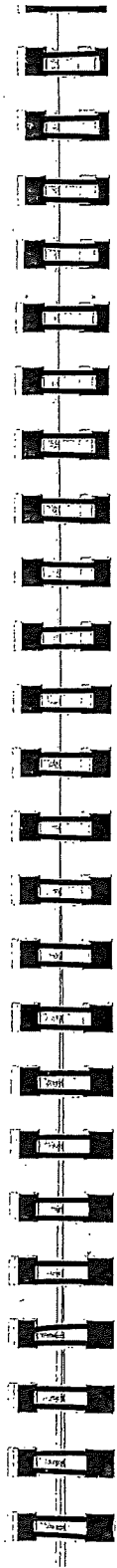
Foundation for Eating Disorder member, had a long association with the Milden project. He was convinced the Saskatchewan government really didn't know the extent of the eating disorder problem. Bill was part of the Milden volunteer community group that was to meet with a high-powered group of provincial bureaucrats in the T.C. Douglas Building in Regina one afternoon. As he described it, "We were actually afraid as we walked through the 'halls of power,' and just as we were about to enter those large wooden doors, Evelyn Jensen, without breaking stride, said, 'God, you know we don't know what we are doing. Would you guide us?'" That was a moment Bill Keith would never forget.

Negotiations had been ongoing between Dr. Bruce Pringle, Executive Director of the Christian Counselling Services in Saskatoon, and MVPC. In their preliminary proposal to the MVPC, Dr. Pringle indicated that he had undertaken a pre-feasibility assessment, based on his experience and the experience of the counsellors at Christian Counselling Services. Their conclusion: the assessment positively established the need for an eating disorders facility for Saskatchewan and Western Canada. According to their findings, there was only one other publicly funded eating disorders facility in Canada, and it was located in Toronto.

Based on the records of Saskatchewan Health, the medical establishment, and Saskatchewan Social Services, it was estimated about 3000 persons in Saskatchewan had varying degrees of disordered eating. Dr. Pringle also suggested that, in the past, to obtain help for eating disorders, the individuals would have to be sent to Toronto, the United States, or be committed to a psychiatric ward of a hospital. The costs associated with these services could range from \$600 per day for psychiatric services to several thousand for an extended stay at an eating disorders clinic.

To reinforce their findings and assumptions, Dr. Pringle and his group put together a draft proposal to establish an eating disorders center in Milden. In support of the draft proposal, it was noted that the Christian Counselling Services mandate was to aid in the lives of individuals who needed a specialized support structure, and that work with eating disorders was a logical extension of their mandate because of their current work with eating disorder clients and their families. Their treatment program would involve four major areas of care: primary and secondary prevention, in-clinic patient care, and patient after-care.

To take this preliminary proposal to the next step, Dr. Pringle included the cost of a feasibility analysis/study that would include market evaluation, operational requirements, and the financial feasibility of the proposed eating disorders clinic. The total cost of the feasibility study



was estimated at \$12,500, and Christian Counselling Services was prepared to proceed if the results of the study were positive. If this occurred, the MVPC was proposed to be the landlord, and serve as the eating disorders clinic's connection to the community. In their preliminary proposal, Christian Counselling Services suggested that the feasibility study should be undertaken by Entrepreneurs 2000, the Regional Economic Development Authority located in Rosetown. Laurie Shalley, who was employed with Entrepreneurs 2000 at the time, was assigned to the study. If commenced immediately, the study could be completed by March 31, 1994, and the eating disorders clinic could be established in June 1994. Christian Counselling Services was prepared to share in the cost of the feasibility study in the amount of \$3,125, and suggested that the balance required of \$9,375, be obtained through the Partnership Agreement for Rural Development. Laurie Shalley would later become involved with the Saskatchewan Foundation for Eating Disorders, raising funds and the profile of the BridgePoint Center for Eating Disorders.

The Partnership Agreement for Rural Development (PARD), an initiative under the Western Economic Diversification Fund, is a multi-million dollar federal-provincial cost-shared program which assists economic development initiatives in rural Saskatchewan. The program objectives of PARD are to:

- maximize rural job opportunities
- establish viable new rural businesses
- diversify the rural economy
- remove barriers to development

The program categories of PARD are:

- planning assistance for business
- human resource development assistance
- marketing assistance
- broad-based initiatives

The general guidelines for program application under PARD are:

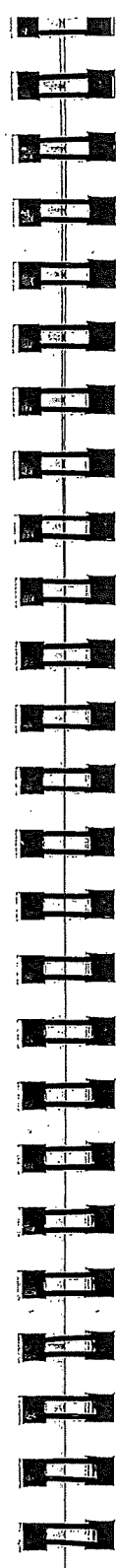
- projects involving several communities or cooperative ventures will receive priority
- projects must be environmentally sound
- profit-oriented projects will normally be funded on a repayable basis
- projects must demonstrate a need for government assistance

To confirm and expand on these observations, both Saskatchewan Health, and the MVPC investigated eating disorder treatment programs being delivered in Canada. It was discovered that treatment programs were in fact being delivered in Vancouver, Edmonton and Winnipeg, but the most innovative approach to the treatment of anorexia nervosa and bulimia nervosa was taking place at the Toronto General Hospital. Dr. Allen Kaplan had made significant progress in the treatment of eating disorders through developing a treatment model and establishing a Day Hospital Treatment Program. These efforts have since been used to develop other successful eating disorder treatment programs in Canada and the United States. Dr. Kaplan expressed enthusiastic interest in helping with the development of a Saskatchewan treatment model, and suggested a meeting to discuss these matters further.

Spirits were high as the MVPC plunged into the next phase of developing an eating disorders treatment center in Mildren. Close cooperation was maintained with both Saskatchewan Health and Midwest District Health. As the need deepened for more comprehensive information on eating disorder programs, the following strategy was initiated:

- Identify the best treatment approach, based on the stages/levels of eating disorders where there is the greatest need; and based on the assumption that you first must deal with the symptoms and health related issues, and then move towards the root causes, which may include individual, family and sociocultural stressors.
- Develop an innovative model for the treatment of the eating disorders anorexia nervosa and bulimia nervosa in rural populations, in close cooperation with existing Saskatchewan and Canadian programs, knowledge, and expertise.
- Establish an operational and financial plan for the implementation of the newly developed eating disorder treatment model and the associated programs, to be operated on a pilot project basis in Mildren, Saskatchewan.

To properly establish an eating disorder treatment facility in Saskatchewan, it was essential to continue the cooperation already



established among Saskatchewan Health, Midwest District Health, and the MVPC. The Saskatchewan Health Minister had requested, as one of the conditions of transfer of the closed hospital to Midwest District Health and subsequently to the MVPC, that the facility continue to be used for health related purposes. The proposed project would meet this requirement.

The program development part of this whole process was estimated to cost \$9,800, and would be expected to last 3 months. It would identify the number of Saskatchewan residents with eating disorders; the types of eating disorders; and what stage their disorder was at. The next logical step was the identification of the number of persons receiving health care services for eating disorders in Saskatchewan; the cost of providing this health care service; and the success rate of treatment by program to date. The rural/urban issues relating to eating disorders; why persons develop eating disorders; and the differences between rural and urban populations regarding anorexia nervosa and bulimia nervosa also had to be researched. Those characteristics and criteria for the development of a comprehensive eating disorder treatment model for rural populations had to be identified, utilizing the expertise and experience of eating disorder care givers. Finally, using all the knowledge, information and experience gathered, a comprehensive eating disorder rural treatment model would have to be developed.

The operational/financial planning phase of this comprehensive approach was estimated to take one month and would cost about \$4,500. It would involve, as a first step, identification of the medical model, associated staffing, and the training requirements for delivery of the proposed eating disorders pilot program in Mildren, Saskatchewan. Any treatment program must have a strong and committed volunteer segment. Consequently, an integral part of the program would be a community awareness/education component, and the creation of a foundation for eating disorders to raise funds for the cause. Determination of space, equipment, and facility requirements was another part of delivering the eating disorders pilot program in Mildren. So the program would be on a solid footing, the approach included the possibilities of provincial funding, insurance plans, and the potential for out of province contracting for treatment. The "bean counting" again was an essential part of a successful program, and this program was no exception, so it was necessary to develop a comprehensive financial plan for the operation of the proposed eating disorders pilot program at Mildren.

There had already been out-of-pocket expenses to committee members including travel to Regina for members of the MVPC. All in all, the cost

of taking the feasibility of the proposed Mildren eating disorder treatment center to another level was estimated to be \$18,970, with half of that cost being absorbed by the MVPC, and the balance of the cost to be requested through the Partnership Agreement on Rural Development (PARD). It is important to reiterate that the proponents of this process to convert the closed hospital to an eating disorders clinic were Saskatchewan Health, Midwest District Health; and the MVPC, all cooperating in the development of a truly grassroots project. In outlining their support for the project these three groups considered the following factors as benefit outcomes:

- For health: the development of a comprehensive program for the treatment of eating disorders in rural areas would mean that 5000 to 8000 people in Saskatchewan, between the ages of 15-40 would have the opportunity to receive help.
- For education: society would come to know and understand eating disorders and its disastrous effects on people, particularly young people. The establishment of a foundation for eating disorders would be needed, and the people of Saskatchewan would have a mechanism to financially support this need.
- For economics: the development of an eating disorders program, piloted in Mildren, could offer jobs for health care workers and have significant economic spin-offs for Mildren. A well constructed and beautiful building would be returned to health related service delivery.

Evelyn Jensen, a director of the MVPC at the time, prepared a comprehensive report dated August 26, 1994 entitled, Preliminary Report To The Mildren Venture Group Re: Eating Disorders. Evelyn Jensen presented this report to the MVPC on October 11, 1994. This all-embracing informational report was prepared using three headings: definitions and diagnosis, treatment models, and future directions. The research that formed the basis of this report was extensive. It involved material from various libraries including the Health Sciences and Psychiatric Libraries at the University of Saskatchewan, and many interviews with health professionals in government and the private sector.

An eating disorder is an expression of a range of weight and food

issues, the key features of which are a fear of weight gain, feelings of ineffectiveness and low self-esteem. Eating disorders are coping mechanisms. They replace direct communication, fulfillment, and unconditional acceptance. Individuals with eating disorders tend to become very rigid, obsessive and consumed. Eating disorders eliminate fun and enjoyment from the individual's life and disassociate them from their feelings. The self exists only in the context of external factors and expectations.

Eventually, the individual cannot deal with the pressures of performing externally and requires help to deal with their problems. In the recovery process the individual will come to understand some of the very complex underlying issues which have brought them to this state. Part of the role of a treatment center is to help individuals recognize how eating disorder behaviors in their lives are directly related to unexpressed emotions and pain.

Research indicates that the historical roots of eating disorders go back a long way. Bulimia, the bingeing and purging type of eating disorder, goes back many centuries, possibly two millennia. Anorexia, the non-purging type, extends at least a century into history. In 1959 only two eating disorders were recognized: the dieters and the bingers.

Anorexia Nervosa is defined as drastic weight loss (more than 15% of normal weight) from excessive dieting. The word nervosa indicates that the disorder is combined with other emotional and psychological problems. The term Bulimia Nervosa means frequent fluctuations in weight and periods of uncontrollable binge-eating followed by some form of purging (self-induced vomiting, laxative abuse, excessive exercising, or fasting) to rid the body of unwanted calories.

Besides the general diagnostic criteria noted, there are many warning signs of both anorexia nervosa and bulimia nervosa:

- excessive concern about weight and shape of the body
- feeling fat when not overweight
- obsession with food, calories and recipes
- restricting food choices to diet food
- unusual eating habits (i.e. picking at food)
- frequent checking of weight
- irregular menstruation
- depression and irritability
- guilt or shame about eating
- social withdrawal
- disappearing after meals for secretive vomiting

- evidence of vomiting or laxative abuse
- weight loss or fluctuation

The research has further shown that individuals who have eating disorders are predominantly women (90-95% of anorexics are women). They generally present a profile that includes:

- low self-esteem
- feel ineffective dieting helps them to feel in control and more effective
- unprepared for adulthood identity crisis.
- often emotionally depressed
- may have distorted perceptions of reality

While there is no typical family system related to eating disorders, the following characteristics are often seen in the family or marital relationship of the eating disorder client:

- poor communication patterns
- rigidity in dealing with the problem
- over protectiveness and failure to recognize a child's independence
- facade of stability covering underlying emotional problems
- history of eating disorder, alcoholism and depression

An individual is not an island, unaffected by outside influences. Both the individual and the family are affected by the values of the culture around them. The North American culture conveys the message that thinness is associated with beauty, success, happiness, perfection and self-discipline. Is it any wonder then that there is so much preoccupation with diet and food? A strong message is being sent by the North American culture to women that thin is beautiful.

Evelyn Jensen, in her research for the MVPC, discovered it was difficult to determine the exact extent of the prevalence of eating disorders in the general population. Eating disorders are being seen in other cultures as well (1 per 100,000 population), but there seems to be a much higher occurrence (1 per 200 population) in western societies. There is a predominance of women with eating disorders. The onset of an eating disorder occurs in late childhood and adolescence.

Other interesting observations found during the research suggest that:

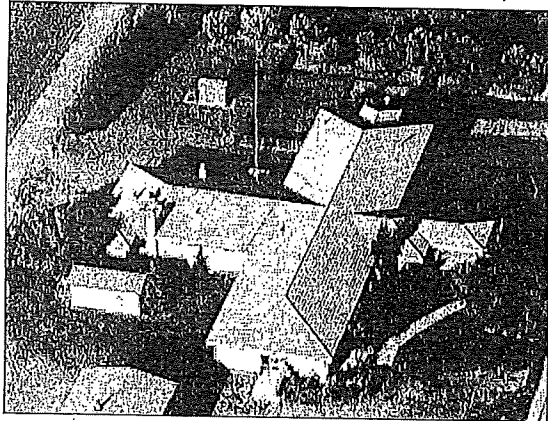
- Almost 1 in 7 adolescent girls have suffered from some symptoms of bulimia.
- About 1 in 7 young women suffer from eating disorders, with bulimia being predominant over anorexia.
- According to national statistics, in Saskatchewan there are almost 137,000 women between the ages of 15-24, and this translates into approximately 2064 patients with anorexia and 5505 patients with bulimia, using 1.5% of Saskatchewan women for anorexia and 4% of Saskatchewan women for bulimia.

There are many models for treating eating disorders, but the research suggests it is a complex condition, requiring a long time to treat. Most health care professionals follow an eclectic approach to treatment, using parts of each model and varying the approach depending upon the patient's need. Current treatment approaches may involve the following therapies:

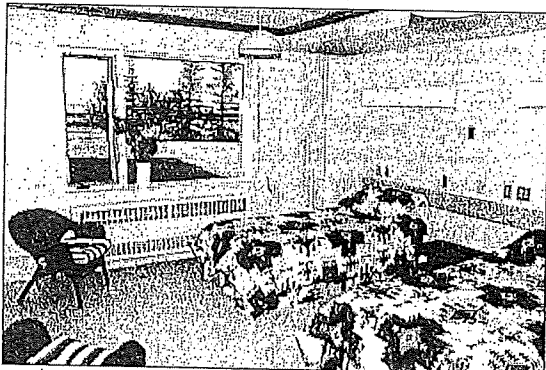
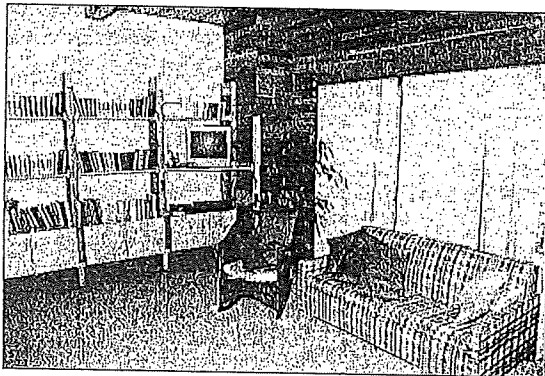
- behavioral
- cognitive
- psychodynamic
- family
- group
- individual
- in-patient treatment
- medication
- support group

The research of Evelyn Jensen represented a solid information base from which to begin further planning of the Milden eating disorders treatment center. It revealed a definite need in the province for an eating disorder treatment center and was an important milestone on the road to BridgePoint.

AT A GLANCE BRIDGEPOINT



Counterclockwise:
BridgePoint
photographed from
the air, the solarium
which is used for rest
and relaxation, a
view of one of the
refurbished bedrooms
and two of the many
volunteers who
worked on the
project.



CHAPTER IV CHAPTER IV

A Hill to Climb - Securing Government Support

The persistence and hard work of the MVPC was beginning to pay off. After the research prepared by Evelyn was presented to the officials of Saskatchewan Health in October 1994, provincial reaction was swift and positive. It was evident that Saskatchewan Health was impressed by the depth and thoroughness of Evelyn's research. It took only two conference calls in December 1994 to agree to establish a joint Ministerial Committee to make recommendations to the Saskatchewan Minister of Health, Lorne Calvert, on services needed for individuals with eating disorders. The committee consisted of:

- **Dr. Garry Bell** (Chair) - Saskatchewan Health
- **Aurelia Beach** - Saskatchewan Health
- **Irma Robson** - Provincial Eating Disorder Consultant
- **Glen Adair** (Co-Chair) - Milden Venture Project Corporation
- **Evelyn Jensen** - Milden Venture Project Corporation
- **Tara Zarry** - South East Health Board
- **Joanne Clark** - Midwest District Health Board

The funding for the joint committee came from PARD. PARD agreed to the funding if a letter from Saskatchewan Health approving our participation on the committee was obtained. Glen Adair, then vice-chair of the MVPC, picks up the story, "I had taken the acquisition of the Saskatchewan government approval (of the joint committee) as my personal project, as they had assured me it would be forthcoming. Unknown to me, the provincial government bureaucrat who was to supply this letter of support was the person who had initially told our group that there was no need for an eating disorder center, because eating disorders were being looked after within the existing health system."

Glen continued, "After making a dozen phone calls to this bureaucrat without success, I acquired his cell phone number. At 7:00 one morning I caught up with him on his way to a meeting. He was shocked that he had been tracked down. I then made another plea for our promised letter of support. Several days passed and still no letter, so I tried the cell phone route again. The number had been discontinued! This is an example of the roadblocks experienced on the road to BridgePoint."

Within all worthwhile endeavors there are those moments of levity that put what you are doing in perspective and offer a reality check. Glen Adair was excited and rushing to prepare for an important meeting in Regina, during which a recently prepared interview survey form was to be tested on a rather important group of people, including psychologists, psychiatrists, self-help groups and parents. As he was passing through Kenaston he realized to his horror that his partial plate, with those all-important front teeth, was still sitting on the bathroom sink at home. There was no turning back at this point. "I got through the interviews somehow," Glen recalled, "but it certainly gave me some tense moments that I can chuckle at now."

The formal mandate of the Joint Ministerial Eating Disorder Consultation Committee was to be responsible to the Deputy Minister of Health, and provide a report with appropriate recommendations on the directions for an intensive rehabilitation program within the context of the framework for a provincial continuum for eating disorders. The Committee was further requested to discuss the strengths and weaknesses of a rural setting versus an urban center. The Committee, through wide consultation, was directed to work in partnership with other government departments, district health boards, and other appropriate sectors of the community. In the next few months interviews were conducted provincewide with people who were suffering from eating disorders, families, support providers which included psychiatrists, psychologists, social workers, counsellors, doctors, nurses and teachers.

Dr. Garry Bell was working hard in his area of expertise, mental health services, trying to expand and improve those services in the context of the new provincial wellness model. Partnerships had to be built to provide services closer to where the people were located, and a community support network had to be developed. Health districts had to be involved. It was in the middle of all this transition and transformation that Dr. Bell became closely involved with the Mildren project. "We had to be sure that the Mildren eating disorder facility dove-tailed with all the other changes that were taking place throughout the province," observed Dr. Bell, "That connection had to be made." Dr. Bell continued, "The Mildren

people showed relentless commitment and drive towards the goal of establishing an eating disorder facility in their community."

Aurelia Beach, who works for Saskatchewan Health, was one of the Joint Committee members. Her area of expertise is mental health services, and so the concerns of eating disorders were within her scope of interest. Hard questions had to be asked to determine the suitability of the closed hospital for an eating disorder treatment center. According to Aurelia, some of the questions were, "Did the community have the capacity to provide a place and appropriate programming? Would they be able to recruit staff? Would clients and staff come to Mildren with a rural setting, or was an urban setting required?"

When asked later if there was a turning point in the Mildren project, Aurelia Beach was positive in her reply, "The MVPC and the community were like a dog with a bone; they wouldn't let go of their idea." She continued, "As you probably know, Glen Adair operates an auto body shop in Mildren, and we used to kid him, that if someone called his shop, Glen could give as much reliable information on eating disorders as on auto body matters. His acquired knowledge of eating disorders was just incredible."

From January to April 1995, Evelyn Jensen, Glen Adair of MVPC and Joanne Clark, representing Midwest District Health, worked tirelessly with the other members of the joint committee. And in May 1995 a report was presented to Lorne Calvert, Saskatchewan Minister of Health.

The report of the Joint Committee, Services for Individuals with Eating Disorders outlined that eating disorders are of such magnitude and incidence as to constitute a significant health issue in the Province of Saskatchewan. It also recommended that Saskatchewan Health in conjunction with the district health boards should undertake to develop a multi-staged strategy to enhance the continuum of services for the prevention and treatment of eating disorders. The implementation should include:

1) Provincial Eating Disorder Consultant

Saskatchewan Health should endorse this function and ensure the continuation of the provincial Eating Disorder Consultant. The primary functions of the consultant would be the coordination of services, community development, promotion of self-help groups, prevention activity, and establishing treatment standards through a relationship with the provincial Coordinating Committee for Eating Disorders.

2) Community-Based Service and Staff

Services and staffing should be enhanced in two ways. Steps should be taken to increase coordination of existing services within the health districts. These services may include prevention, case management, treatment, follow-up services, early intervention, tertiary care, and support to the development and maintenance of self-help groups. Steps should also be taken to allocate additional human resources to provide for designated eating disorder program staff in each service area.

3) Provincial Rehabilitation Day Program

The Provincial Rehabilitation Day Program should be developed as an integrated component of the continuum. This program would provide a preferred alternative to hospitalization. The Rehabilitation Day Program should be piloted in a rural area. The function of this program would be to provide an intensive treatment program for those individuals who need more services than can be provided in their home community.

4) Prevention

Initiatives needed to be undertaken which would address public perceptions and attitudes which affect the prevalence of eating disorders.

5) Eating Disorder Coordinating Committee

Saskatchewan Health should restructure the province wide Eating Disorder Coordinating Committee. The membership should include representation from Saskatchewan Health, district health boards, professionals, and individuals who have experienced eating disorder. This Committee should facilitate and coordinate the strategies to enhance the continuum of services for individuals with eating disorders.

6) Supportive Independent Living Options

The concept of supportive independent living options should be explored for future consideration.

7) Resource Allocation

The components of the continuum (of care) are interdependent and care must be taken to develop services across the entire spectrum in a uniform manner. In particular, community-based resources and the Rehabilitation Day Program are required simultaneously.

The report was well received by the Saskatchewan government, because on May 4, 1995 Health Minister Lorne Calvert announced by means of a news release that he had received a joint-committee report recommending expanded services in Saskatchewan for the prevention and treatment of eating disorders. Minister Calvert further explained that, "The Committee consulted widely with health professionals and residents across the province to determine the scope of this health issue and the best way to respond." A key recommendation, outlined in the news release, "is for the government to set up a rehabilitation day program for people with eating disorders who need more intensive treatment. In particular, the report recommends that a pilot project, to handle 12 to 15 clients at a time, be established in a rural area. A rehabilitation program would reduce the demand on hospitals and the need for out-of-province treatment."

The members of the MVPC and all those dedicated community volunteers who had been an integral part of the vision for developing an eating disorder treatment facility in Milden were elated at the provincial government's positive reaction to the Joint Ministerial Committee report.

In November 1995, the MVPC prepared an issue of their newsletter to keep their membership and the community aware of all the happenings regarding the eating disorder treatment center proposed for Milden. At this time the MVPC's direction continued to be handled by an able group of community people including Chairperson Bill Keith, Vice-Chairperson Glen Adair, Secretary Marlene Hendricks, Treasurer Ruth Jensen, and Directors Slavek Dasiuk, Evelyn Jensen, Dale Maxemniuk, Faye Piercy and Laurie Somers.

Because of their interest in eating disorders, the MVPC attended the first annual Eating Disorder Forum held in Saskatoon, February 11, 1995. This event was organized and hosted by the Saskatoon Interagency Eating Disorder Committee. Denise Hynd, a co-facilitator of the self-help group Freedom From Eating Disorders and a person recovering from anorexia and bulimia, was a speaker at the forum. Denise told her own story of coping with an eating disorder and her process of

recovering. The MVPC was impressed and touched by her compassion and forthrightness. In many ways she was facilitating her own recovery through application of her own unique insight and understanding of the problems associated with eating disorders. The connection with Denise happened again when she and others from Saskatoon were interviewed by the Joint Committee as part of the needs assessment work. This connection would prove to be an important piece of the puzzle. During the interview process with support workers, a social worker commented, "I would need isolation pay to work in such a remote area as Mildren." This coming from someone living only an hour away was a despairing moment. Saskatoon was the first place that formal interviews were conducted and it later became apparent that this was not a view shared by the majority of health care professionals from other areas of the province.

The MVPC approached Denise Hynd with questions about eating disorder recovery and possible treatment program ideas. The committee had been discussing for a period of time the desire to have someone to help facilitate the next steps necessary for the continued growth of the project. Denise's name came up more than once as perhaps being this person. She conveyed the heart and determination the committee felt was important. But to approach her with the possibility of moving to Mildren needed to be treated with patience and sensitivity.

Denise was involved with two eating disorder committees in the Saskatoon area. One of the Committees included members of the Tri-District, which included Midwest District Health.

People were genuinely interested in what was going on in Mildren. According to Glen Adair, one of the first people was Rosanne Malek, a Saskatoon dietician. "We explained to her that we didn't have all the bases covered yet, but we were working towards that goal. This was a time when the committee was wondering if in fact professionals could be attracted to the project. In 1995, she was one of the first professionals to express a genuine interest in working at such a facility. Her excitement at working in a rural setting didn't wane, because in September 1998 Rosanne Malek came on staff at the BridgePoint Center for Eating Disorders."

Another person drawn to Mildren was Brenda Fry, a psychiatric nurse from Saskatoon with an extensive background in working with people with eating disorders. Several years ago, before the time when eating disorders had such a high profile, she had been asked by the Mildren Central School to speak about eating disorder issues. Brenda now serves on the BridgePoint board of directors.

Summer 1995 saw the Saskatoon self-help group, Freedom From Eating Disorders, examining the idea of meeting more often, and possibly on weekends. When the group was unsuccessful in locating a place in Saskatoon, Denise Hynd suggested the facility in Mildren might be available for a weekend retreat. This was a group which Denise had been co-facilitating for some time.

Denise contacted the MVPC and, after an exploratory meeting, the Freedom From Eating Disorders self-help group was given enthusiastic permission to use the Mildren facility for a retreat. The first day retreat occurred October 21, 1995. Arrangements were made for sponsorship of a van so everyone involved in the retreat could travel and arrive together. Getting people from their home location to the BridgePoint Center in Mildren for weekend retreats was challenging. Initially people volunteered to pay the cost of a rental van. "We struck a deal with the rental company in Saskatoon," advised Glen Adair, "They gave us a special deal on the vans. Then we would look for a volunteer to donate the cost of the van rental. Denise Hynd would then obtain the van, pick up the weekend participants and head for BridgePoint. These donations came from auto parts stores, dealerships, church groups and individuals. Without the cooperation of many businesses and organizations, this could not have continued for the year and a half it did. The committee and participants were extremely grateful for this continued support."

Reflecting on that first retreat, Denise observed, "The group was greeted warmly and in a caring manner by members of the Mildren community and the day was a wonderful experience despite some anxiety about all the unknowns."

The following Saturday, the Freedom From Eating Disorders group came again to Mildren. A couple of weeks later, the group again visited Mildren, but this time the retreat began on Friday evening. A fourth retreat was held, and this time the group stayed at BridgePoint the whole weekend. The group had been so taken with their experience they were finding it hard to leave.

By this time, eleven self-help groups had formed in different areas of Saskatchewan, and word had spread about the Mildren retreats. Soon people were attending from across Saskatchewan. Denise was playing a central role at BridgePoint by organizing and facilitating the weekend retreats.

The center utilized part of the former hospital's Trust Fund to finance the initial ten retreat weekends.

In December 1995, the MVPC approached Denise Hynd about moving

CHAPTER V

CHAPTER V

Good Samaritans on the Road to BridgePoint - Volunteerism

To this point, most of the activity surrounding BridgePoint was of a volunteer nature. Many people from the community had come forward to help maintain the treatment center and also to upgrade it into a warm, caring, stress-free environment within, and a beautiful, relaxing setting without.

Dave Somers, former mayor of Milden, became involved with the eating disorders center while promoting a play for the Saskatchewan Foundation for Eating Disorders entitled, *Dying to be Thin*, put on by the Elrose High School Drama Club. Speaking of the incredible amount of volunteerism exhibited by the people of Milden and district, he commented, "There was a core group of about twelve people who seemed to be involved more with BridgePoint than with their work and businesses!" Faye Piercy, another former MVPC board member, noted, "The major volunteer push behind the development of BridgePoint was probably Evelyn Jensen and Glen Adair."

Glen Adair noted, "In my opinion the enormous volunteer response was probably the most important part of the journey to BridgePoint." This volunteer effort was evident even before it was known what would become of the former hospital which had been shut down and "moth-balled" by Midwest District Health. Even though the closed Milden Union Hospital building had a 1.3 million dollar renovation in 1987 and 1989, it was discovered by the Local Committee during the winter of 1994 that the heating bills were very high. Experts were brought in to diagnose the problem. It was found that a large amount of the heat generated was going up the chimney because of the age and type of boiler system. The financial struggle to keep the hospital building heated at a minimum level was almost overpowering. The cost to this point had been covered by the Milden and District Health Foundation. This money was from the sale of hospital equipment and the doctor's house, all of which had

to Milden to help with the eating disorders project. The committee wanted someone at the center on a full time basis due to the need for expertise and follow-up on all the inquiries.

In April 1996, after much discussion with the MVPC and thoughtful consideration on her part, Denise Hynd moved to Milden. Her situation was such that she was able to work for the MVPC on a volunteer basis for the first three months, as the MVPC had no money at that point. The MVPC was actively pursuing money from Midwest District Health that had been left over from the former hospital operating budget.

It was a big step for Denise, moving herself and two children into unfamiliar territory on the basis of a handshake, to work with a project that was still very much a dream and a concept. There were no funds for a moving van. According to Glen Adair, whenever someone from Milden was going to Saskatoon, they would swing past Denise's place for a load of furniture or household goods. "I recall Bill Keith used his horse trailer one time, and a lot of stuff was moved that day," reminisced Glen.

Glen Adair has an unlimited supply of moving stories. "On one trip from Saskatoon to Milden I lost Denise's box spring and mattress. They blew right out of the truck box, and before I realized it, I was nearly to Vanscoy. Retracing my route, I found the box spring on Circle Drive in Saskatoon. Repacking the box spring, I noticed one of Denise's carpets was missing as well. Unfortunately, neither the mattress nor the carpet were ever found."

Denise Hynd's main responsibilities at this early stage of BridgePoint, were to continue the weekend retreats and develop programming towards the full opening of the BridgePoint eating disorder center. Her other tasks involved research into the whole area of eating disorders, their cause, treatment and prevention.

It was a time of much activity and progress for the MVPC, but there were lingering doubts about the eventual success of the BridgePoint project because of the need to partner with the provincial government to bring it all to fruition. The road to BridgePoint had been full of twists and turns, deadends and detours, but the MVPC still had faith that there would be a smoother road ahead.

originally been raised locally for these purchases. It had been placed in a separate fund looked after by the Mildren and District Health Trust Fund. A request for money from a trust fund held by Midwest District Health was made to replace the old boiler with an energy-efficient system and was approved. This money was left over from the former hospital's operating budget.

The old boiler in the basement had to be dismantled and removed. This was a daunting task as it weighed 2.1 tons which was not known at the start of the process. The boiler consisted of ten sections which were bolted together. The plan was to disassemble these sections, break them into pieces with a sledge hammer and haul them up the stairs. Once apart and after an hour of banging away without any success, it was determined that each section would need to be hauled up the stairs. Three teams of seven people, the first team starting at 9:30 a.m. and the last ending at 5 p.m., succeeded in hauling all 10 sections up the stairs and outside. These 400-pound sections were stacked outside and sold for scrap. Volunteers removed the old heating boiler from the former hospital and over two tons of salvageable metal was recovered for sale to help the cause. In Glen's words, "This single activity was an incredible feat of volunteerism. I will never forget it."

Volunteers worked tirelessly painting and renovating after supper and evenings. During this activity, BridgePoint became a community gathering spot for the many eager volunteers. Over the next eight months of renovation, you would find people working there most evenings and weekends.

Linda Bahr was one of those volunteers. She remembers an evening of painting at the center that turned into a total fun session through a comedy of misfortunes. Linda recalls, "Denise had brought her little dog, who, unnoticed, had walked through the paint tray. The first evidence of this transgression was tiny white footprints throughout the halls. In another incident, someone stepped into a paint tray and the contents went flying. A too-full paint roller was drawn across the ceiling, and everyone below was sprayed." Luckily the paint being used was water soluble, and so the evenings went, with good fun and fellowship. Money was scarce at this time, so people could not be hired to work on the BridgePoint project. Donation and sponsorship were the buzzwords of the day, and for many days to come.

Great care was taken to ensure the BridgePoint facility would be of maximum benefit to the people who would use the center. Retreat participants, after their weekend retreats, were asked what they thought would improve the center. One of the first things to go were the hospital



beds. Some retreat participants had spent weeks and months in a hospital setting, and the last thing they wanted was a reminder of the institutional setting. Enter the volunteers. Bill Keith, his son Rick, and Glen Adair built twelve new home-like beds which are still used today. The existing hospital bed mattresses were recycled with the addition of foam toppers and new mattress covers.

The de-institutionalization of the old hospital had begun. The intravenous pole rails were removed from the ceiling, as were the curtain rails. Most tell tale hospital evidence was removed, including name plates and the nurses station.

Redecorating came next. All the walls and ceilings of the hallways and the rooms were painted. General Paint in Saskatoon was a large contributor donating paint by matching each can that was purchased. When the interior was all painted, the final bill amounted to only \$1200. Volunteers spent many hours, brush or hammer in hand, over an eight-month period working on this project, sometimes continuing until late evening. While the men and women couldn't always agree on the colour schemes, the redecoration was a success, and as Glen Adair noted, "It just looked great."

The old hospital contained a room with a therapeutic hot tub. But there was need for more showers for the weekend retreats. Enter local ingenuity. A friend of Denise Hynd's, who sold medical equipment and supplies, arranged the sale of the tub to a private care home in Manitoba for \$2500. With this money and the help of local volunteer Dale Maxemniuk, two additional showers were provided for the weekend retreats.

The remains of an overgrown garden plot lurked behind the old hospital. This area was transformed, with many volunteer hours behind a tiller, into a viable garden space. Local farmers brought in manure and rototilled it into the soil. Now, weekend participants had their own garden to look after. Each summer local volunteers planted, watered and maintained the existing flower beds.

Donations of furnishings were also gratefully received at BridgePoint. A hide-a-bed and couches were some of the first to be received. A piano was donated and a group of volunteers corralled a cattle trailer, kicked aside the straw, drove to Rosetown, found the residence, backed the trailer across the lawn and bingo, one piano was acquired.

Volunteerism was alive and well in Mildren and district, and nothing was too much trouble for a good cause. The building's locks had to be changed, and Bob Foster, a locksmith from Rosetown, came forward and completed the job on a volunteer basis. A Filter Queen vacuum, a

wok for the kitchen, and several other kitchen essentials were purchased at bargain prices from Denise Hynd's aunt who ran a pawn shop. A way was always found to make things happen on the limited budget. Serendipity was playing a part in always finding the needed resources.

Yvonne Romano, a local artist and interior designer, donated many hours to improving the interior of the BridgePoint Center. Since joining the Bridgepoint team, she has incorporated "Creative expressions" into the program. Programs involving peers and professionals working side-by-side on client treatment are not uncommon, and that is what makes the programming at BridgePoint unique. As Yvonne explained, "We laugh together; we cry together. We do things with people, not to people."

Nothing seemed too much trouble for that dedicated group of community volunteers in making BridgePoint a pleasant place for weekend retreats. People donated plants to place throughout the building, to make it even more home-like. Pillows for the solarium were borrowed from the school library. Just before the weekend retreats a mad frenzy of decorating, cleaning and sprucing up the building took place. Then immediately following the participants' departure, a mad frenzy to return all the borrowed items. Trees were donated at Christmas. There was no doubt that the community was firmly behind BridgePoint and its purpose of helping people with eating disorders. Jack Hamilton, who serves on the board of the Saskatchewan Foundation for Eating Disorders, knows well the amount of volunteer effort it took to change the hospital into the BridgePoint Center. Jack has a family member in recovery from an eating disorder and he states, "People receive a lot of attention at BridgePoint, and the transformation from an institution to a warm, cozy place facilitates recovery."

Elizabeth Thomson, a nurse at the former hospital, was another local resident who volunteered. She had acted as secretary of the MVPC. She was inspired to lend a helping hand when she toured the renovated facility. Elizabeth observed, "It was the tour of the renovated facility and the overall direction the committee was taking that impressed me. There is a definite need to let more people view the BridgePoint Center for Eating Disorders."

From that point on, meetings were arranged at BridgePoint to introduce people to the facility and let them experience it and talk about the possibilities. In Denise Hynd's own words, "It was like seeing and experiencing the building; hearing the community story; noticing that the center's backyard was field and sky as far as the eye could see; listening to honking geese; and having the opportunity to imagine what



could be. People then began to believe that an eating disorder rehabilitation could happen in this wonderful rural setting." It seemed that it was easier to see what was possible at the center when people were actually in the building.

Much of the renovation to BridgePoint had been accomplished, but something had to be done to the bedroom areas and the cash had run out. About this time, while the community toured BridgePoint after Evelyn Jensen's funeral, several women were inspired to take on the task of decorating a bedroom. Four women, Lorraine Fennel, Mary Jensen, Karen Jensen, and Kathy Wisse, initiated the adopt-a-room idea at BridgePoint to de-institutionalize the appearance of the rooms and make them more homey. This idea sparked much interest throughout Mildred, Dinsmore, Wiseton and even as far away as Regina. These volunteer interior designers took ownership of a room, decorating it with colourful matching bedspreads and valances, wallpaper borders, eye-catching stencilling, and well-chosen art work. The final result was ten bedrooms, beautifully decorated, each in its own unique style, a relaxing private space to be enjoyed by future clients.

Indeed, the road to Bridgepoint was well travelled by many "good Samaritans".

CHAPTER VI

CHAPTER VI

The Final Stretch - Media Attention, International Conference, Government Decision

Many interest groups were now contacting BridgePoint, requesting a presentation on the project. Members of the MVPC and /or Denise Hynd would respond. Saskatoon, Lloydminster, Regina, and many other communities were given quality presentations.

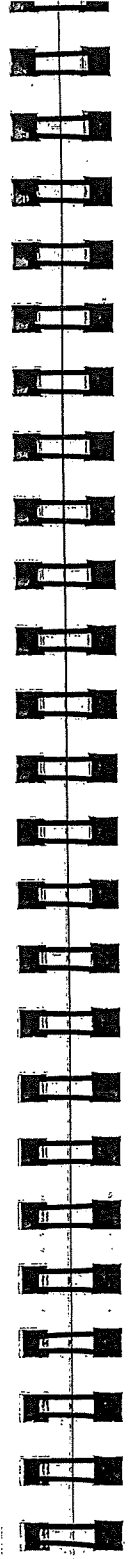
The weekend retreats were continuing and the word was spreading about BridgePoint. The media had become interested in the topic of eating disorders. Denise and the committee were working at creating relationships across Saskatchewan with families, individuals suffering from eating disorders and health care workers. Gradually, people were coming together in support of BridgePoint. Again, it became evident that when people saw the center, they also saw the possibilities.

In February 1996, the MVPC had officially registered BridgePoint Center for Eating Disorders. Also in February, the MVPC was invited to a round table and SCN satellite presentation hosted by Saskatchewan Health, with Dr. Elliot Gardiner and Sandy Friedman, both health care professionals working with eating disorders in British Columbia. This was a significant event for MVPC as they were being recognized for their efforts in establishing an eating disorder treatment center.

In May 1996, Saskatchewan Health representatives and the MVPC members met for the very first time at the BridgePoint facility. This was a very positive meeting; Saskatchewan Health was very impressed with the facility and the renovations. Finally, it seemed as if the government was paying attention.

This good news was offset by the sad news on May 5, 1996, the Sunday of a weekend retreat at BridgePoint, that Evelyn Jensen had passed away. Some of the retreat participants had met Evelyn, and as Denise Hynd noted, "We all felt the loss of a wonderful woman."

Over the next few days, BridgePoint was spruced up and a room in the center was transformed into a chapel in honour of Evelyn and her



contribution to BridgePoint. As always, the community responded with help where needed. After the funeral, over one hundred people toured the center that Evelyn had become so passionate about. It had been her intention to offer spiritual care within BridgePoint programming.

Another devastating loss to the community was the untimely death of Joanne Clark in July 1996. Although Joanne had resigned from the Midwest District Health Board in October 1995 due to health reasons, she had been an outstanding contributor to the whole process of finding an alternate use for the hospital. She had been given the unpleasant task of leading the community through the hospital-closing process. During this time she came under heated criticism and yet maintained a caring dedication to the community and worked tirelessly to find an alternate use for the building. Both Evelyn and Joanne were key members of the local Committee and their skills and drive were sorely missed. Glen Adair observed, "Their passing may have spurred me on to continue with BridgePoint, because sometimes I struggled to understand why I was so involved. I think that may be one of the reasons."

By July 1996, all of the accumulated program information was gathered, reviewed, and focused in a document entitled, A Business Plan For BridgePoint Center For Eating Disorders, prepared by Entrepreneurs 2000 R.E.D.A. Inc. of Rosetown, Sask. In the Executive Summary, the reasons for the existence of BridgePoint were well explained:

"BridgePoint Center for Eating Disorders supports the team approach at all levels. We offer truly individualized programs that draw upon professional resources for monitoring and guidance and provide peer level programming for patience, understanding, validation, and inspiration. We believe this combination of support services will facilitate the process clients need to begin recovery. The strong experiential component available in our programs gives clients the opportunity to try living again in a different way, from a fresh perspective."

After much time and effort Denise Hynd had developed a set of goals for BridgePoint to assist in the treatment of eating disorders at the center, and to establish the appropriate environment at BridgePoint:

- Encourage individual awareness and promote individual participation in the assessment, diagnosis, education, and treatment

process of eating disorders.

- Integrate experience with science in terms of current treatment methodology.
- Coordinate all existing resources towards continuity in the development of individual recovery steps, while at the same time allowing for the expansion of options and alternatives in treatment to reflect individual needs.
- Minimize treatment fragmentation and setbacks by balancing the importance of all individual wholistic needs.
- Provide a nurturing, listening treatment environment, with flexible time lines.
- Increase creativity in support programming (i.e. telephone buddy system, use of various support and educational programs, recreation, retreats, etc.) that will tend to decrease the number and extent of periods of individual isolation.

In July 1996, the Milden group met with representatives from Sask. Health and presented the business plan and proposal for BridgePoint. The MVPC told them outright that, the joint report on eating disorders was complete, and by every indication what the Milden group wanted to do at BridgePoint was basically a good idea. As observed by Glen Adair, "We didn't feel the community would wait any longer for an answer, and the project must proceed with or without Saskatchewan Health." It wasn't long after this meeting that unofficial confirmation, in the form of a request for a three-year business plan for BridgePoint, was received. The word was that Saskatchewan Health would partner with Milden in developing BridgePoint as an eating disorders center. The committee was both elated and relieved. After an exhaustive three years of chasing a dream, they needed to know if the province would partner with them or would they have to do it alone.

The next eleven months were spent developing, fine-tuning and recording the program and completing renovations. Countless meetings were held to complete the necessary arrangements. During this time Saskatchewan Health consulted again with the health districts in the

province to see if they were still in agreement about the establishment of a rural rehabilitation program for eating disorders. It appeared as if everyone was still on board.

A three year time line was proposed for BridgePoint, enabling the center to further develop its services into an interim, seven-day-per-week program, offering both residential and integrative follow-up services. Through its first 18 months of operation, the center would provide three weekend retreats per month. One weekend each month would remain open to facilitate self-help weekends, additional family and friends, professional development, eating disorder service provider retreats, and education and training. By providing services to clients, family and friends, health professionals, and service providers simultaneously, the framework for a more wholistic recovery environment would be provided. Once programming at the BridgePoint Center for Eating Disorders was in full operation, the primary services would include:

- on going peer group activities
- educational and awareness activities
- professional health care services
- resource materials for individuals with eating disorders, and their support networks

The BridgePoint Center for Eating Disorders would offer services throughout the province of Saskatchewan initially, and later, to people from other parts of western Canada. Operating costs were expected to be about \$233,493, the first year, based on weekend programming for approximately 8 participants per session. The goal of the programs at BridgePoint would be to facilitate a process which would enable the client to grow from a state of dependence to independence to interdependence. In short, a bridge-building process. Hence the name BridgePoint, a place where people could be offered a "bridge" to start back to a full and balanced life.

The initial three-year plan towards establishment of an interim residential program at BridgePoint provided an opportunity to build community and health district participation, to develop referral services, and to nurture partnerships for long-term growth.

The Milden Venture Project Corporation would function as the landlord of the BridgePoint Center and act as an observer to insure BridgePoint continued to operate in an acceptable manner within the community of

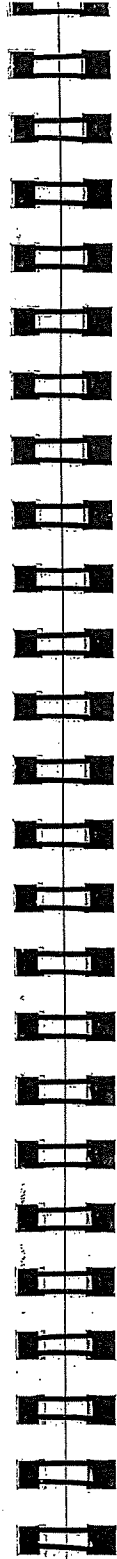
Milden until the BridgePoint Board of Directors was appointed. At that time the MVPC would continue as the center's landlord. Because the physical building and its furnishings were leased by the BridgePoint Center from the MVPC, the capital cost start-up requirements would not be excessive, amounting to approximately \$31,000. While longrange plans would no doubt involve some form of building renovations, none were planned at start-up, or through the first three years of operation. The plan was to put all efforts into program development and this development would take place and be completed at the end of year three. To the committee's knowledge, the development of a program while it ran had not been the normal practice in health care and presented its own unique set of problems.

A program planning committee for the BridgePoint Center for Eating Disorders was established, consisting of health care professionals, families and individuals who had recovered from eating disorders; to provide expertise and support to the center in the phases of development of appropriate eating disorder programming. This process took six months to complete and was designed to allow input from a large cross section of people from different backgrounds within the eating disorder community.

In the fall of 1996, Berny Wiens, the local MLA, Lorne Calvert, then Saskatchewan Health Minister, and Chris Axworthy, federal MP, toured the BridgePoint facility. Soon, representatives from Midwest District Health also came to tour and see what was happening in Milden at the former hospital site.

What was going on at Bridgepoint in Milden was also being watched by Saskatchewan Health in Regina, and while communication sometimes slowed down between Regina and Milden, it never completely stopped. There seemed to be a perceived feeling within the provincial government that there must be a political reason for all this activity in Milden. As Glen Adair put it, "They were looking for political reasons why we were so determined to accomplish this project. There was no hidden agenda. We stood our ground on the basis of the identified need for an eating disorder center, and what was best for the people who would use the center." The fact that three Health Ministers, Louise Simard, Lorne Calvert, and Eric Cline, all had a part to play in the Road to BridgePoint, added a depth of credibility to the project, but at the same time this factor did tend to slow the whole process.

Former Saskatchewan Associate Health Minister and Health Minister, Lorne Calvert (1992-1995) in speaking about the BridgePoint story, indicated that, "The idea for an eating disorder facility came directly



from the very determined and focused community of Milden, who believed in work, work, work." Mr. Calvert continued, "The community worked hard to assemble solid research information, finding real solutions to eating disorder problems. I wish them well!"

A strong partnership developed between Saskatchewan Health and the local Committee. It was a productive relationship, and at the same time astonishing that it worked so well, at a time when dramatic change was rampant in the Saskatchewan health delivery system. With firm resolve the retreats at BridgePoint continued, even though Saskatchewan Health was not completely on board with the BridgePoint project.

In February 1997, the third annual Eating Disorder Forum was hosted by BridgePoint at Milden, sponsored by the Saskatoon Interagency Eating Disorder Committee. People came from across Saskatchewan, and a support list of fifty-three people was signed in favor of Saskatchewan Health funding the proposed program at BridgePoint. This was a large undertaking for the small group of volunteers who were directly involved with Bridgepoint's operations.

This Forum offered small group workshops and panel discussions at BridgePoint and Milden Central School. Berny Wiens, local MLA, who had been supportive from the beginning, gave opening comments and welcomed all to Milden. Over eighty people attended this event which included tours of BridgePoint. According to Denise Hynd, "It was heartbreaking to hear from so many families trying to locate services. They would share their stories of long waiting lists, \$1000-a-day costs for treatment, and their considerations of mortgaging their homes in desperate attempts to help a family member suffering from an eating disorder." This only strengthened the belief in the center and who it was being created for.

Berny Wiens, MLA for the Rosetown-Biggan constituency, was dedicated to the BridgePoint project from the start. He felt so strongly about it that he came to a meeting in Regina one afternoon on the MVPC's behalf after having knee surgery in the morning. Later, in a letter to Denise Hynd at BridgePoint, his deep feelings about the project and the local people were expressed when he wrote, "It is indeed an honour and privilege to represent this constituency. Dedicated and caring people throughout this area continue to provide strong leadership, not only to their own communities, but to the province as a whole. The positive spirit and unselfishness of your group, has enriched all our lives in rural Saskatchewan." In another letter Mr. Wiens wrote, "I have never in my life seen such hard work, competence and patience demonstrated by a volunteer group. Your hard work and dedication to this worthwhile

project can, in the end, result in a very positive change in the options open to people with eating disorders." Words of encouragement were a great help in continuing the effort. Sometimes the waiting on provincial decision making was exasperating to the point where the community and their volunteers were ready to give up. It was during these times that Berny Wiens would bring his special knowledge of the workings of the provincial government to bear on these roadblocks, and as he observed, "I would help to clear the path so the Mildren community group could take another step toward their goal." Throughout all this time, the weekend retreats continued. Midwest District Health was very supportive of the BridgePoint process, and provided a used photocopier and a phone answering machine, as well as some very good advice along the way. Doug Ball, the CEO of Midwest District Health, could always be counted on for giving honest and clear answers during navigation of the bureaucratic maze. A close relationship was maintained between Bridgepoint and Midwest District Health. Dianne Javens serves on the BridgePoint board as liaison with Midwest District Health. Health funding is channeled to Mildren through Midwest District Health. "The more publicity that can be given to BridgePoint, the more financial support can be generated for its operation," observed Dianne. "I am sure BridgePoint will serve as a pattern for others who are looking at eating disorder facilities," she concluded.

On June 17, 1997 a community meeting was held to decide about the remainder of the money in the Trust Fund, about \$56,000. The meeting was well attended and the community voted overwhelmingly in favor of transferring this money to the BridgePoint Center to help with start-up costs such as office equipment, telephones, photocopier, computer, etc.

It all came together on Wednesday, June 27th, the day of the official opening of the BridgePoint Center for Eating Disorders. Four years of hard work had produced results. The former Mildren Union Hospital was being utilized for a much needed treatment center for eating disorders. Saskatchewan Health had entered a partnership with the Mildren Venture Project Corporation and Midwest District Health to assist in the funding of the project over a three-year period as a provincial demonstration project for treating eating disorders. The funding provided \$200,000 per year, each year, for three years. Upwards to \$30,000 from each year's provincial allocation would be utilized for evaluations of programming for the pilot project, which is critical to BridgePoint's longevity.



Another source of funding for the BridgePoint Center was the Saskatchewan Foundation for Eating Disorders which had achieved its charitable status in February 1996. It was established to provide services to all those suffering from eating disorders across Saskatchewan, to assure a supply of funds beyond government funding, to operate the proposed eating disorder treatment center; prepare educational material for distribution; and support professional development.

The Foundation was a separate entity from BridgePoint Center. The original board of the Saskatchewan Foundation for Eating Disorders was made up of four members of the MVPC. The original BridgePoint Center board was made up of the other four MVPC members. These two boards had acted as interim bodies until permanent boards were appointed.

Eric Cline, Saskatchewan Health Minister at the time, was involved with the BridgePoint process. He described the Mildren group as one with two-fold vision. One was to find an alternate use for the closed hospital, but the other part of the vision was to fill a very real need-help for people with eating disorders. Eric Cline observed, "I was impressed with their commitment, devotion, and enthusiasm." He continued, "What stood out in my mind was the dedication of the core group in Mildren, who basically worked for about three years before any provincial funding was in place. Furthermore, the Mildren group were always reasonable and patient. It was always good to hear from them."

It was a proud day for the community of Mildren when Saskatchewan Health Minister Eric Cline officially opened the BridgePoint treatment center. Many positive statements were made that day. Some of the quotes were captured by David Morris, reporter for the Kindersley Crossroads.

The provincial government decision to fund BridgePoint took longer to be made than many anticipated. Saskatchewan Health Minister Eric Cline was quoted as suggesting that, "It did take awhile, and I have to congratulate the people for their perseverance. But we wanted to make sure that everybody in the province was on side and working together to ensure that this facility will be used and that it will work."

Berny Wiens, MLA for Rosetown-Biggan, who had worked very closely with the Mildren community along the road to BridgePoint, also spoke at the official opening. "It was a humbling experience to see how hard the community worked for this. The future is so bright, and this facility is so positive to the way that thinking has to be in the future. You people have set a new direction for people who have eating disorders in this province, and demonstrated a new direction for health."

The true spirit of cooperation that existed through most of the trip along the road to BridgePoint was a reflection of the dedicated volunteers who were part of the process. This thought was reinforced by Health Minister Eric Cline when he observed, "The community here was very persistent and they worked very hard with the health department, and with other (health) districts to get this facility opened."

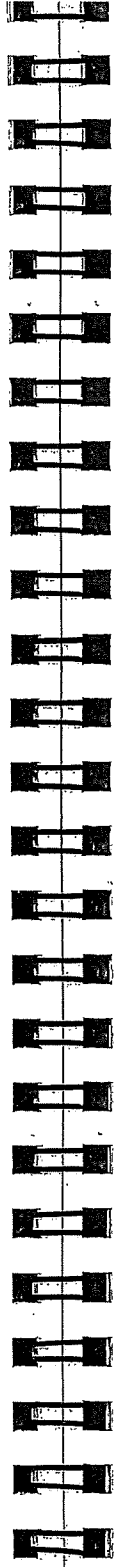
Bill Keith, Chairperson of the Mildren Venture Project Corporation, commented that, "I was proud to see such a facility in my community. It is great to see the culmination of a dream. It is my desire to see that when young people and adults come to Mildren, they will find it a safe and caring place where they can deal with the issues which they face."

Laurie Somers of the Saskatchewan Foundation for Eating Disorders, in praise of the new facility, said, "This is a new beginning for people with eating disorders in Saskatchewan. You people have demonstrated a true example of the caring found in rural Saskatchewan life."

Denise Hynd was and still is a key player at BridgePoint. In the words of Faye Piercy, another dedicated Mildren volunteer, "Denise is an inspiration to all." With much self-help experience, determination and creativity on her side, Denise has, with the able help of many volunteers, developed peer-oriented programs at BridgePoint that are now successfully in operation.

While BridgePoint was now tentatively established as the only eating disorders center in Saskatchewan, it was also receiving international attention. In September 1997, BridgePoint was the host for an international conference on eating disorders sponsored by Anorexia Nervosa and Associated Disorders (ANAD) from Chicago, Illinois. ANAD was celebrating its 20th anniversary by sponsoring outreach conferences. The conference in Mildren was the first ever in Canada. Other conferences that year were being held in Kansas City, Houston, Chicago, Los Angeles, Denver, Fort Lauderdale, University Park, Long Island and Menomonie, WI.

ANAD had provided support to self-help groups in Saskatchewan, where most groups utilized their method of facilitation. Some members of the Lloydminster Chapter of ANAD had attended retreats at BridgePoint, and Jennifer Diamond, facilitator of the Lloydminster group, became co-chair of the September 1997 conference, along with Denise Hynd. ANAD sponsored Linda Zimbelman from California, a leading authority on eating disorders in the U.S. to come to Mildren to give the keynote address. She is a licensed psychotherapist and eating disorder specialist. She has written a book on the subject which is used by many U.S. hospitals in their treatment programs. Again, Berny Wiens was



present with warm welcoming words. Over one hundred people attended.

Another form of international attention came in the form of a letter of support from Princess Diana received shortly before her death. It is proudly displayed in the foyer of the center.

BridgePoint is under intense evaluation, both from within and from outside. Changes continue to be made to programming and process, as BridgePoint nears completion of its demonstration phase, on March 31, 2000. BridgePoint is open year-round and currently provides 150 days of programming, telephone counselling, and educational services responding to calls from all over Canada and the United States. According to Denise Hynd, "While all this is happening, we are at the same time able to stay grounded with our clients, which of course is our purpose here at BridgePoint. Our center is just one of the steps in successful rehabilitation (from eating disorders). We will never be all things to everybody. There is no single cure. We provide this service to do what we can for these people. We must always remember that most of these people are struggling with life and death issues, as they work towards recovery."

Laurie Somers describes BridgePoint Center as, "...a place in which you feel very safe; and being involved with it all helped me grow as a person. I think Denise Hynd said it well when she observed that 'It isn't as much about eating disorders, as it is about mental health'."

BridgePoint continues to grow and meet the needs of the participants while Mildren continues to receive economic benefits from having BridgePoint in operation. At this point in time, Saskatchewan is only one of two provinces to boast a residential center for eating disorders.

Pam Bristol, who started an eating disorder support group in Regina, is a member of the Saskatchewan Foundation for Eating Disorders. She believes that hospitalization is not the answer for people recovering from eating disorders. Pam notes, "Places like BridgePoint and support groups will go a long way in helping those people recover." Pam further notes, "I couldn't believe the patience and persistence needed by the Mildren group to bring BridgePoint to fruition."

Melody Nieman, a BridgePoint board member, was introduced to eating disorders by Denise Hynd. "We are filling a need at BridgePoint," explained Melody, "but we are not all the way there as yet. We need to offer more programs. At least now we don't have to send people out of the country for treatment." Melody continued, "BridgePoint is a tender and safe place to be, and the care givers exhibit what I would call caring volunteerism."

The community of Milden began in the early years of this province. They were pioneers, whether they were farmers, storekeepers, housewives, or school teachers. They had a vision of Milden as a caring place where families could live in dignity and relative prosperity. They worked together to make a dream happen.

We are nearing the end of this century. The people of Milden (once again: farmers, storekeepers, housewives and schoolteachers) had another vision, to see the former hospital being utilized to fulfill a need. This vision took the people of Milden outside their own community into the unfamiliar territory of eating disorders. They became modern pioneers. They called on reserves of perseverance, hard work, and innovative thinking to make a dream come true. They learned how to navigate the bureaucratic maze of government; they formed partnerships with many different organizations.

At the end of the road, BridgePoint exists to provide services to those individuals suffering from eating disorders, their families and the professionals who work with them, but BridgePoint has also allowed Milden to remain a viable community. When small town Saskatchewan is disappearing before our very eyes, Milden stands out as one community whose will to make something happen made a modern dream come true.

ACKNOWLEDGEMENTS

The MVPC and the BridgePoint board would like to thank the following people for their part in making BridgePoint a reality. Their cooperation and support played a huge role in this journey.

- The businesses, clubs, church groups, and individuals for the sponsorship of vans for our early retreats
- The businesses and individuals who donated money and services to our project
- The village of Milden for always being willing to work with us
- E-2000 for all the work done on our behalf
- Dale Skelton & Tyler Tollefson for their legal advice and expertise
- PFRA - for providing funding through their various programs, (PARD - Partnership Agreement for Rural Development), (CARDS - Canadian Adaptation and Rural Development Saskatchewan Program)
- Doug Charrett for the work done in pulling the information for this book together
- Kirk Livingston for the expertise he brought to the board and organization

- Midwest District Health & Sask. Health for giving us the freedom & support to try something different
- The Rosetown Eagle newspaper for the support provided throughout the journey to BridgePoint
- The people of Saskatchewan for identifying the need for BridgePoint and supporting it as a provincial service

SPECIAL ACKNOWLEDGEMENTS

- Berny Wiens for your support and belief in us
- Helen Mourre for lending us your editorial and writing skills when we needed them the most
- Aurelia Beach for always doing more than your job description, believing, supporting and being a friend
- Denise Hynd for having a vision and being willing to do what it takes to bring it from that point to reality
- To the people with eating disorders who had the courage to come forward, share their stories and in so doing show us the direction to go
- The volunteers — What can we say?

A FOOTNOTE

Since the signing of the BridgePoint agreement with Saskatchewan Health and Midwest District Health, BridgePoint has delivered eight adult retreat weekends, seven orientation and assessment sessions, nine intensive rehabilitation modules for adults, two adolescent retreat weekends, two intensive rehabilitation modules for adolescents, and six relapse prevention weekends. As of June 30th, 1999 BridgePoint has delivered 202 days of programming to over 200 clients and their families.

As well, it is worthwhile noting that BridgePoint has received over 2000 unsolicited telephone calls requesting information, education, counselling, tours, speakers, presentations, and program-related details. The center has received calls from virtually every province in Canada, including Alberta, Ontario, Quebec, Nova Scotia, Manitoba and British Columbia.

BridgePoint has been invited, accepted, and participated in literally hundreds of presentations around the province by school counsellors, professional groups, para-professionals, health districts, interagency groups, conferences and seminars.

Extensive evaluation has taken place since BridgePoint was founded. Evaluations include honest and forthright input from the clients, support persons, family members, case managers, and the BridgePoint team itself. An average of 84% of the client/support person participants were satisfied with the services at BridgePoint. Over 90% of clients indicated they would refer a friend to BridgePoint.

Changes take place based on the input received through these evaluations. This makes BridgePoint very responsive to the needs of their clients.

The Board of Directors of the BridgePoint Center for Eating Disorders and the community of Mildred were excited to hear that Glen Adair, its chairperson, had received the prestigious Saskatchewan Volunteer Medal from Lieutenant-Governor John Wiebe at a special ceremony at the

Legislature on April 22, 1999. Glen was honoured for his tremendous contribution and commitment in converting the former Milden hospital into a provincially approved, community-based, eating disorder center for residents of the province of Saskatchewan. The Saskatchewan Volunteer Medal recognizes outstanding volunteer service or exceptional community involvement beyond the individual's normal duties and/or profession.

