

Alberta Facts

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Serious mental illnesses (such as depression, manic depression and schizophrenia) affect the lives of many Albertans. Every year, one in seven Albertans thinks about suicide. One in five will require treatment for mental illness at least once in their lifetime, and one in eight will require hospitalization.¹

What follows is a fictitious story of a young man diagnosed with schizophrenia. Schizophrenia is only one of a number of mental illnesses. This story presents the problems a person with schizophrenia may encounter, but it may also represent problems faced by people with other mental illnesses.

Mark, 25, is schizophrenic. He was diagnosed three years ago, about halfway through his second year at university, after he attempted suicide. At least twice a year, he is hospitalized for two to three months. While he is in hospital, he is given medication to control the delusions and hallucinations, and soon feels better. Upon release, Mark usually has to find a new place to live. On Supports for Independence (welfare), he receives a minimal income so he often lives in rooming houses located in the inner city.

Mark, unable to complete his studies, finds a room and begins to look for a job. Because of his work history, the only job he can find is part-time work at minimum wage. He doesn't tell his employer about his illness, partly because he feels quite well and partly because he has experienced discrimination before. Once a week, a Community Living Program nurse visits Mark to see how he's doing and she encourages him to take his medication.

Mark's social life is limited because of his income. He visits with others who live in the rooming house, and occasionally has a few beers. After a few months, he finds himself drinking more, and taking his medication less. Eventually, he quits taking his medication altogether. At first, he doesn't notice any







difference. He's still working part-time and visiting with his friends. When the nurse comes, Mark avoids any talk about medication.

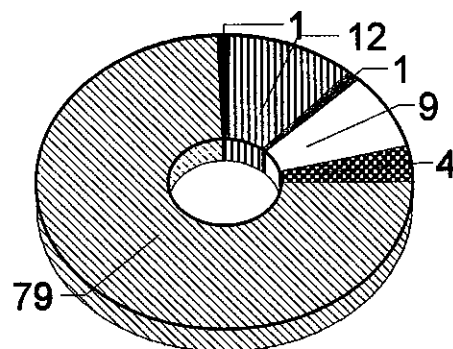
When the voices start, they tell him ordinary things, such as he needs to take the garbage out. The voices become louder and more frequent until Mark has a hard time hearing anything else. One voice, stranger than the others, tells him that the world would be better if he was dead. Pen marks on his writing pad become messages from Satan. He doesn't remember writing them. He starts to believe that other people in the rooming house are plotting to kill him. At work, his boss feels that Mark is acting very strangely, and Mark is let go. At home, he can't hear the knocking on the door when the nurse comes. He screams back at the voices, but they won't be quiet. In desperation, he slashes his arms and wrists with a razor. The downstairs neighbor hears him fall and calls 911. Mark is taken by ambulance to the

emergency ward, where his wrists and arms are stitched.

When his medical records are checked, Alberta Hospital is contacted. If a bed is available, he is admitted, put back on medication and the cycle starts again. If no bed is available, Mark is sent home. Usually it's not very long before he tries again. Eventually, he will be admitted, or he will succeed in killing himself.

There are an estimated 20,000 Albertans who have been diagnosed with schizophrenia. Some have symptoms less serious than Mark's; some are more seriously ill. Of those diagnosed with a form of schizophrenia, approximately 40 per cent attempt suicide. Of that 40 per cent, one-quarter will succeed in one of their attempts.

- Anti-social Personality 
- Mood Disorders 
- Schizophrenia 
- Anxiety Disorders 
- Organic Brain Disorders 
- No Psychiatric Symptoms 



* Numbers represent percentages. Percentages will not total 100% as people may have symptoms in more than one category

Information obtained from the Canadian Mental Health Association

FACING THE FACTS

MYTH

People wouldn't be mentally ill if only their families had loved them more.

FACT

The term 'mental illness' covers a wide range of conditions such as: depression, phobias, panic/anxiety disorders, severe addictions issues, as well as schizophrenia and bipolar and unipolar depression, among others. Research indicates that many of these conditions are related to chemical imbalances. While people with mental illnesses may benefit from a supportive family, a non-supportive family is not necessarily the cause of their illness. In Canada, one out of every eight people can expect to be hospitalized for a mental illness at least once during his or her lifetime.¹

MYTH

Getting drunk or stoned all the time - that's not a mental illness!

FACT

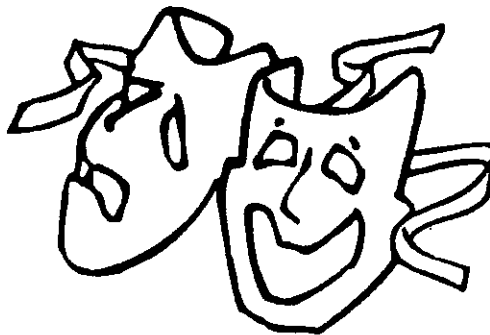
Addiction is listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) as an illness. As well, many psychiatrists treat severe addictions issues as illnesses, treatable but not curable. There is considerable disagreement among professionals regarding at what level of severity an addiction becomes an illness. Even members of Alcoholics Anonymous and other 12-step programs describe themselves as 'recovering' addicts rather than 'recovered' or 'ex' addicts. Many individuals continue to drink or use drugs throughout their lives, in spite of continued treatments and counselling.

MYTH

People with a mental illness are dangerous.

FACT

As a group, mentally ill people are no more dangerous than any other group. Most categories of mental illness involve some form of depression, and destructive or harmful behavior for individuals in this situation tends to be self-directed. In fact, individuals with mental illness are far more likely to be victims of violence than to be violent toward others.²



MYTH

They should keep 'those people' in an institution or in hospital.

FACT

During the early part of this century in Alberta, it was common practice to institutionalize people with psychiatric problems. Many spent their entire adult lives in psychiatric treatment facilities.³ Over the past 30 years, there has been a trend toward de-institutionalization, partly because of the extremely high costs of maintaining institutions, and partly because community-based treatment has been shown to be far more effective. When appropriate professional and community supports are in place, studies show that persons with chronic mental illness function successfully outside hospitals.⁴

MYTH

Why don't they just take their pills when they're supposed to?

FACT

Mental illness includes a wide range of disorders. Consequently, there are a wide range of treatments. Psychotropic, or mood-modifying drugs, developed in the mid-1950s, were seen as a major breakthrough in the treatment of mental illness. Indeed, they provided major reductions in symptoms for many people with schizophrenia, bipolar disorder and depression. It is important to remember that these drugs are not a cure. In addition, many individuals experience severe side effects to medication. Some are unable to take the medication which would be most effective for their symptoms. Sometimes the medication is effective for a short period of time and then stops working. Other times, the symptoms of their illness, such as hallucinations or delusions, become so severe that they do not remember to take the medication. They feel good and believe they don't need their medication, or they take the medication inappropriately. Other forms of treatment include psychotherapy, psychoanalysis, self help support groups or electroshock therapy.

MYTH

People who talk about suicide frequently are just looking for attention.

FACT

People who are depressed and considering or talking about committing suicide need to be taken seriously. In the 22 - 44 age group, suicide ranks as the second leading cause of death for males, and the third leading cause of death for females.⁵ In the Aboriginal community, the rates of suicide are more than twice as high as in the non-Aboriginal community (4.04 per 10,000 compared to 1.58 per 10,000).⁶

"It's not difficult to understand why we get depressed, we have no economic freedom, no social freedom, no freedom of any kind, and it's a constant battle to exist.."

Steve Stapleton - co-founder of *By Ourselves*, an ex-psychiatric inmate controlled self help group in Regina.

MYTH

People with mental illness in Canada are looked after very well, because we have one of the best medical systems in the world.

FACT

While it is true that Canada's medical system is of an extremely high quality, with dedicated and highly trained doctors and other professionals, state of the art equipment, and modern facilities, people with mental illness spend most of their time in the community and the supports to help them simply are not available. For many life outside of the hospital includes poverty, high unemployment rates and the stigma of being 'mentally ill.' Their experience, for the most part, is discounted, until the stress becomes unbearable and they are again hospitalized. Once in hospital, they are then again eligible for excellent treatment.⁷

MYTH

Only poor people are mentally ill.

FACT

Mental illness is not caused by poverty. However, if you do become mentally ill, you have a significantly greater chance of becoming poor. Without appropriate income and community support services, people with serious mental health problems can become trapped in a 'revolving door syndrome'. Upon release from hospital, lack of money forces them into substandard housing, where their mental health deteriorates and returns them to hospital penniless, demoralized and powerless. For many people who are disabled by mental health problems, poverty

becomes a way of life. Welfare payments sometimes stop if a lengthy hospital stay is required. For some, psychiatric disability makes regular, paid employment an impossibility.⁸

MYTH

Schizophrenia - doesn't that mean split personality?

FACT

The term "schizophrenia" refers to a large central group of conditions which are defined differently by different experts. It could include individuals who have acute psychotic episodes when in a severe phase, for example, hearing voices or experiencing hallucinations. All forms of the disease are characterized by what is termed as "thought disorder". We do know that schizophrenia occurs in about 1 percent of the population in most countries and it occurs more frequently in males than in females up until the mid-30s. We also know that symptoms most often start in the late teens and early 20s.⁹

MYTH

People who are mentally ill can't work.

FACT

The most common form of mental illness is depression. It strikes Canadians of all ages, but most often when they are aged 24 - 44. These are the ages during which individuals are at their most productive in a work environment. Because depression is often seen as a personal weakness someone who is working and becomes depressed will often try to mask the illness rather than seek help. Treatment allows them to continue to work. Individuals with more severe forms of mental illness, such as schizophrenia or bipolar disorder, are often able to work if the environment is supportive.¹⁰

DEFINITIONS

Delusion

A strong belief which is not borne out by facts. For example, an individual suffering from delusions may believe she is someone she is not.

Depot Injection

A relatively new way of administering medication. The patient is injected with medication on a weekly or biweekly basis. Time-release factors allow the patient to remain symptom-free or to experience reduced symptoms during the periods between injections.

Depression

A feeling that life is hopeless, that it will never get better, and that one is unloved and unlovable. This feeling can be a response to a specific loss or stress, a chemical imbalance, or both. Most people experience depression at times, but if the depression lasts more than six weeks, it becomes clinical.

Electroshock Therapy

A method of treatment for symptoms of depression used since the early part of the century. It involves applying electrodes to the patient's head and administering an electric shock. Side-effects include short-term memory loss.

Hallucination

Refers to sights and/or sounds which exist only in the mind of the person experiencing them. These sights and sounds are often terrifying.

Manic Depression

Now referred to as bipolar affective disorder, an individual suffering from this condition will experience periods of severe depression, followed by episodes of extremely high energy (or mania).

Mental Illness

Encompasses a wide range of psychiatric disorders, including schizophrenia, bipolar and unipolar depression, panic/anxiety disorders, phobias, chronic depression and seasonal affective disorder, among others. Causes vary depending on the illness, but could include biological/genetic factors, psychological factors and social environment. Life stresses often play a role.

Multiple-Personality Disorder

This condition, believed to be caused by severe, prolonged abuse in early childhood, is characterized by parts of the personality (such as that part which functions well in social situations) "splitting off" and acquiring distinct characteristics and often different names.

Obsessive - Compulsive

A disorder characterized by adherence to routines and schedules which are considered abnormal, such as repeated hand-washing, counting everything or twisting hair until it falls out.

Paranoia

The belief that others are conspiring against you. When carried to extremes, this belief can cause an individual to feel physically threatened by people who do not exist.

Psychiatrist

A medical doctor with further training, specializing in the treatment of mental illness. Psychiatrists are the only mental health specialists who can prescribe medication.

Psychoanalysis

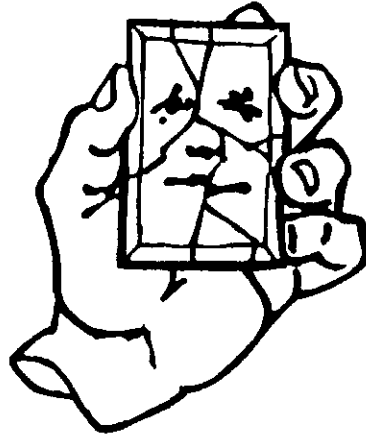
A therapeutic method for treating mental disorders. The method studies relationships between the conscious and unconscious mind, and often examines how early childhood experiences affect current thoughts and behaviors.

Psychologist

One who studies the nature, functions and phenomena of the human mind. This knowledge can be applied to research, or in the case of a clinical psychologist, could be used to assist people to understand and overcome difficulties with mental illness or emotional problems.

"...too often the psychiatrist's main job is to see that people do get adjusted to lousy situations. Having a lot of people without jobs or money may be in the interest of economics but it's not in the interest of human beings."

Interviewer - *Listening*, CMHA, 1985



Psychosis

A severe mental derangement involving the whole personality. When this state lasts for only a brief period, it is referred to as a psychotic episode.

Psychotherapy

a method of treatment for mental illness, based on psychological studies. The treatment can be used by psychiatrists or clinical psychologists.

Psychotropic drugs

Includes a number of mood-modifying medications which, in many cases, reduce the incidence of hallucinations or psychotic episodes experienced by people with mental illness. These medications are also used to treat depression, anxiety and phobias. Developed during the 1950's, these drugs were seen as a major breakthrough in the treatment of mental illness.

Schizophrenia

Refers to a group of conditions characterized by delusions, hallucinations and thought disorder.

Suicidal Ideation

The thought that death is preferable to life as it is now. This can include passing thoughts about death or dying, or, to the other extreme this can involve developing a detailed plan to kill oneself.

These definitions were compiled through various sources and they are not meant to be taken as official, textbook definitions. They have been written in laymen language in an effort to make them less scientific.

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The reference sheets for this issue can be picked up at ESPC free of charge. We will mail reference sheets and additional copies of this Alberta Facts, but there is a postage and handling charge. For more information about the Council, please contact:

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