

## CAMIMH Media Scan – January 2009

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### Autism

#### Study finds range of autism traits in many kids

Ctv.ca – January 21, 2009

[http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090121/autism\\_study\\_090121/20090121?hub=World](http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090121/autism_study_090121/20090121?hub=World)

Many children exhibit autism-like traits, even if their symptoms are not severe enough for a clinical diagnosis, new research suggests.

Researchers from the University College London (UCL) Institute of Child Health found a gradual progression from children who do not have autistic symptoms to those with severe behavioural and emotional impairments that are hallmarks of autism.

If autism was a distinct condition, such a spectrum would not be possible, the researchers argue.

The research, which included more than 8,000 eight-year-old children, also found that even children who have mild autistic symptoms are more likely to experience the behavioural, emotional and social difficulties common in autistic patients.

"Clinicians and those involved in education need to be aware that there are children who do not have autism but who nevertheless have somewhat elevated levels of autistic traits," study authors Prof. David Skuse and Dr. William Mandy, said in a statement. "Our research suggests that that these children are at slightly greater risk of developing behavioural and emotional problems."

The findings are published in the Journal of the American Academy of Child and Adolescent Psychiatry. According to the researchers, more scientists now believe that, rather than being a distinct group, kids with autism actually exhibit extreme versions of traits that most people experience.

Autism is defined as a spectrum of disorders that can cause mild to severe social, emotional and behavioural impairment.

There is no known cause or cure. However, experts believe that early intervention with behavioural therapy can improve a patient's symptoms.

According to the researchers, their study suggests that children who do not receive a formal autism diagnosis will be unable to access treatment.

In an accompanying editorial, Prof. John Constantino of Washington University, said the findings have implications for doctors and families of children who exhibit behavioural difficulties that do not warrant an autism diagnosis.

"The approach of teachers and family members to such children can vary dramatically on the basis of the perceived origins of the behaviour, and recognition of the contribution of subthreshold autistic impairments can result in far more appropriate and supportive responses than typically occur when antisocial motives are presumed," Constantino wrote.

### **Animated series helped children with autism recognize emotions: study**

Cbc.ca – January 13, 2009

<http://www.cbc.ca/health/story/2009/01/13/autism-dvd.html>

Some children with autism showed significant improvements in recognizing and understanding emotion after viewing an animated series created by British autism researchers, a new study indicates.

In an article published in the Journal of Autism and Developmental Disorders, researchers describe their study of 20 high-functioning children with autism age 4 to 7.

Over four weeks, the children watched at least three episodes of an animated series created for autistic children called The Transporters. The series, developed by the Autism Research Centre at Cambridge University in conjunction with the U.K. government, features computer-animated trains, trolleys, ferries and cable cars with the faces of real-life actors expressing emotions.

"The children with autism who'd watched the DVD not only improved on recognizing [emotion on] faces ... they'd seen before but even on new faces," said study author Prof. Simon Baron Cohen, director of Cambridge centre.

"So, this suggested they hadn't just mimicked. They'd actually learned the concepts and could apply them in novel ways," added Baron Cohen, who helped to develop the DVD.

Jo-Lynn Fenton of Halifax has been waiting for The Transporters to be released in Canada for the past two years. She hopes the series will help her son, Rhys, who has autism, which makes it difficult for him to recognize and communicate emotion.

"He can identify the emotions, but he can't always put the emotions in the right context," she said.

Each short episode focuses on a specific emotion and the facial cues associated with it. After each episode, there is an interactive quiz.

Children with autism who watched the DVD for 15 minutes a day over a one-month period caught up with other children in their ability to recognize emotions, said Baron Cohen, unlike children who did not watch the series.

More research is needed to look at how long the effects may last and whether the benefits apply to all children in the autism spectrum.

The DVD will be ideal for young children with good language skills, but there is a drawback, said Dr. Susan Bryson, an autism expert at IWK Health Centre in Halifax.

"For a lot of children, what's particularly difficult is picking up emotion in faces when it's a little more subtle, not so exaggerated," said Bryson. "But this is probably a good starting point."

The British research team isn't making a profit from the DVD — 25 per cent of the proceeds will go to

autism charities, and the rest will be used to make more episodes.

The Transporters series sells online for about \$60 and is available in North America as of this week.

### **New centre offers hope for autistic adults**

Hamilton Spectator – January 23, 2009

<http://www.thespec.com/News/Local/article/500541>

Plans for a \$2.3-million centre downtown are being hailed as offering hope to autistic adults and their families.

The plans were unveiled yesterday by Lawson Ministries, a program of The Salvation Army. The centre, to be built on Salvation Army property on Main Street, will serve adults with autism spectrum disorders (ASD). After leaving high school, they no longer have structured activities and can become more isolated than ever from their community.

Lawson Ministries has raised \$1.2 million so far and still needs to raise another \$600,000. The existing old buildings on the site are slated for demolition this winter and the new centre is scheduled to open in summer 2010.

It will offer therapeutic programs and services, including individualized positive behaviour supports and intensive behavioural intervention.

According to Autism Ontario, there are about 70,000 people in the province with Autism Spectrum Disorder.

## **Children and Youth**

### **Mental-health services earn a positive review**

The Vancouver Province – January 11, 2009

<http://www.canada.com/theprovince/news/story.html?id=359d196f-7481-45ea-a9fd-3742520810db>

A sweeping review of B.C.'s co-ordinated system of services for children with mental illness has found both improvements and shortcomings five years after it was announced.

The independent review of the 2003 Child and Youth Mental Health Plan for the estimated 140,000 children and youth in the province with mental disorders found staff and parents supported the plan, Canada's first. A survey of team leaders within the Ministry of Children and Families found majorities cited improvements over the past five years in education, particularly a school program called FRIENDS that teaches students how to cope with fear and anxiety.

Children and Families Minister Tom Christensen said the support for the plan was overwhelming.

"It also recognizes that we still have a long way to go," he said.

The review also noted more emphasis is needed on health promotion and risk reduction and outreach to families, particularly in cultures where mental health is a stigma.

"Mental-health issues have for years been in the closet and it has been somewhat of an orphan in the medical system," said Christensen.

He said the services available need to be better co-ordinated, particularly with the Ministries of Health and Education.

Parent Keli Anderson, who is a member of the Mental Health Commission of Canada and the mother of a 19-year-old mentally ill son, said public education is needed to dispel myths about mental illness "so people aren't stigmatizing me as a bad parent and my son as a bad kid." Ontario expert Dr. Simon Davidson said 70

per cent of adults with a mental illness had an onset before age 18, so it's essential to treat illnesses early. Christensen noted the government doubled the budget for youth mental health to \$44 million a year when the plan was launched, but wouldn't say if the budget would grow.

NDP MLA Jenny Kwan said a number of staff surveyed for the review said areas of the system, including resources for families and the lack of residential programs, especially for teens, remained a concern. She said B.C. had cut funding to groups such as the Schizophrenic Society that provide family support, and called for more funding.

slazaruk@theprovince.com

### **Parents' Stories: Mental Health Crisis for Ontario's Children: Demand Investment in Provincial Budget**

CNW – January 13, 2009

<http://www.newswire.ca/en/releases/archive/January2009/13/c6959.html>

Representatives from Parents for Children's Mental Health (PCMH) will be at Queen's Park today to tell their stories of the crisis in children's mental health and release their expectations for the Ontario Provincial Budget 2009.

There have been three reports released in the last two months that point to the need to invest in Ontario's children's mental health system - The Roots of Violence (McMurtry/Curling), the Auditor General's annual report and Ontario's Poverty Reduction Strategy. These reports echo the message of parents that live with the shame and struggle of supporting their children living with illness.

The media conference will be held Tuesday, January 13, 2009

10:30 a.m.

Queen's Park Media Studio

Legislative Building, Queen's Park Circle

"The time is now for parents to speak out and make the case for our children," states Sarah Cannon of PCMH. "The reports make this clear. Our stories make this clear."

For further information: Ms. Cannon, at (905) 935-4266.

## **Consumers**

### **Health Display reveals communication with medical professionals has profound impact on people with disease**

Telegraph Journal – January 22, 2009

<http://telegraphjournal.canadaeast.com/city/article/547983>

SAINT JOHN - A travelling exhibition at the Open Door Club, 157 Duke St., shines a light on what it is like to live with schizophrenia.

Called Hearing (Our) Voices, Dilemmas of Care and Control, it was created by a group of people with schizophrenia who became co-researchers with Barbara Schneider, a professor at the University of Calgary. "She actually involved mental health consumers in the process of researching and putting together the exhibit, the book and the video," said Danny Jardine, who operates the Open Door Club, helping the mentally ill with employment and housing issues.

The booklets, exhibition panels and the video are on display this week and will move on to Charlottetown next week, he said.

The exhibition shows how communication with medical professionals, and housing issues have a profound

impact on people dealing with schizophrenia. The research shows that when medical professionals are willing to explain the illness and the treatments, it makes it easier for the patients to develop the trust to participate. It also shows that having a safe place to live, with some sense of dignity and control, helps people to cope better.

"It shows how your actions can help or hinder people sometimes," Jardine said.

The 2002 movie *A Beautiful Mind*, starring Russell Crowe and Jennifer Connelly and directed by Ron Howard, helped to create a greater understanding of the disease. Crowe's role was based on the real-life experience of John Nash, a professor at the Massachusetts Institute of Technology who suffered from schizophrenic delusions but learned to manage them and eventually won the Nobel Prize in Economics for his revolutionary work on game theory.

Michael Park, manager of long-term mental health in the Saint John region, who was at the opening of exhibit, said Canada is the only country in the western world without a housing policy for people with mental illnesses.

"Even the Americans under George Bush had one," he said.

The exhibit is very powerful, Park said, because it shows the personal experiences of people suffering from schizophrenia.

The exhibit continues the rest of the week.

### **British Columbians called upon to nominate those who overcome extraordinary challenges for a Courage To Come Back Award**

CNW – January 7, 2009

<http://www.newswire.ca/en/releases/archive/January2009/07/c5726.html>

Coast Mental Health has launched the eleventh annual nomination drive for the 2009 Courage To Come Back Awards.

The organization is calling on community members throughout BC to nominate a friend, family member, colleague, student or other person who should be recognized for their courageous battle back from illness, injury or adversity. These inspiring individuals live in all communities in BC.

"This event is incredibly powerful," said Lorne Segal, Chair, Courage To Come Back. "Over the years, we have heard countless stories of people who have overcome unimaginable adversity. By sharing these stories with others, Courage To Come Back award recipients inspire others to confront the challenges in their own lives."

Nominations are being sought in six categories including mental health, physical rehabilitation, medical, addiction, social adversity and youth. The recipients will be recognized at a gala dinner in Vancouver on April 30, 2009.

"This event has introduced some remarkable people to the citizens of this province," Lorne continues, "whose stories have been truly inspirational - courageously battling back from adversity and still having the strength to help others."

Nomination forms are available at any Scotiabank branch in BC or online at [www.coastmentalhealth.com](http://www.coastmentalhealth.com). The nominations deadline is February 16, 2009.

The Courage To Come Back is a celebration of individuals who have overcome incredible obstacles and have given back to their communities in a meaningful way.

Coast Mental Health hosts the awards in part to help reduce the stigma around mental illness and show that people with mental illness can live productive and fulfilling lives. Proceeds from the event support Coast in reaching out to people with a mental illness.

For further information: Media Contact: Julia Zylberberg, Direct: (604) 675-2342, Cell: (604) 506-3095, juliaz@coastmentalhealth.com; Courage Coordinator: Patricia Wiggins, Direct: (604) 675-2327, patriciaw@coastmentalhealth.com

**Do you know someone who transforms lives?**

**The Centre for Addiction and Mental Health Foundation Announces 2009 CAMH**

**Transforming Lives Awards Call for Nominations**

CNW – January 13, 2009

The Centre for Addiction and Mental Health (CAMH) Foundation is seeking nominations for its 2009 CAMH Transforming Lives Awards. The annual public awareness and fundraising campaign recognizes the achievements of seven extraordinary individuals across Ontario who have demonstrated courage and determination in the face of mental illness and/or addiction and now use their experiences to help transform the lives of others facing similar circumstances. All nominees receive a certificate of recognition for their achievements.

A potential CAMH Transforming Lives Award recipient could live next door, or in your own home, or work alongside you: one in five Canadians will be affected by mental illness and addiction during their lifetime, but only one-third will receive treatment due to the stigma surrounding these conditions.

Dr. David Goldbloom, Senior Medical Advisor, Education and Public Affairs, CAMH, says, "Nominating someone for a CAMH Transforming Lives Award is a personal and public acknowledgment that someone you know who has experienced mental illness and/or addiction has both struggled and triumphed. It is a celebration of hope, of help, and ultimately of the human spirit. Don't perpetuate the silence; make a noise by nominating a deserving person you know."

Nominations for the 2009 CAMH Transforming Lives Awards must be received no later than Wednesday, February 11, 2009.

The 2009 award recipients will be honoured at the CAMH Transforming Lives Awards Dinner, to be held in Toronto on Tuesday, May 12, 2009, hosted by the CAMH Foundation and presented by RBC Capital Markets.

In the past, both celebrities and non-celebrities have been honoured by the awards, and many people facing similar circumstances have been encouraged to seek treatment after hearing the compelling stories of the award recipients. A special award for community leadership is also presented at the ceremony. To find out how to nominate someone, please call Bonnie Perry at 416-535-8501 ext. 4220 or, toll free, 1-800-414-0471 ext. 4220, or visit: [www.supportcamh.ca](http://www.supportcamh.ca).

The Centre for Addiction and Mental Health is a Pan American Health Organization and World Health Organization Collaborating Centre and a teaching hospital fully affiliated with the University of Toronto. Past award recipients are available for interviews during the weeks leading up to the February 11th deadline for nominations for the 2009 CAMH Transforming Lives Awards.

For further information: To arrange an interview with a past recipient or CAMH spokesperson, please contact Jean Geary, (416) 535-8501, ext. 4395

## **Economic crisis takes toll on mental health**

The Star Phoenix - January 24, 2009

[http://www.canada.com/saskatoonstarphoenix/news/weekend\\_extra/story.html?id=938d046e-71a9-438e-a9f1-2b1439be294d](http://www.canada.com/saskatoonstarphoenix/news/weekend_extra/story.html?id=938d046e-71a9-438e-a9f1-2b1439be294d)

Mental health experts worldwide are warning of a potential crisis amid the economic meltdown, with financial insecurity fuelling an increase in problems ranging from anxiety to lost self-esteem. Months before the United States government started mulling corporate bailouts, the World Health Organization had issued a call for improved services to deal with a rise in mental health problems, linking a rise in suicides and the financial meltdowns.

"We should not be surprised or underestimate the turbulence and likely consequences of the current financial crisis," WHO's director-general, Margaret Chan, told a meeting of mental health experts in Geneva. "As it is, we are seeing a huge gap in taking care of people in great need.

"It should not come as a surprise that we continue to see more stresses, suicides and mental disorders." As the recession sets in and unemployment figures rise, health experts are bracing for a spike in a demand for services.

An American study has suggested that each percentage point rise in unemployment produces a seven-per-cent rise in non-psychotic mental health disorders.

Experts are quick to point out that at a rate of about 20 completed acts per 100,000 people, suicides are relatively rare events.

Michel Presseault, co-ordinator of Suicide Action Montreal, said history suggests the current meltdown will not affect the suicide rate.

"There were dramatic suicides in the Great Depression, but no increase in numbers," Presseault said. A long series of troubles -- mental illness, substance abuse, unemployment, failed romances -- can cause money woes to be the last straw, said Beverly Beuermann-King of Toronto, a stress expert who runs the company Work Smart Live Smart. Her workshops are filled with people worried about their finances, including how to make ends meet or afford to send their kids to school.

The basic need to survive can put some people over the edge, she said. People complain of sleeplessness, eating or digestion disturbances, physical aches and concentration problems.

"It's impacting their health ... in severe cases we see them contemplating suicide."

Some Montreal psychiatric clinics handled more anxiety disorders after the recent closing of a local factory, said the Douglas Mental Health University Institute's Hani Iskandar, medical chief of emergency psychiatric intensive care unit.

"For sure it's going to increase. We expect that we will see an increase in depression, anxiety and stress," Iskandar said, recalling two unrelated layoffs just before Christmas.

Their wives brought them into psychiatric ER, anxious about "what they would do," Iskandar said. "We're seeing the severe cases; the others we don't see."

The Canadian Mental Health Association will address the issue at its March conference in Vancouver titled, Bottom Line 2009. The subject: "What happens when work, family and mental illness collide, particularly in uncertain economic times?"

A crisis coupled with other woes can exacerbate an existing condition or overpower a person's ability to cope, said psychiatrist Mimi Israel, head of psychiatry at Douglas Mental Health.

"People who are fragile for whatever reason -- genetics, previous experiences -- are more likely to fall prey to mental illness," Israel said.

But not everyone breaks. It's not one size fits all, Israel said. "Some curl up in bed, others decide to fight."

Protective factors include family support, friends, belonging to a community, having spiritual or religious values, and a built-in optimism, she said.

## Events

### Reel meeting of minds

#### Film series, panel discussions deal with mental health issues

Chronicle Herald - January 15, 2009

<http://thechronicleherald.ca/ArtsLife/1100672.html>

WITH SO MANY films and TV shows dealing with mental illness, it can't help but influence the public's perception of the illnesses, says Susan Kilbride Roper.

So the co-owner of the Empowerment Connection in Dartmouth, who runs a support group for people with bipolar disorder, is excited about the opportunities for discussion that exist with the States of Mind Film Series.

Now in its third year, the free series organized by Tim Krahn, a research associate with NovelTech Ethics, screens current films and follows them up with panel discussions with community members, clinicians and ethics specialists.

Screening four consecutive Wednesdays at 7 p.m. at the Halifax Infirmity, QEII Royal Bank Theatre, 1796 Summer St., the series begins this week with Michael Clayton. The Oscar-winning film, starring Tilda Swinton and George Clooney, is the story of a "fixer" at a high-priced law firm who is brought on board when the lead lawyer (Tom Wilkinson) in a high-profile case has a nervous breakdown.

The screening will be followed by a discussion with Marika Warren, an assistant professor with the department of bioethics at Dalhousie University; Sheila Wildeman, an assistant professor of law at Dalhousie; Roper, a mental health advocate who herself has bipolar disorder; and Claire O'Donovan, a clinical psychiatrist working with the Capital District Health Authority.

This is the first year Roper has served on a panel, but the self-described film buff attended all of last year's screenings.

"You're going to a film you would enjoy anyway, and there's a critique from people who are aware of the issues, not just the entertainment values of the film. I'd seen most of the films before, but I came away seeing the films through their eyes," she says, citing the discussion that followed last year's screening of the award-winning film *Away From Her*, which deals with Alzheimer's disease, as particularly memorable.

"It helps the issues come out of shadows. The destigmatization is important because of the isolation a lot of us feel," she says, noting that especially in the early stages of recovery, many people are haunted by negative perceptions of mental illness.

Roper could relate to Michael Clayton on a personal level as she became ill during her high-stress work as a stockbroker. Chronic stress and tragic events can trigger a manic event, she says.

She also notes the film deals with issues of depression, substance abuse and whether someone with an illness should come off their medication.

The experience of the character of Arthur Edens (portrayed by Wilkinson) is similar to that of many people who go off their medication because they feel they think more clearly and retain more creativity, she says. "I think (the film) merited its awards. It's a really good depiction, not a sensationalist one, of one part of the illness. It's a good soul-searching experience."

Krahn says the series was so popular last year that some people had to be turned away. The theatre seats about 170.

"There is a real diversity of people. The films are chosen to appeal to a broad spectrum in terms of age, artistic interest and educational background. In the audience, we have consumers, clinicians, researchers, academics, health workers and societies (dealing with mental health issues). We try to tie it into the community, to raise awareness concerning mental health and to have a context where the voices of consumers and families can be heard."

Wildeman, who holds a doctorate in the area of mental health law and teaches a seminar in the subject at Dalhousie, says it is often easier to stimulate discussions with a narrative depiction of an experience of mental illness.

"It's important to create a public forum where people can air their experiences across a spectrum relating to mental health problems," she says, noting it helps shape the ways law and social policy can develop. And the film also raises issues that are important to law students beginning a career, such as seeking help before they experience a full-blown crisis.

"The norm is to hide away for fear it will affect your practice, which is a significant, valid question. There's also the question of how legal practice could be reformed so it doesn't have such serious constraints in terms of workloads and stress.

"There's incredible suffering . . . which is part of the reason for the massive attrition of young lawyers." Still she feels Michael Clayton is not primarily a film about mental disorder, but a critique of the corporate culture that values profits over human life. Arthur is the vehicle, one of the cogs in the wheel. Future films include The Savages, The Music Within and Charlie Bartlett.

## **Research and Education**

### **Cancer death rate 65% higher among the mentally ill**

The Globe and Mail – January 13, 2009

<http://www.theglobeandmail.com/servlet/story/RTGAM.20090113.wlmind13/BNStory/specialScienceandHealth/home>

People suffering from mental illness have a death rate from cancer that is 65 per cent higher than others in the general population, according to new Canadian research.

And the higher mortality rate exists even though those with mental illness are not significantly more likely to develop cancer, the research team found.

While the data do not explain why the death rate is so much higher, researchers believe the most likely culprit is stigma: that health professionals are failing to see beyond mental health to diagnose physical ailments in a timely manner, even grave ones such as cancer.

"The results are shocking," Joseph Sadek, a psychiatrist at Dalhousie University and co-author of the research, said in an interview.

"Stigma is still a very big problem. It interferes with the doctor-patient relationship and with care," he said. The research, published in the Canadian Journal of Psychiatry, was designed to examine the link between mental illness and cancer. Much has been published on the topic, but the research is often contradictory. The existence of a universal health-care system and province-wide databases, however, allows for such studies to be done on a massive scale in Canada.

In this case, researchers compared the records of patients treated for mental health problems in Nova Scotia from 1995 to 2001 with those treated for cancer in the same period.

There were almost 247,344 people treated for mental health problems in the province during that time, about one in four residents. Of that total, 4,690 were diagnosed with cancer.

On the whole, cancer incidence rates were about the same among mental health patients and those in the general population.

There was, however, significantly more lung cancer and more brain cancer among mental health patients. Dr. Sadek said that, at the outset, researchers expected to see far more cancer in psychiatric patients than in the general population, in large part because many live in poverty and make poor lifestyle choices, such as smoking.

What they did not expect was the dramatically higher mortality rates among mental health patients - 72 per cent in men and 59 per cent in women - who have the same risk of dying as everyone else.

"The real question to emerge from this research is: Why are people dying?" Dr. Sadek said.

He said that in Canada's universal health-care system, everyone should have the same access to care, at least in theory.

But researchers believe that people with mental health problems who develop cancer are less likely to be screened and diagnosed, and are more likely to experience delayed treatment.

"This is a population that doesn't complain much about their physical ailments. They have other problems," Dr. Sadek said.

He said the research results should serve as a message to physicians to make extra efforts to probe the physical health of their mental health patients. About three million Canadians suffer from mental health problems at any given time.

### **Canadian Mental Health Association (CMHA), Ontario partners with Healthy Interactions to promote better mental health across Canada**

CNW – January 15, 2009

<http://www.newswire.ca/en/releases/archive/January2009/15/c7844.html>

Today, two health leaders announced a five-year partnership intended to promote mental health and support the recovery of those living with mental illnesses through education. CMHA, Ontario is partnering with patient education innovator Healthy Interactions to create new tools and programs to help change the way Canadians perceive, live with, and care for individuals affected by mental illness.

The partnership will include the development and distribution of Healthy Interactions Conversation Map(R) tools which will help Canadian mental health consumers increase their general life skills and also better enable professionals to care for individuals who are living with mental illnesses.

The Conversation Map approach uses the power of small group dialogue and collaborative learning to improve health. Through this method, groups of patients engage in a discussion about a disease or subject, recognize how their beliefs or attitudes affect their perceptions, and discover ways they can change behavior and improve their personal health management. This innovative and interactive style of learning is the exact opposite of a healthcare professional speaking with the patient in a didactic way, which is so commonplace in much of health education today. Healthy Interactions Conversation Map tools were first introduced to Canadians living with diabetes in 2005, and it is now becoming the standard of education for diabetes in Canada.

"Mental illness is one of the most complex and costliest illnesses from both a personal and societal perspective and we need to respond to it with tools and programs that we are confident will really make a difference," says Lorne Zon, CEO, CMHA, Ontario. "We've seen the success that Healthy Interactions is having improving the quality of life for patients living with other chronic diseases and we are really excited by this innovative new program. We know that Healthy Interactions is the right partner for us."

Over 20 percent of all Canadians will experience a mental illness during their lifetime. Conservative estimates suggest that the total economic burden of mental health is over \$30-billion dollars annually. The program will be developed under the auspices of CMHA, Ontario, and will be introduced across Canada in 2009.

About Healthy Interactions Inc.

A global leader in health education, Healthy Interactions is devoted to driving Personal Health Engagement - our term for helping individuals commit to healthier actions. We create "Aha!" moments that inspire people to change personal health behaviors. Healthy Interactions builds partnerships with leading medical and disease associations, not-for-profit organizations, corporations, and caring healthcare professionals trained in our approaches, enabling millions of people to take control of their health and live their best lives. Founded in 2003, Healthy Interactions is headquartered in Chicago. For more information, visit <http://www.healthyinteractions.com>.

For further information: Paul Lasiuk, Co-founder, Healthy Interactions, Chicago, (312) 755-9901, [paullasiuk@healthyi.com](mailto:paullasiuk@healthyi.com); Kismet Baun, Senior Communications Advisor, CMHA, Ontario Division, Toronto, (416) 977-5580, ext. 4141, [kbaun@ontario.cmha.ca](mailto:kbaun@ontario.cmha.ca)

### **Mental illness, homelessness explored**

Telegraph Journal – January 17, 2009

<http://telegraphjournal.canadaeast.com/city/article/542751>

SAINT JOHN - An exhibit exploring the links between schizophrenia, experiences in the health care system, and homelessness will be on display in the city Tuesday.

The exhibit will be located at the Open Door Club at 157 Duke St. beginning at 5 p.m.

The exhibit, which is travelling to major cities across Canada, is the result of a University of Calgary study that included people with schizophrenia as co-researchers. One of the primary findings identified that most people with mental illness are not included in decision-making about their own treatment.

The exhibit advocates not only that people with mental illness be included in the research, public discourse and decision-making about their care, but also stresses the positive effects inclusion has on their well-being.

### **Lack of treatment blamed for high mortality of mentally ill**

Kelowna Capital News – January 21, 2009

<http://www.bclocalnews.com/opinion/38009724.html>

Surprising new data from an American study found people experiencing serious mental illness are more likely to die as a result of untreated physical health problems than suicide or other mental health complications.

According to this same study, mental health patients in the U.S. are dying 25 to 30 years earlier than other Americans, which is an increased gap from the 10 to 15 year difference that existed in the early 1990s. Researchers in this study believe wrong perceptions about health care needs are part of the reason for this increasing gap in mortality.

Some of the most common causes of death among this population were complications from untreated or under-treated conditions such as metabolic disorders, cardiovascular disease and diabetes.

Increased incidence of obesity and smoking are also common—people with serious mental illness smoke 44 per cent of the cigarettes sold in the U.S.

Unfortunately, people with mental illness also tend to have a harder time accessing health care for a variety of reasons—not least of which is the stigma they continue to face even from medical professionals. Although the above statistics are from a US-based study, a similar story exists within our own country. A 2007 study published in the Canadian Medical Association Journal found psychiatric status affects survival and access to medical procedures even within a universal health care system.

One major barrier to general medical treatment for the mentally ill is a growing unwillingness of physicians to deal with the complexities they feel might be involved.

It is becoming increasingly common even here in Canada for a GP to request an interview and references when considering new patients. Due to shortages and lack of time, some doctors are hesitant to accept patients if they come with time consuming or seemingly inconvenient problems such as chronic mental illness.

I personally have had patients request reference letters to assure GPs I will continue treating psychiatric issues and that the individual is reliable and willing to work with a doctor.

Advocates believe in order to prevent this increased mortality for those with mental illness, primary care and mental health professionals need to take equal responsibility in caring for these patients.

Not only should physical and mental health care be better integrated through closer communication between health care providers, but individuals themselves need to be educated on how to manage their illnesses—both mental and physical.

Studies have found improvements when nurse case managers have worked to coordinate both mental and physical care for patients—with care including ongoing patient education and communication.

As always, we need to move beyond stereotypes when dealing with mental illness. In spite of a psychiatric condition, other areas of health should not be neglected. People are never one-dimensional and should receive equal consideration regardless of mental health status.

Paul Latimer is a psychiatrist and president of Okanagan Clinical Trials, 250-862-8141.

### **Emergency workers given help dealing with mental-health cases**

Prince George Citizen – January 21, 2009

<http://www.princegeorgecitizen.com/20090121171158/local/news/emergency-workers-given-help-dealing-with-mental-health-cases.html>

Dealing with mental health sufferers in a crisis takes a special touch.

Mounties, firefighters, 911 dispatchers, ambulance paramedics, corrections officers and other first responders are being taught that skill.

For the first time, Prince George emergency workers have a dedicated course about how to spot a mental health patient in the act of causing a disturbance and what services are available to them in Prince George.

"From a police perspective we already have some training in that from a federal perspective when we are at depot (the Regina training facility)," said Const. Tobi Araki, one of the local RCMP point people for this initiative.

"This training is specific to resources in this community, ways of working in an integrated manner with B.C. Ambulance Service, Prince George Fire Rescue and all the people involved in caring for mental health clients. I feel having this training puts us on the same page when we respond to these calls."

Also omitted from the depot training is all the material in the B.C. Mental Health Act which is specific to this province and governs much of the dealings any authority agency has with people suffering mental illness.

Prince George Fire Rescue deputy chief John Lane agrees. He had a firefighter encounter a mental health-based crisis the day after taking the training and the firefighter quickly recognized the signs, used some of

the communication techniques that had been learned and a potential confrontation quickly became a calm situation, he said.

"It wouldn't be an exaggeration to say we deal with mental health clients daily," Lane said. "It may not be the same agency every time, not all of us respond to the same incidents, but this training helps us in all kinds of situations."

That includes drug use. Recognizing the signs of drug-induced psychosis is as important as recognizing the signs of bipolar disorder or schizophrenia or a number of other common mental illnesses, said Mary Lu Spagrud, co-ordinator of the training program.

She said 65 emergency responders have already taken the training in Prince George since the program began in late 2008. Another 37 are booked for training on Friday, and regular sessions will be made available once or twice a month at least to spread the training further.

"They are all-day, fairly intensive sessions," Spagrud said.

The program was created out of recommendations from the coroner's inquest into the shooting death of Donald Mayer in 1999 at Langley Memorial Hospital. A major report entitled "A Study In Blue an Grey" was released in 2004 following up that death, in which police felt forced to use lethal force when confronted by Mayer, who was acting on the urges and impulses of a mental illness.

Since then Prince George has created a committee to oversee initiatives like this training program so future deaths like Mayer's might be prevented.

"We talk to our clients, they know it is there and they are totally on-side," said Linda Doran, executive director of Prince George's branch of the Canadian Mental Health Association. "To know they could have a better outcome is very important to them. They have to go to hospital sometimes (suffering symptoms) and that is all fine, but they don't have to be traumatized, and that is a very real possibility if encounters with police or other service people don't go well. That can really affect their healing, it can become a stigma for them."

### **Ignoring patient emotions makes people sicker**

CNW – January 22, 2009

<http://www.newswire.ca/en/releases/archive/January2009/22/c9691.html>

Dr. Bruce Barrett of the University of Wisconsin at Madison has examined the effect of adding empathy to standard medical visits. Cold symptoms were shortened by almost a full day for patients, who had rated their doctor highly using a standard questionnaire (The Medical Post, Dec. 19, 2008).

Despite the well recognized mind-body connection, the depression and anxiety suffered by the millions of Canadians with a chronic physical illness/disability, is almost entirely neglected. Why? Patients hide their emotional distress under their 'stiff upper lip', especially from their doctors, because they fear the stigma of mental illness.

Because of the prevailing conspiracy of silence, few know that drug-free psychotherapy could greatly improve their quality of life. Tragically, many waste huge sums on useless 'alternative' treatments. Their loved ones are also heavily impacted, many relationships succumb to the years of strain.

For further information: For interviews on the stigmas surrounding emotional distress and chronic physical illness/disability, contact Dr. Julie Richter, (416) 782-5030, email [julie.richter@utoronto.ca](mailto:julie.richter@utoronto.ca), [www.chronic.illness.ca](http://www.chronic.illness.ca)

## Services

### **Mental-health motion will determine services needed**

Metro News Vancouver – January 20, 2009

<http://www.metronews.ca/vancouver/local/article/169461>

Vancouver is looking at creating a mental-health strategy to identify the needs of people with mental illness and co-ordinate services.

“We’re going to try and take a leadership role,” said Coun. Kerry Jang, a professor of psychiatry at the University of B.C.

“We want to grab the bull by the horns and say, ‘Look, we need these services. Here is exactly what we need.’”

Jang’s motion on notice could be voted on today. It calls for city staff to report back within one month with plans to create mental health advocate and planning positions.

The intent of the motion, Jang said, is not to deliver services (which he says is the responsibility of the province and Vancouver Coastal Health), but rather, to help determine what services are needed in the city.

### **There is very little help for parents suffering from depression**

Mental illness is common among people who kill their own children

The Gazette – January 7, 2009

<http://www.montrealgazette.com/news/There+very+little+help+parents+suffering+from+depression/1149470/story.html>

Warning signs were flashing all over the place, if anyone had known to look: Marc Laliberté was bankrupt, jobless and suffering from depression. Cathy Gauthier-Lachance had just lost her job, too, and was described by a former co-worker as someone with "problems."

This troubled couple had three children to care for and a house on which they couldn't afford the rent. They were also socially isolated, having recently moved to Chicoutimi from Amos.

The Crown alleges that they killed their three children - Joëlle, 12, Marc-Ange, 7, and Louis-Philippe, 4 - as part of a murder-suicide pact that only Gauthier-Lachance survived. She was charged on Monday with three counts of first-degree murder and a fourth count of helping with a suicide.

Mental illness, particularly depression, is the key factor in the majority of cases of murder-suicide involving parents and children, research shows.

A 2005 study of 60 Quebec fathers who murdered their children between 1991 and 2001 found that the majority of the fathers was afflicted with severe psychopathology, mainly major depressive disorder. A smaller number were schizophrenic or suffered from other psychoses.

The prevalence of mental illness was even more pronounced in cases of murder-suicide. Twelve of the 60 fathers who killed their children also killed themselves. Among the suicides, all but one suffered mental illness. The one exception was acutely intoxicated at the time of the killing. Of the others, nine were suffering from a major depressive disorder and two from psychosis.

Although many of the 60 men who killed their children had been in contact with health professionals before the murder, not one was treated for a psychiatric illness, said the study's authors, Dominique Bourget and Pierre Gagné - both Quebec coroners, as well as being professors of psychiatry.

Early recognition of psychiatric illness is essential, they wrote. A depressed parent, especially one talking about suicide, needs to be assessed for homicidal thoughts or tendencies, the researchers wrote.

Little has emerged about Gauthier-Lachance, 34, and her state of mind, but former colleagues of Laliberté's have told the press that he was depressed over the death of his mother this summer. His finances were also a disaster. The Globe and Mail reported that the couple had recently visited a bankruptcy trustee. Their debts of more than \$84,000 were set against a 2007 Toyota Corolla, their sole asset. Laliberté had also tried to declare bankruptcy in 2006, the newspaper said, but he was not able to come to an understanding with his creditors.

As shocking, and still rare, as cases of a parent killing a child are in Canada, the incidents are increasing, according to Bourget and Gagné's paper. They more than doubled in Canada between 1988 and 1997, they found.

The phenomenon of parents killing their children seems to be also on the rise in Hong Kong, according to Paul Yip Siu-fai, director of the University of Hong Kong's Suicide Research and Prevention Centre, quoted this fall in the Asian Pacific Post. In Hong Kong about 20 per cent of homicide-suicide cases involve children, Yip said.

In the majority of these cases, research found the killers thought they were acting in the best interests of the children, to protect them. "This type of perpetrator is generally the breadwinner of a family and tends to be overly responsible for the family," Yip wrote in a new study to be published in the Journal of Affective Disorders. "We call it delusional altruism," Yip told the Post.

A Canadian expert estimates that as many as half of child killings are rationalized by their parents as being "altruistic." The University of Alberta's Dick Sobsey, writing several years ago in Health Ethics Today, said that a few parents rationalize their act as a way of sparing the child the effects of disease or disability. Others kill their children to spare them a life marked by poverty, family breakup, discrimination, exploitation or "other real and imagined social ills."

Part of the tragedy of these delusional and very dangerous parents is that there is so little help available to them. If Quebec's first line of defence is to call on already hopelessly overburdened family doctors, we really have little in place to head off such terrible dramas.

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### **Awareness, funding needed to fight mental illnesses**

Canadian Jewish News – January 8, 2009

[http://www.cjnews.com/index.php?option=com\\_content&task=view&id=15995&Itemid=86](http://www.cjnews.com/index.php?option=com_content&task=view&id=15995&Itemid=86)

Sufficient funding to enable Jewish agencies to address the needs of people in the community who have mental illnesses is crucial, said Jack Kugelmass, a social worker in the Jewish community.

"We really need to educate our community like any other community about mental illness," he said.

"John," who spoke to The CJN on the condition of anonymity about his frustrations concerning his Holocaust survivor parents who have been caring for his schizophrenic adult brother for his entire life, pointed to the way JACS (Jewish alcoholics, chemically dependent persons and significant-others) created a campaign that broke down the misconceptions that Jews don't suffer from addiction. John said a similar campaign to enlighten people about the existence of mental illness among Jews is also needed.

"We need a campaign to say that there are people who suffer within the community and [present] what resources are available – if there are any," John said.

"I think that if the parents and families themselves would meet others and share experiences, they would benefit from that. They would know that they are not suffering alone."

Devora Schwartz Waxman, the Family Caregiver Connections co-ordinator at Circle of Care, a non-profit provider of in-home health and support services said, "When caregivers call me and they need respite, they

need a break. It would be great if I could suggest a place within the Jewish community where their kids could go.”

Rochelle Goldman-Brown, the director of Chai Tikvah Foundation, which runs a kosher group home in the city, said there have been support groups for family members for years, but only for family members of clients.

“I think somewhere down the road we’re going to look at expanding that to people in the community at large. People often feel very alone with this. It’s just a way for people to get together with others who suffer from the same problem,” Goldman-Brown said.

She added that they have also begun to write letters to rabbis of the congregations in the GTA asking them to speak about the issue from the pulpit and to include information about mental health issues in their bulletins.

“We need to think of ways to link families together, to create opportunities for people who are fairly high functioning and living at home to have broader social outlets within the Jewish community,” Kugelmass said.

“I’m talking about programming specific to the needs of young Jewish men and women who are tied to Jewish values. It needs to be discussed in our institutions and they should ask themselves, ‘How can we give them a voice?’”

“Rachel,” who also spoke to The CJN on condition of anonymity to protect the identity of her schizophrenic son who is a Chai Tikvah resident, said the Jewish community simply hasn’t done enough to address the issue.

“We have such a vibrant Jewish community. We have 200,000 Jews in the community who support wonderful things like Baycrest and Reena and Zareinu, and I don’t want to take away from them, but this is where we would like to be. There is such a need for assistance and housing in a Jewish environment, in a Jewish setting for young adults,” Rachel said.

“We do need to do some serious fundraising. The money is out there. We have one of the most affluent Jewish communities in the world.”

She added that it is important to get through to UJA Federation of Greater Toronto to get more funding.

“I understand Israel is very important, and I don’t want to take away from Israel. Jewish education is very important. If you’re not going to educate young Jewish people, you might as well close the synagogue doors, but this issue also needs the support of the Jewish community.”

Jewish Family and Child (JF&C) executive director Richard Cummings and JF&C supervisor and social worker Fay Geitzhals agree that appealing to the compassion and judgment of the community is the key to improving the situation.

“People are learning. The Centre for Addiction and Mental Health and the Globe and Mail... have done a great deal to bring the story to the surface, and I think people are much more understanding and compassionate,” Cummings said.

“I think we are ready as a community to evolve into being more supportive. The de-institutionalization that took place decades ago has left a significant cohort of individuals with mental illness just wandering through the community. We shouldn’t assume that the community won’t step up. Maybe we can look more optimistically and hopefully at our raising consciousness and sensitization and consider that the community is ready to step up to the plate.”

Geitzhals, who thinks that mental illness in the Jewish community is a well-hidden problem, said that “it’s similar to any of the other issues that we’ve raised in the Jewish community like woman abuse or addiction, in that once we raise awareness and put it out there, the community is ready to take a look at it and to acknowledge that it exists and create a system for it.”

She suggested that one of the services needed to properly care for the mentally ill is a good trusteeship program.

If an elderly couple is concerned about an adult child who is living with them and they don't know how to care for their child once their own health begins to deteriorate, she could help the parents and the child become more independent, Geitzhals said.

In her capacity at JF&C, she would take over trusteeship or help them get a trustee, perhaps a sibling, and then investigate what resources might be available for the child to remain in the home or move to a different setting such as a group home.

"Rather than saying you've done wrong, I think together we can envision a way of doing right. There is a different nuance there. It doesn't have to be a battle," she said.

"We as an agency are doing our utmost, but more help is needed and more resources are needed," Cummings said.

For information, call JF&C at 416-638-7800 or contact Goldman-Brown at [rochelle@chaitikvah.org](mailto:rochelle@chaitikvah.org) This email address is being protected from spam bots, you need Javascript enabled to view it or 905-886-6520.

## Stigma

### Fighting the stigma of depression in men

Men are taught from an early age to be ashamed of their feelings

The Standard – January 22, 2009

<http://www.stcatharinesstandard.ca/ArticleDisplay.aspx?e=1399561>

Depression is a mental illness that causes enormous pain and suffering. It affects the mind, darkens the mood and undermines the abilities and relationships of people of all ages, cultures and socioeconomic backgrounds.

Eight per cent of adults in this country will meet the criteria for major depression at some point in their lives. Between four and six per cent of the population will experience a depressive episode during any 12-month period. (Arguably, these are conservative estimates).

The majority of people suffering from depression never seek help.

It is estimated that 80 to 90 per cent of adults with depression improve when treated with medication or psychotherapy or both. Most of those who do seek treatment are women.

Conventional wisdom has it that women experience depression at more than twice the rate of men.

However, there is growing acknowledgement by researchers and mental health experts that depression in men has gone largely ignored.

Men are diagnosed with depression less frequently than women because they often don't recognize or admit they have a problem. If and when they do make that admission, either they don't know what to do or they can't bring themselves to go and see their doctor.

Men are taught from an early age to be ashamed of their feelings. They are instructed, directly or indirectly, to be strong and self-reliant, to be a "big boy" and "suck it up" when they feel hurt, frightened or sad.

It is contrary to the "code of male invulnerability" for a man to acknowledge his inner pain. He runs the risk of being seen as unmanly, weak or flawed.

In his book *I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression*, psychotherapist Terrence Real claims that, although depression carries a sense of shame for all people, the disapproval attached to this illness is particularly acute for men.

Real explains that, in addition to the stigma associated with mental illness, men are hobbled by the

mistaken belief that depression is a woman's disease.

Historically, even mental health professionals showed their gender bias by overlooking symptoms in men that were consistent with a depressive illness. They subscribed to the view that, "Depressed women have obvious pain, depressed men have 'troubles.' "

It would be wrong to suggest that men are completely paranoid and face no risk of rejection or ridicule when they do muster the resolve to confess their emotional difficulties.

Two American researchers made a fascinating (and worrisome) discovery when they studied hundreds of college roommates on this very issue. They found that when depressed females reached out to their roommates for support, they were treated with care and concern. But when depressed males went public with their depression to their roommates, they were met with social isolation and, at times, unmitigated hostility.

Real reminds us that the world of boys and men is a tough one, that "sometimes men have good reason to hide."

I have worked in the mental health field for most of the last 20 years and have encountered countless men who not only find it difficult to express their feelings, but are not even capable of identifying what their feelings are.

Some men are sufficiently tuned into themselves to know that their persistent low mood, inertia, absence of pleasure and feelings of hopelessness (all classic signs of depression) are indicators something is terribly amiss, and they seek help.

Many more do not.

Then there are those who don't exhibit the typical depressive symptoms, but are depressed nonetheless. At first glance, these men appear fine, but upon closer scrutiny they are irritable, angry, dominant and emotionally unavailable.

Instead of acknowledging their subterranean feelings of desperation, they redouble their efforts to deny them by working, drinking, eating or watching television to excess. Their families unwittingly collude with their denial by not confronting their changes in temperament or behaviour for fear of making things worse. The best thing anyone can do for a man who may be depressed is to help get him to a doctor or mental health counsellor. The most important thing a man suffering from depression can do for himself is to acknowledge his condition, talk to his spouse, friend or colleague and get help.

Personal note: My familiarity with men and depression does not stem solely from my professional experience. I have wrestled with depression since my late teens and know only too well the fear of stigma, the challenges of finding good care and the consequences of not receiving timely, effective treatment. Gary Westover is a relative newcomer to St. Catharines where he lives and works for a mental health outreach program serving Niagara's older population. He is a member of The Standard's community editorial board. Contact him at [gwestover@hotmail.com](mailto:gwestover@hotmail.com).

### **Society still has a way to go before stigma of mental illness is erased**

The Sault Star – January 7, 2009

<http://www.saultstar.com/ArticleDisplay.aspx?e=1378411>

Mental illness still seems to be a disease that people fear and use outdated words to describe, which I thought had fallen away in the last 35 years when we became enlightened to the needs of others around us.

There is still a stigma when the idea of mental illness comes up in conversation. "Stigma" means a mark of disgrace or shame. I thought that idea belonged with Nathaniel Hawthorne's *Scarlet Letter* of 17th century

Puritan Boston, in the garbage heap of history together with intolerance to homosexuals and racial bigotry. Right in our fair city, I heard of a family being harassed because a member (who does not reside with them) has one of the many varieties of mental illness. Strangers never mention her name without a derogatory adjective. I know this woman, and she is a caring person who, unfortunately, has an illness which people don't understand.

Families have to deal with a great deal of guilt, shock and fear. They feel overwhelmed. They blame themselves without cause. Their lives are

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changed dramatically. Relationships change. They have increased responsibility for caregiving. They are sometimes burned out.

A student in another city, whose sibling had mental illness, said she was afraid to go to school and explain why the police had to come last night because of her sister's psychotic episode. There was no dinner that night because her parents had to go to the hospital, and yet everybody expected her to be an achiever.

But others get stronger, closer, more loving, connected, and overcome all hardships and challenges.

Some give up careers, like Robert McQuilkin, president of Columbia University, who cares full-time for his wife, Muriel, in an advanced state of Alzheimer's disease. For people like McQuilkin, materialism is secondary to people.

There are still barriers to people with mental illness due to myths. Compared to the general populace, they are not weaker, poorer, more likely to be depressed, more likely to be violent, or less intelligent.

If you have an "accepted" disease, such as heart, cancer, diabetes, you receive understanding and compassion. We treat dangerous pets better than those with mental illness.

No one is truly free of some degree or variation of mental health. All people have habits, idiosyncrasies, phobias, irrational behaviours, that are accepted, within society standards, and people turn a blind eye to these behaviours.

If you are "popular," people overlook even outrageous actions, and explain them away by reasons of age or personality quirks.

We use new terms today instead of the old offensive, put-down labels of 35 years ago. We name what people have -- for instance, a person with cerebral palsy, instead of spastic; someone with a learning disability instead of retard; a person with a mental health issue instead of a psycho; a disabled person instead of handicapped or cripple.

The Special Olympics, if you will take the time to watch them, show that people can compete in challenging sports and have fun, just like everyone else. Our brave soldiers who have lost limbs in Afghanistan, like Master Cpl. Paul Franklin, show us courage and sheer determination, and wonder if I could ever have courage like that.

This list of names shows famous people who overcame disadvantages from birth to make names for themselves in all areas of endeavour: Barbara Walters, Winston Churchill, Paula Abdul, Beethoven, Jim Carrey, Patricia Cornwell, Darwin, Margot Kidder, Alanis Morissette, Dolly Parton, General Patton, Barbra Streisand, Margaret Trudeau Kemper, and Robin Williams and countless others.

Discrimination has increased slightly recently because some media reports link mental illness to violent crimes.

Inappropriate, misleading or careless labelling with stigmatizing language can saddle people with rejection, ostracism, harassment and victimization.

One of the people who works in the mental health field says we label doors, not people. I thought that was a neat way of saying that these are people, not labels. What would a mother think if she heard someone label her child?

We must question negative images and portrayals that we see on television, every time they occur, to create awareness and improve society.

A young student at Algoma University says she joins in the student societies at the university because if she is going to change something she doesn't like at the university, she must be part of the change process. How wise. All of us, when we hear or see them, must comment and correct negative imaging. Today the targets are those with mental illnesses; tomorrow it may be seniors, and who else after that?

### **People With Schizophrenia Say Bias Is Part of Their Lives**

cbc.ca – January 22, 2009

<http://www.cbc.ca/cp/HealthScout/090122/6012213AU.html>

People with schizophrenia often expect to be discriminated against, and are, in various aspects of their life, new research finds.

The study, which included 732 people with schizophrenia in the United States and 26 other countries, found that 47 per cent reported discrimination in making or keeping friends, 43 per cent from family members, and 27 per cent in intimate or sexual relationships. Also, 29 per cent of the participants said they experienced discrimination while trying to find or keep a job.

What the study referred to as positive discrimination was reported by less than 5 per cent of the participants.

The researchers also found that 64 per cent of the participants didn't bother applying for work, training or education because they expected to fail or to face discrimination, and 55 per cent anticipated discrimination when seeking a close relationship. However, more than a third of participants who expected these types of discrimination did not actually experience it.

Most participants, 72 per cent, also told the researchers that they felt they needed to conceal their diagnosis of schizophrenia.

The findings appear online and in an upcoming print issue of *The Lancet*.

"This study opens a new arena of research characterizing the nature and extent of discrimination against people with mental illness," study author Graham Thornicroft, a professor at the Institute of Psychiatry, King's College London, and his colleagues wrote in a news release issued by the journal. "Rates of both anticipated and experienced discrimination are consistently high across countries among people with mental illness. Measures such as disability discrimination laws might, therefore, not be effective without interventions to improve self-esteem of people with mental illness."

"Even allowing for the possible effect of anticipated discrimination influencing patients' views of their experiences, negative experienced discrimination in many domains of life might be related to prior coercive mental-health service intervention," the authors continued. "If confirmed by further studies, this finding might guide mental-health services to promote social inclusion and to rely less upon compulsory treatment in the future."

The study points to the kind of research required to improve understanding of stigma and discrimination, according to an accompanying editorial by Beate Schulze of the Research Unit for Clinical and Social Psychiatry at the Center for Disaster and Military Psychiatry in Zurich, Switzerland.

"By investigating actual discrimination and self-stigma, the study brings together the structural and cognitive perspectives that have not previously been combined," she wrote. "However, what remains to be done is to determine the effect of discrimination on health and social outcomes and translate these findings into effective public-health strategies."

More information

Mental Health America has more about <http://www.nmha.org/go/information/get-info/schizophrenia> schizophrenia.

SOURCES: Timothy Cripe, M.D., professor, pediatrics, Cincinnati Children's Hospital Medical Center and University of Cincinnati; L. Gerard Toussaint III, M.D., assistant professor, neuroscience and experimental therapeutics, Texas A&M Health Science Center College of Medicine and neurosurgeon, Texas Brain and Spine Institute, Bryan; Jeffrey Toretsky, M.D., associate professor, oncology and pediatrics, Georgetown's Lombardi Comprehensive Cancer Center, Washington, D.C.; Jan. 21, 2009, PLoS (Public Library of Science), online

### **Military stigma**

The Globe and Mail – January 12, 2009

<http://www.theglobeandmail.com/servlet/story/LAC.20090112.EPURPLEHEART12/TPStory/Comment>

The Pentagon's decision to bar U.S. soldiers who suffer from post-traumatic stress disorder from receiving the Purple Heart, a medal given to soldiers wounded or killed by enemy action, will further stigmatize mental illness and fails a group of veterans whose sacrifices can be every bit as great as those with physical injuries.

To gauge injury on the basis of whether blood has been shed is to apply 19th-century medical standards to what constitutes injury. Since the First World War, when the term "shell shock" was used to describe some of the cases that today would fit the description of PTSD, the medical community has produced voluminous accounts of the severe mental consequences of warfare. It is possible to make a complete recovery from a bullet wound, but the effects of long-term PTSD can be ruinous to lives.

In explaining its decision, the Pentagon argued that the condition failed to meet the Purple Heart criteria since it had not been intentionally caused by the enemy, insofar as you can't pull a trigger to cause PTSD. A Pentagon spokeswoman also cited difficulty in diagnosis: "Current medical knowledge and technologies do not establish PTSD as objectively and routinely as would be required for this award at this time."

Obviously, accuracy in diagnosis is vital. Claims of PTSD must be carefully reviewed and verified, and be found to meet the description of sustained symptoms causing significant impairment. More minor transient conditions do not meet the classification of "injury" and should not qualify.

Canada's military, which last year introduced its own Sacrifice Medal, takes a much more enlightened view, setting out in the criteria that eligible cases "include mental disorders that are, based on a review by a qualified mental health care practitioner, directly attributable to a hostile or perceived hostile action." Instead of further stigmatizing veterans with PTSD, the Pentagon could have followed Canada's lead. It could have sent a message to U.S. soldiers, some of whom are returning from Iraq and Afghanistan with deep mental scars that include PTSD, that their serious injuries equal a wound caused by bomb or bullet. Instead, the Pentagon is sending a very different message, that theirs is a lesser sacrifice, or worse, that mental injuries are, as it were, all in their head.

## Suicide

### Hiron family's candour unties cloak of secrecy

London Free Press – January 9, 2009

<http://lfpres.ca/newsstand/News/Local/2009/01/09/7967001-sun.html>

Pete Hiron's obituary, published in The Free Press this week, was different than most.

Why? Because it started like this: "Suddenly, by his own hand, after a heroic and courageous battle with mental illness . . ."

The obituary was different, but not because Hiron was mentally ill. According to the Canadian Mental Health Association, one in five Canadians develop mental illness during their lifetime.

Neither is it particularly uncommon that Hiron took his own life.

According to the Canadian Association for Suicide Prevention, about 4,000 Canadians commit suicide every year.

Statistics also reveal that about 90 per cent of those who die by suicide suffer from depression or some other serious mental illness.

So the sad circumstances of Hiron's life and death aren't all that unusual.

What's different is that Hiron's family acknowledged Pete's mental illness and subsequent suicide so publicly.

That sort of candour is rare.

I called Pete's mother, Nancy Hiron. It wasn't a call I wanted to make, but the experts say that one of the biggest obstacles to understanding suicide and mental illness is the cloak of secrecy surrounding these issues, and I suspected that Nancy agrees.

She does.

"I have no problems discussing this," she says. "I want it out of the closet, for God's sake."

It turns out there are reasons for Hiron's frankness: She's a retired registered nurse who isn't exactly squeamish when it comes to facing death and illness. And this isn't the first time she's travelled down this road.

"He's the second child I've lost to suicide," says Hiron. "I lost a daughter in Sault Ste. Marie in 1994. She was an in-patient at the hospital there, on the psychiatric floor, and she overdosed."

Hiron says both her son and daughter suffered from bipolar illness. Her daughter was type 2, which means she experienced depression and mood swings, while her son Pete was type 1, which often causes psychosis and delusions.

Hiron says Pete was a bright, articulate "people person" who accomplished much during his 36 years. She's proud of him.

But she wonders why we talk so openly about illnesses such as diabetes or cancer, yet smother mental illness in silence and shame.

"There should be no shame," she says. "It (mental illness) isn't because the person is weak. This is a painful illness. When are we going to break through this barrier and accept that?"

I can't answer that.

But if more people start talking about suicide and mental illness, then maybe we'll finally understand their painful prevalence and put all the necessary supports and services in place.

"The fact that this brave family is talking about this is a wondrous thing," says Michael Petrenko, executive director of the Canadian Mental Health Association of London Middlesex. "It's a difficult thing to do, but obviously they'd like to shine a light on the issues. "And I commend them for that."

## **Grant allows expansion of 'suicide first aid' team**

The Kitchener Record – January 24, 2009

<http://news.therecord.com/News/Local/article/476586>

A training program designed to teach people how to recognize and respond to the signs of people at risk of suicide received a boost yesterday with a \$90,100 provincial grant.

The funds will be provided over three years by the Ontario Trillium Foundation, and will be used to expand the Suicide Intervention Community Training Team by six additional trainers.

Co-ordinated by the Grand River Branch of the Canadian Mental Health Association, the training workshops are offered to community members in Waterloo Region and Wellington and Dufferin counties.

"Suicide is a serious social issue and it needs to be addressed," said Geoff Reekie, the branch's director of services.

The two-day sessions cover such topics as recognizing cries for help, offering support and connecting those at risk with community resources. Participants often include those working in schools, churches, community groups and the security field.

The program is designed as "suicide first aid," said Sandra Parkinson, the branch's community education co-ordinator. The goal is to help someone at immediate risk "hang on and stay alive long enough to get some (more advanced) support."

Information about the training workshops is available at [www.cmhagrb.on.ca](http://www.cmhagrb.on.ca).

## **Workplace wellness**

### **When your job is making you sick**

Canada.com

<http://working.canada.com/resources/story.html?id=c6ecfad-c872f-4d2b-99d3-629841a94f70>

A new year always brings about the desire for change and a fresh perspective, especially in the workplace. But for those stuck in a dead-end job, or worse, one that creates anxiety or fear, the potential for a positive year appears dim.

"Marianne" knows what it's like to wake up resenting her job. After putting in a year-and-a-half of work managing a private health clinic, she realized her own health was deteriorating. The cause: the boss was a bully and a narcissist.

"I realized after a month that something wasn't right," she says. "I have had a very balanced work life with a variety of different personalities. You kinda know."

After a few months, her stomach would turn in knots every morning before arriving at work. She prepared mentally and physically for a fight, of being the brunt of blame or guilt. Instead of walking away when the red flags went up, she stuck it out.

"My consciousness and ethics were telling me I had to try," she says. "You have to give it a fair length of time. You can't just give it a go and quit. First impressions may not be the real scenario."

In Marianne's case, it was. Over time, family and friends noticed she was much more moody, exhausted, and rapidly losing weight. She was working up to 14 hours a day, had nightmares and lost the ability to concentrate. She withdrew from social dates and school events. She found herself yelling at her children more.

The real angst came when she was chided for looking after her children if they were sick.

"I couldn't stay home with my younger daughter, so I brought her to the clinic to rest," she recalls.

"The boss was a former family physician and didn't give her a second look. He told me I should talk to my husband about priorities...meaning, he and his business came first."

About 15 to 20 per cent of Canadians suffer a bout of mental illness during their working life. It is undetermined if this number is due to an existing condition or made worse by difficult working conditions. About 40 per cent of disability claims are linked to mental illness issues.

Tricia Ham, manager of recruiting at About Staffing, sees the toll of abuse or mental anguish on employees every day.

"We have some candidates who break down and cry when they meet with us," she says.

"We'll also see aggression. Others may be a little bit more disagreeable through the initial stages because they trust no one."

Desperation drives people to finally reach out for help, she adds.

"People will say 'I don't care what it is, call me and I'll take it'," she says.

"But they may be jumping ship into another bad situation. They need reassurance they are still valuable.

We make sure to match them with a more compatible employer."

For those candidates who need mental health care or advice on labour and human rights issues, the staff will point them in the appropriate direction. For clients who consistently have a bad reputation for management style or abuse, the agency provides honest feedback.

"We'll let them know we've had too many challenges," she says. "If there is disconnect with our core values, we won't work with them."

Creating a healthy workplace can make a difference in the \$8.5-billion already spent by businesses and insurers to cover long-term disability claims related to mental illness, or the additional \$9.3-billion for short-term leaves.

Dr. Alain Marchand, a Canadian Institutes of Health Research-funded researcher at the University of Montreal, is studying 3,000 workers at 60 companies to create tools that will help with early diagnosis and treatment of depression, burnout and substance abuse brought on by work.

"We know that some personality traits are more resistant in a stressful work situation," he says.

"If you have a strong self esteem and a strong sense of cohesion, you are able to exchange ideas and find solutions."

He says the research focuses on what companies can do to lower the incidence of mental illness--at least, for those who are sensitive enough to notice it.

"Managers need to show a strong commitment to respectful values," he says.

"If they don't adopt specific behaviours and implement health and safety resources, it will create a negative environment."

Marianne has some sage advice for those who are in this situation.

"Take a moment, and if needed, a day or a week, and reflect if it's worth continuing," she suggests.

"Don't disregard what your family and friends are telling you. Also, investigate the company before you work for it. Word does spread if it's not a good place."