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Spring 2015 VOL. 38 No. 2

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

WHEN SENIORS NEED HELP

Their numbers are climbing, but not because mental health problems increase with age. Blame it on demographics

Remember the baby boomers? They're the super-sized generation born between 1945-65. Now in their 60s and 70s, their numbers largely account for the growth in demand for psychiatric services among seniors.

That growth is especially noticeable in the geriatric psychiatry division at St. Mary's Hospital, where two doctors share the case load. There's Dr. Martin Cole, a veteran of more than 30 years who helped found the division, and Dr. Michel Elie, on staff for almost 17 years. Along with two part-time nurses they form geriatric psychiatry's core team. They're helped by social workers, occupational therapists and psychologists who also work with younger adults.

Lean numbers, yet the division deals with an impressively heavy work schedule. Fifty to 60 geriatric patients with critical mental health issues are admitted yearly to the acute-care unit. The two doctors handle 350 to 400 consults a year with outpatients, family physicians, other specialists and community resources, not to mention their consults on the hospital's surgical floor, medical floor, in oncology and the stroke unit. The division also serves as a teaching unit for McGill students and residents and for fellows from outside the city.

For Elie families are pivotal

The challenges

Biological, psychological and social — that's the classic three-pronged approach to mental health treatment, but helping seniors requires a different perspective and, often, outside-the-box thinking.

There are increased medical issues because many seniors also have concurrent problems such as a recent stroke, a heart condition or dementia. Physiotherapy is frequently required. An 85-year-old mind doesn't recover at the same rate as it would have at 40. Possible side effects and slower response times make the use of medication trickier. Most older patients do eventually respond, but it takes time and patience.

If family or friends aren't in the picture, loneliness and isolation are likely. "It's more complicated than reassuring a patient, 'Okay, we'll send somebody around to see you,'" says Elie. "Aging seniors may need psychotherapy or social

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Finland and the family

Open Dialogue, a Finnish breakthrough in treating psychosis, puts families front and centre — with striking results

About 30 years ago in Western Lapland in the far north of Finland, a group of forward-thinking family therapists recognized that the country's traditional mental healthcare system, which was oriented towards medication, was sick itself. They turned that system on its head with a network-and-talk approach to treatment they called Open Dialogue. With Keropudas Hospital serving as its nerve centre, Finland went from having some of Europe's poorest outcomes for first-episode schizophrenia and other psychoses to the best statistical results in the world.

No blame

A basic tenet of Open Dialogue is that accusing fingers are never pointed. Instead, patients and their families become partners in the recovery process.

A call for help prompts immediate action and within 24 hours a treatment meeting is organized. Open Dialogue views psychosis as a problem involving relationships. So the meeting brings together hospital professionals with family members,

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Seniors ... *continued from page 1*

intervention, but they're still very independent. They don't want to live in a group home or play bingo. It's not always easy to find the key to breaking through their isolation in a dignified, respectful manner."

The core team: Drs. Elie (l) and Cole; nurses Connie Cordon (standing) and Marie-Luce Ambroise

Patients in their 80s likely had parents born in the post-Victorian era. They grew up in the decades when, as Elie puts it, psychiatrists were not very popular. That's changed, but the prejudice lingers. It's not unusual to hear a new patient complain, "I'm not crazy. Why do I have to see a psychiatrist?" The first step for both Elie and Cole is to try and demystify mental illness and improve attitudes about treatment. With time, they succeed.

The biggest challenge of all? "I always tell Dr. Cole that with enough time and resources I can cure anybody," Elie laughs. "I'm an optimist and I'm exaggerating, of course, but aside from everything else, those are our critical needs: time and resources."

Myth or fact?

Call it prejudice or stigma, nobody is immune. Not physicians, not families and certainly not seniors. The fictions surrounding seniors and mental illness are hurtful and damaging, and Elie is quick to rebut them.

Myth: Seniors with a mental illness can't function on their own.

Fact: "Dementia aside, the majority of our patients live in their own home in the community. Some are married, some have children. Only a minority will need residential assistance."

Myth: Depression is a normal part of aging.

Fact: "Although it's the most frequent diagnosis, depression is not normal. And neither is senility. As you age you usually acquire wisdom. You have some money so you're able to travel and enjoy things. Yes, there are risk factors that older people face and these can be more difficult to address. But they're not alone. Every age has its problems."

Myth: Seniors are hard to help because they won't open up to their doctor.

Fact: "On the contrary. Once they're at ease, they're comfortable discussing even delicate subjects. We always tell our students not to hold back questions when they have a relationship with their patients. It's much easier than talking to your own children."

Not for wimps

"It's a jungle out there and old age ain't for sissies," actor Bette Davis once famously proclaimed. Many others have since voiced the same opinion — with good reason.

Loss and change are inevitable as the years tick by. The body deteriorates. Loved ones die. Living on one's own may no longer be the best idea. And yet, Elie maintains, people who grow old generally can continue to enjoy life.

"Darwin did most of his writing in his later years," he says. "A number of world leaders are in their late 70s, even 80s, and they've done amazing things. We have many active doctors at St. Mary's who are in their 70s.

"Despite the challenges, working with seniors in this division and spending time

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What's so funny?

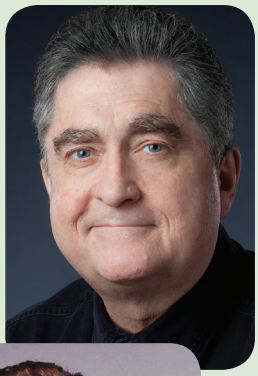
Find out May 20 at our Open Mike Night fundraiser

When two comedic minds meet in front of a live microphone, you're sure to be laughing in no time. Our first fundraiser of the year showcases stand-up comic Mike MacDonald, whose varied appearances on stage and TV in Canada and the U.S. have earned him the moniker "Canada's King of Comedy." With him will be Andy Nulman, long-time AMI member and multi-talented spark plug behind the transformation of Just for Laughs into a month-long festival smash. Both men are no strangers to the problems of mental illness.

Our Young Adult group's creativity will also be present. Members are organizing a visual arts display with the theme *What Does Mental Health Mean To Me?*

Can comedy share the spotlight with as serious a subject as mental illness? Open Mike Night will show that it can indeed. You'll be entertained, educated and you'll go home happy. Plan now to be there.

Tickets, $200; $36 for young adults ages 18-34. Sponsorship levels range from $500-$3600. Venue: Espace Reunion, 6610 Hutchison St. Tickets available in early April. Check our website for details. ❐



Couvrette/Ottawa

MacDonald (top) and Nulman

UP CLOSE AND PERSONAL

In 2010 U.S. filmmaker Daniel Mackler spent two weeks visiting Keropudas Hospital, where he was planning to shoot a documentary about Open Dialogue. His first impression was one of shock and disbelief.

"On my arrival I saw several middle-aged or older men and women shuffling at the hospital entrance. They looked quite drugged, some mumbling to themselves, and they begged me for cigarettes. I couldn't imagine that this was the place supposedly getting the best results in the world for the treatment of psychosis."

Mackler was free to wander wherever he chose, even the locked ward, without a pass or escort. He had permission to talk to staff and patients and often sat in on Open Dialogue therapy sessions. The only no-no was filming patients, prohibited by Finnish confidentiality rules.

"I learned that the people I first saw were long-term hospital patients. Some had been there since the 1970s, predating Open Dialogue, when everyone diagnosed as psychotic was heavily medicated. They were among those who didn't recover and couldn't reintegrate into the community.

"I also learned that in recent years therapists and psychiatrists had tried unsuccessfully to help these long-term patients taper off their antipsychotics, but they were simply too neurologically damaged by drugs over too many decades. They are now on the lowest doses they can tolerate."

The group was also a reflection of the Open Dialogue system. The hospital did nothing to hide them or warn visitors about them. They were not confined, but could come and go as they pleased, as welcome as anyone else. Many told Mackler they liked living at the hospital because they felt respected, safe and secure.

Keropudas is a large hospital with whole wards that are unused. They've developed such an effective system of helping people recover and permanently leave the psychiatric system that they no longer need so many beds. Their outpatient clinic has only one therapy room to serve a population of some 70,000 people.

"What I heard from those seeking help was that they felt the Open Dialogue system was fair and honest. They liked the openness and frankness of the therapists. They liked that their own voices were heard and valued, that they had a say in whether or not drugs might benefit them and that alternatives were presented. They appreciated not having to wait for help when they were in crisis and that they could invite their family and friends into therapy meetings. As for the therapists working in teams in the sessions, well, that way they could know what the therapists were thinking. And doesn't that make sense?" ❐

Account condensed for space considerations. Mackler's documentaries can be viewed gratis on YouTube. Go to **http://recoveryfromschizophrenia.org/2014/04/daniel-macklers-films-are-now-free-on-youtube/**

Finland ... *continued from page 1*

friends, the patient and any other individual important in his or her life. They all sit in a circle and the discussion begins. Everyone has a right to comment and all opinions are valued, the patient's in particular.

Listening and an exchange of views are encouraged. Understanding is more important than consensus. Ultimately the dialogue itself produces an answer to the all-important question: "What shall we do?"

Treatment meetings are held often, preferably at the family home, where individuals find it easier to be themselves. The hospital, where the mark of stigma hovers, is the second choice.

Families never feel alone, never find themselves forgotten and wondering what's happening to their relative. There are no separate staff meetings for treatment planning. Decisions about ongoing therapy, medication (antipsychotics are avoided whenever possible) and hospitalization are made while everyone is present. The same team remains involved, meeting as often as necessary until the urgency has passed and the danger has subsided.

Impressive numbers

Since 1984 Open Dialogue has been expanded at Keropudas Hospital to the point where it's now their standard admissions format. They've integrated it with other forms of psychotherapy and rehabilitation services and made an ongoing three-year family therapy training program mandatory for the entire staff.

The results of a study that compared Keropudas Hospital with two other Finnish research centres, where medication for psychosis was being routinely used, are enlightening:

The Open Dialogue patients were hospitalized less frequently. Only 35 percent of them required antipsychotic medication versus 100 percent in the comparison group. At the two-year followup to the study, 82 percent of patients at Keropudas had only mild or non-visible psychotic symptoms compared to 50 percent at the other centres. More patients at Keropudas were employed. Twenty-three percent compared to 57 percent were living on disability. Relapses occurred in 24 percent of the Open Dialogue cases, 71 percent for the others.

While failure remains a frequent occurrence with the severest psychiatric problems, Open Dialogue is providing new hope for quicker recovery. It has humanized and improved patient care. And as for families, they can at last take their place as involved and respected members of their loved one's treatment team. ❐

Edited from *The Open Dialogue Approach to Acute Psychosis: its Poetics and Micropolitics*, Jaakko Seikkula and Mary E. Olson, *Family Process*, vol. 42, no. 3, Fall, 2003.

SPRING 2015

SUPPORT GROUPS

For family, friends and people with mental illness unless otherwise indicated

Mondays 7:00pm 4333 Côte Ste-Catherine Road unless otherwise indicated. No registration necessary

For details visit **amiquebec.org/programs-support**

FAMILY for relatives and friends
April 13, 20, 27; May 4, 11, 25; June 1, 15, 22

SIBLINGS AND ADULT CHILDREN for relatives
April 20; May 11; June 15

BIPOLAR DISORDER
April 27; May 25; June 22

DEPRESSION
April 13; May 4; June 1

OBSESSIVE COMPULSIVE DISORDER
April 20; May 11; June 15

HOARDING GROUP (in collaboration with Quebec OCD Foundation)
April 27; May 25; June 22

KALEIDOSCOPE for people with mental illness
April 20; May 11; June 15

ANXIETY
April 13; May 4; June 1

SOUTH SHORE for relatives and friends
Wednesdays 6:30pm
Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park
April 1, 15, 29; May 13, 27; June 10

LIFELINE for people with mental illness
Alternative Centregens, 3820 Montée St-Hubert in St-Hubert
Call 450-651-0651 for dates and times

Registration required for programs below (Visit amiquebec.org or call 514-486-1448 for details or to register)

Borderline Personality Disorder for caregivers
9-session program begins April 20

Coping Workshop for caregivers
May 12

Roundtable Discussion
April 22

Tele-workshops
April 8; May 20

BOARD MEETINGS
Tuesdays 7:00pm at AMI
April 7; May 5; June 2

OPEN MIKE NIGHT (See p.2)
May 20

ANNUAL GENERAL MEETING
June 9

WHY STIGMA STICKS

People will seize on all sorts of excuses to mask their true feelings, but the unvarnished truth still remains: stigma is stigma. A good example is what can and does happen in the workplace. Fortunately some enlightened companies are striving to change things

What is stigma anyhow? Webster's dictionary calls it "a set of negative or often unfair beliefs that a society or group of people has about something." But some researchers in the U.K. reject that definition, claiming the word "beliefs" is too narrow to get at the root of the problem. They see stigma as a breakdown in knowledge, attitudes and behavior. In everyday terms that means ignorance, prejudice and discrimination.

Mental illness prejudice often translates into fear, a surprisingly enduring reaction in our communication-fixated age. There are billboards and public service announcements explaining what mental illness is. Advertising informs us about effective treatments. Successful, well-known people, from Olympians to hockey stars, have shared their experiences. If all that can't change attitudes, something else must be going on.

One neutralizing influence is media coverage that focuses too often on the negative. A report by Robert Whitley and Sarah Berry of McGill University found that 40 percent of news articles about mental illness were associated with violence and danger. Only 18 percent included messages of recovery. Stories in the popular press suggest that mental illness and people affected by it are best avoided.

Stigma in disguise?

Moods Magazine recently conducted a survey to understand the attitudes of working Canadians in Ontario. The results were revealing. Sixty-four percent of respondents said they'd be concerned about the effect on work if a colleague had a mental illness. Forty-three percent of that number explained their concern as fear for their safety and the safety of others. They also worried that co-workers with a mental illness would not be reliable.

Fear is a double-edged sword. It can also prevent people from seeking help when they need it. In the same survey, 39 percent indicated they would not tell their managers if they had a mental health problem. More than half of this group believed that disclosing would hurt their careers.

continued on page 7

The clues were there for the looking

The suicide of Robin Williams last August set off a wave of grief and shock. But not everybody was surprised

Behind the smile, despair

Uniquely talented. Hilarious. Award-winning actor. Comic genius. There was no shortage of accolades bestowed on Robin Williams during his long career as a well-loved entertainer.

So when news came of his suicide, most people were at a loss to understand. In the words of Dr. Thomas Insel, director of the National Institute of Mental Health, it was "like finding out that a world-class marathoner was battling congestive heart failure — almost too much to believe."

But not even Williams, for all his insightful understanding of the human condition, was able to conquer his own personal demons — a toxic mix of depression coupled with alcohol and drug addiction.

Were the seeds of his illness planted in an unhappy childhood? That's not for us to say, but what is known is that Williams grew up a shy, overweight boy often bullied and beaten up at school, a loner with few friends save his army of toy lead soldiers and his boundless imagination to brighten the solitude.

To many, suicide often seems unfathomable because the signs leading up to it are not always evident. Williams, being such an accomplished actor, was able to wear his cheery mask with flair, successfully hiding his ongoing battles from all but a few people. Even so, hints of the truth sometimes slipped out.

After his darker roles in *One Hour Photo* and *Insomnia* in 2002, reporters began sensing a difference in Williams' behavior. In 2010 a British columnist wrote that he appeared to be "... almost mournful, and when he's not putting on voices he speaks in a low, tremulous baritone — as if on the verge of tears. The overwhelming impression is one of sadness."

More recently, someone from the set of the cancelled sitcom, *The Crazy Ones*, in which Williams had starred, said that "He was struggling. He held it together, but you sensed he was holding something in, something just on the edge. Some people would say it was a manic, zany side, but I think it was more of a sadness."

In 1982 John Belushi, a close friend, died of an overdose, prompting Williams to determine to get clean for good. Once sober, he frequently joked on stage about his addiction struggles and attributed his role as a father to helping him keep his resolution. It was not to last. In 2014 he sought treatment once again, telling the media it was a preventive measure to help maintain his sobriety.

Right up until the end, most observers thought Williams was doing well. He always appeared happy, but then acting is what actors are trained to do. Perhaps he, himself, summed up the conundrum of his depression better than anyone. Leaving the stage one night with the audience still cheering, he commented: "Isn't it funny how I

continued on page 7

DEPRESSION TREATMENT MAKING NEWS

A new, dually effective antidepressant is now available for use in Canada

Its trade name is Trintellix and it's been here since the end of last year. Developed by the pharmaceutical firm Lundbeck, it's intended for those adults suffering from major depressive disorder (MDD) who've never used an antidepressant before or whose prior response to antidepressants such as selective serotonin reuptake inhibitors was unsatisfactory.

Two sides to MDD

Depression is commonly known as a mood disorder leading to inertia, lack of interest, low self-esteem and feelings of hopelessness. But there's also a cognitive-dysfunction side to MDD that can cause memory loss, poor decision-making and difficulties in concentrating. It's most acute during severe depressive episodes, but for some people it never lets up. Cognitive dysfunction is increasingly believed to underlie much of the persistent disability associated with the illness.

Past experience has found that while some medications taken to help MDD are effective, they haven't done much to improve cognition and may have inadvertently made things worse.

That's the encouraging news about Trintellix. In controlled clinical trials in various countries including Canada, it was found to manage both sets of conditions. Patients not only reported relief from their depressive symptoms, their cognitive functions also improved.

MDD affects more than one in 10 Canadians over the age of 18. It occurs twice as often in women as in men. ❐

People are increasingly speaking up about their mental illness and receiving applause, not scorn, for their efforts. This text has been abridged from a blog on depression by Jonathan Levitt. Consider it another nail in stigma's coffin.

UNAFRAID, UNASHAMED

We live in a world where mental illness is ignored. If we need an opportunity, however tragic, to create conversation and awareness, then I say, seize it. Robin Williams' death is an opportunity to talk about depression and mental illness, just as Columbine (and countless other school shootings since) was an opportunity to talk about gun violence and 9/11 an opportunity to talk about terrorism.

Tragedy leads to discourse. At least it should.

I was particularly hard hit by the Robin Williams news because I can empathize. I am also a man who suffers from depression. It's not terrible. I take a happy pill daily to keep my serotonin levels adjusted. For the most part I'm in a good place and have been for many years.

But I wasn't always that way. Before I knew I suffered from depression, I often felt anxious and overwhelmed. I had a hard time dealing with stress and change. I let important relationships fall by the wayside because I didn't have the energy to maintain them. Some days I just went through the motions and there were days when I didn't get out of bed.

About 10 years ago, my therapist suggested an antidepressant and I've been like a new man ever since.

Why the depression confession?

I can't begin to tell you how much I struggled with writing this post.

We just don't talk about depression as a society. In dark corners, sure. But not in the mainstream. I think depression is seen as a sign of weakness and we're all afraid to discuss it openly. But speaking truth takes great strength and courage. And that's what I'm calling for — and living out — today.

Here's what was going through my head as I agonized over whether or not to publish this blog: **Will people think I'm weak?** My friends won't, my colleagues might. I hope not. At this point in my career the work should speak for itself. **Will this knowledge be used against me?** Of course. People will undoubtedly wonder if my behavior is ever the result of a "mood." But I am finely in tune with myself and know when not to make big decisions. The rest of the world may not get this, but it is a big concern for me as it snowballs into questions about my credibility at work. **I can't change my mind or ever take it back.** Once this blog post goes live, depression is a label I will wear forever. I'm okay with that. The people who really matter are the ones who recognize that this — like all the other pieces of me — makes the man. We're all fighting something. I think the fight makes me stronger. And I'm certain it makes me a better person.

A call to action

There are undeniable social stigmas associated with mental illness, so many people refuse to talk about it. In fact, 80 percent of people who walk around with symptoms of clinical depression remain completely untreated — probably for this very reason.

The Sandy Hook shooter is believed to have suffered from mental health issues. Since then there have been over 75 more school shootings [in the U.S.]. Meanwhile, the gun-control debate continues despite our inability to make meaningful headway. The equally (if not more) important issues of mental health remain in the shadows.

The time has come to drag these conversations, kicking and screaming, into the light. The time has come to be truthful and brave, to open our minds or share our stories.

As for me, I'm no longer afraid to admit that I'm on antidepressants. They have had a huge impact on my life.

Gone public and glad of it

While I'm not expecting others to announce their similar struggles, I'll admit I'm hoping for it. Real stories like mine can change the discourse, change minds, change our future.

If I can influence even a single person to step out of the shadows, great.

My name is Jon, and I suffer from depression. (But really, I'm okay.) ❐

Read this complete blog at **www.sonicboom.com/fr/my-name-is-jon-and-i-suffer-from-depression/**

Stigma ... *continued from page 4*

And yet there's a silver lining in the survey. Of those who said they'd be concerned about a colleague's mental illness, over 50 percent indicated they'd want to help if they could. Many attributed their automatic reluctance to fear of making the problem worse. Among people who said they might disclose their mental illness to their managers under the right conditions, they'd do so if the two had a good relationship, if there were supportive co-workers, if the company had appropriate policies and practices in place and, as an extra incentive, if others in their organization had positive experiences when they disclosed.

A vicious circle

It's a fact that symptoms of mental illness can decrease work efficiency. This makes support critical for those finding their jobs challenging as well as for minimizing the loss in productivity. Yet because of stigma, those asking for help believe they'd risk losing the support of their supervisors and co-workers. Rather than gamble on impacting work relationships, they'd prefer to live with their shame and hide their struggles. The organization's productivity becomes collateral damage.

Contact and understanding are ways of dispelling negative beliefs. Contact increases and prejudice decreases when people disclose their experiences.

It's taken a long time, but employers are at last becoming aware of that fact and the importance of providing a mentally healthy workplace. Notes Michael Pietrus, director of the Mental Health Commission of Canada's Opening Minds program, "This is thanks in large part to those organizations willing to lead the way. By identifying and initiating training programs that have proven results in decreasing stigma, they're helping change attitudes."

Robin Williams ... *continued from page 5*

can bring great happiness to all these people, but not to myself."

Tragedy by numbers

According to the World Health Organization, someone around the globe commits suicide every 40 seconds. Over 800,000 people die by their own hand each year. The Centers for Disease Control and Prevention reveals that suicide rates in the U.S. have reached 39,518 annually. Statistics Canada reports that in 2009 3,890 deaths were attributed to suicide in this country. The necessity to learn more and find better ways of reducing, even preventing, such devastating outcomes is more urgent than ever. ❐

Adapted from *Robin Williams* by Rebecca Gladding Difilippo and *The inconvenient truth about mental illness* by Thomas Insel, MD, both in *Moods Magazine*, Fall, 2014.

Martin Luther King Jr. nailed it when he said, "People fail to get along because they fear each other; they fear each other because they don't know each other; they don't know each other because they have not communicated with each other."

He was talking about a social ill, not a mental illness, but the same principle applies. Once the barriers are down and the workplace becomes a proactive and safe environment for vulnerable employees needing help, there'll be one less place for stigma to stick. ❐

Based on *What is stigma exactly?* by Carolyn S. Dewa, *Moods Magazine*, Winter, 2015.

TRIBUTES & MEMORIALS

In honor of Noah Schachter and Toba Cooper
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In honor of Arlene Berg
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In honor of Benjamin Librowicz
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Isabelle and Geoffrey Gelber

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Kirsten Wallace

In honor of Grace Gallay
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In honor of the Mannella family
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Lynn and Andy Nulman

In loving memory of Hilary Griffiths
Andrée Boyer

In memory of Mario De Giorgio
Maria Gagliardi

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Seniors *... continued from page 2*

with them, you can only admire their maturity and wisdom, their ability to adapt and function. In my experience, that's the key: those who do best are the ones most able to adapt."

And the ones lucky enough to have the support of family members or a social network. Their presence counteracts many of the negatives of aging and makes an enormous difference to a person's quality of life.

In geriatric psychiatry at St. Mary's, patients usually come in with their children. If a spouse is available, so much the better. The two physicians see families as pivotal and like to have them involved right from the beginning, when the first interviews are done.

Elie offers two words of advice to seniors facing mental health problems: don't procrastinate. "The sooner you get a doctor involved, the more easily you can be helped." And a message to families: "Mental health professionals have seen and heard it all. So don't withhold information about your relative out of shame and fear of prejudice. Be frank and you'll be part of the solution, not the problem." ❐

janssen This issue of *Share&Care* has been made possible by an educational grant from Janssen Inc.

amiquébec
Agir contre la maladie mentale
Action on mental illness

AMI-Québec, a grassroots organization, is committed to helping family caregivers* manage the effects of mental illness through support, education, guidance and advocacy. By promoting understanding, we work to dispel the stigma still surrounding mental illness, thereby helping to create communities that offer new hope for meaningful lives.

* Family caregivers are those in the circle of care, including family members and other significant people, who provide unpaid support to a person living with mental illness.

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