

# **Major Mental Illnesses – What Are They and What Do We Do About Them?**

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# What is mental illness?

- | Mental illness is a biological illness involving abnormalities in neurotransmission in the brain.
- | It is NOT a sign of mental weakness.
- | It can happen to anybody.
- | Psychiatric diagnoses have specific symptoms

# What are some of the types of mental illness?

- | Psychotic disorders
- | Mood disorders
- | Anxiety disorders
- | Cognitive disorders
- | Personality disorders
- | **Substance-related disorders**

# Psychotic Illnesses

- | What is psychosis?
  - A disconnect from reality
  - Can involve delusions and/or hallucinations
  - Can occur in various diagnoses, including schizophrenia, bipolar disorder, major depressive disorder, and substance abuse

# Psychosis

- | What are delusions?
- | Delusions are beliefs that are firmly held despite evidence to the contrary. They can be bizarre (completely unrealistic) or non-bizarre (within the realm of possibility).

# Psychosis

## Common delusional themes

- Paranoid/persecutory: believing others are out to harm oneself
- Grandiose: believing one has special powers or relationships
- Delusions of control: believing others can control one's thoughts
- Referential: believing one gets special messages from the TV/radio

# Psychosis

- | What are hallucinations?
  - May occur in any of the senses
  - Auditory hallucinations are most common in schizophrenia
  - Multiple voices conversing with one another or commenting on the person's behaviour are characteristic of schizophrenia
  - Hallucinations may be command in nature (ie voices telling someone to do something)

# Psychosis

- | Are psychotic people violent?
- | **Evidence agrees: not more than anyone else.**
- | Exception: when drugs/alcohol are involved.
- | Violence rates of intoxicated mentally ill are similar to normal and healthy people when intoxicated
- | People with mental illness are actually more likely to be victims of violence because they are vulnerable.

# Psychosis

- | What about the Vince Li's and Allan Dwayne Schoenborn's of this world?
- | Such cases get a lot of media attention because they are so horrific, but they are very rare.
- | Individuals found not criminally responsible due to mental disorder (NCRMD) in BC may go to the Forensic Psychiatric Institute in Coquitlam. Decisions about plan are made by the BC Review Board.

# Drug-Induced Psychosis

- | Street drugs can cause psychotic symptoms, or can trigger the emergence of symptoms in people with an underlying psychotic disorder
- | Cocaine and crystal meth are among the worst offenders for drug-induced psychosis, but marijuana can trigger psychotic symptoms as well

# Drug-Induced Psychosis

## I How do we treat it?

- Antipsychotic medications can help to some extent, but it's very hard to medicate over top of something like crystal meth
- Stopping the drug use is the best thing
- People may require short hospitalizations if they are unmanageable in the community

# Drug-Induced Psychosis

- | How do we tell the difference between drug-induced psychosis and other psychotic illnesses?
- | Sometimes we can't tell for sure.
  - Have they been hospitalized?
  - Have they needed long stays or have they cleared quickly?
  - Do symptoms ever occur when sober?

# Schizophrenia

## I Symptoms:

- **Hallucinations**
- **Delusions**
- Disorganized thinking and behaviour
- “Negative symptoms”: lack of facial expression, lack of motivation, lack of interest/pleasure, social isolation, poor self-care, poverty of speech
- Catatonia (changes in movement)

# Schizophrenia

- | Other characteristics of schizophrenia:
  - There is a decline in overall functioning, including social relationships, work, and school
  - Onset is usually in the late teens or early 20's
  - Slightly higher incidence in men than women
  - There is often a family history, suggesting a genetic component to the illness

# Schizophrenia

- | More characteristics of schizophrenia
  - Decreased life expectancy (in part due to suicide risk)
  - Lack of insight is part of the illness
  - Sleep disturbance is not uncommon
  - Very high incidence of nicotine dependence

# Schizophrenia

- | Does everyone with schizophrenia present the same way?
- | No. There are different subtypes of schizophrenia: **paranoid**, disorganized, catatonic, undifferentiated, and residual. People's symptoms can vary widely. For example, not everyone with schizophrenia hears voices.

# Schizophrenia – Treatment and Management

- | Antipsychotic medications are necessary
  - pill form, or some as long-acting injections
- | Psychosocial rehabilitation
  - strengths and abilities
  - trying to forge connections in the community

# Schizoaffective Disorder

- | A combination of psychotic and mood symptoms
  - Abnormal ups (mania)
  - Abnormal downs (depression)
- | Treatment is similar to treatment of schizophrenia, but often with the addition of a mood stabilizer

# Mood Disorders

- | Does everyone who feels depressed have a diagnosis of depression?
- | No. People can feel down for many reasons - current situation, past trauma, substance abuse.
- | For a diagnosis of major depressive disorder, people have multiple other symptoms besides low mood.

# Major Depressive Disorder

- | Symptoms (lasting most of the day, nearly every day, for at least 2 weeks):
  - Low mood
  - Loss of interest in almost all activities
  - Changes in sleep
  - Changes in appetite and weight (most often decreased appetite and weight loss)
  - Low energy

# Major Depressive Disorder

## I More symptoms:

- Difficulties with memory and/or concentration
- Changes in movement, either slowed down or sped up
- Hopelessness
- Feelings of guilt
- Suicidal thoughts



# Depression

- | Treatment of choice is antidepressant medication
- | Newer antipsychotic medications can be added to an antidepressant
- | Counseling (**C**ognitive **B**ehavioural **T**herapy in particular has good evidence)
- | Electroconvulsive therapy (ECT) is mostly done in hospital, but some people get maintenance ECT in the community

# Bipolar Disorder

- | The bipolar spectrum includes bipolar I disorder (periods of mania and depression) and bipolar II disorder (periods of hypomania and depression)
- | Patients experience discrete episodes of mania/hypomania and depression, or sometimes “mixed episodes” that have characteristics of both

# Bipolar Disorder

- | Symptoms of mania:
  - Decreased need for sleep
  - Elevated mood
  - Irritability
  - Pressured speech (rapid, difficult to interrupt)
  - Tangential thinking

# Bipolar Disorder

- | More symptoms of mania:
  - Dis-inhibited behaviour (ex: hypersexual behaviour)
  - Excessive spending
  - Grandiose thinking (ideas that they have special abilities/relationships)



# Bipolar Disorder Treatment

- | Mood stabilizers treat both manic and depressive symptoms
- | Newer antipsychotics have mood stabilizing effects and also treat psychotic symptoms
- | Antidepressants are sometimes used for bipolar depression, but don't tend to work as well as they do for unipolar depression, and there is a risk of triggering mania

# Suicide Risk

- | There are various reasons that people experience thoughts of suicide.
  - difficult life circumstances
  - episode of depression
  - related to psychotic symptoms, such as experiencing command hallucinations to kill oneself.

## **Suicide risk - When should I be concerned?**

- | If someone is expressing thoughts of suicide, particularly if they are expressing a plan and the means to act on that plan are available
- | If someone is expressing feelings of hopelessness or helplessness
- | If there is a significant change in behaviour, such as becoming withdrawn, or giving away valuable possessions

# Suicide Risk Factors

- | **Previous suicide attempts** or family history
- | Mental illness; in particular command hallucinations to self-harm
- | Recent loss (of a loved one, or loss of level of functioning) or stressful life events
- | Being socially isolated, lacking in support systems
- | Expressing suicidal thoughts
- | Chronic illness, pain
- | Demographic factors (males, elderly, divorced)

# Protective Factors Against Suicide Risk

- | Religious/spiritual beliefs that prohibit suicide
- | Strong social support network
- | Sense of responsibility to others (family, pets, work, etc)
- | Strong coping and problem-solving skills
- | Hope for the future

## Who should I call about someone who's feeling suicidal?

- | The local mental health team
- | Mental Health Emergency Services
- | 9-1-1 if there is an immediate danger
- | SAFER (Suicide Attempt Follow-up, Education, and Research) 604-675-3985 provides short-term counseling for individuals experiencing suicidal thoughts

# Is Addiction a Mental Illness?

- | Yes, but it is a specialized field, and addictions staff often have different training than mental health staff
- | In Vancouver there are addictions teams at each of the Community Health Centres
- | People can be connected to detox and other addictions resources through Access Central at 1-866-658-1221

# Other Psychiatric Disorders

- | Anxiety disorders: generalized anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder
- | Eating disorders: anorexia nervosa and bulimia nervosa
- | Cognitive disorders: eg Alzheimer's and other dementias
- | Personality disorders

## What laws are there related to mental illness?

- | BC has legislation called the **Mental Health Act**. It allows for the involuntary treatment of mental illness for individuals that meet certain criteria. This treatment is generally in hospital, but involuntary treatment can continue in the community under what is called “extended leave”.

## What are the criteria for certification under the Mental Health Act?

- | The person has a disorder of the mind that requires treatment and which seriously impairs the person's ability to react appropriate to his/her environment or to associate with others
- | The person requires treatment in or through a designated facility

## Certification criteria (continued)

- | Requires care, supervision and control in or through a designated facility to prevent his/her substantial mental or physical deterioration or for the protection of the person or for the protection of others
- | Can not suitably be admitted as a voluntary patient.

## What if someone has a mental illness and refuses treatment?

- | If the person is certified by a physician under the Mental Health Act, they can be taken to hospital for involuntary treatment.
- | If someone is not certifiable, the best thing to do is work on building a trusting relationship with the hopes that the person will become more open to treatment.

## What are the emergency resources that are available?

- | Mental Health Emergency Services (604-874-7307) operates 24/7. Callers speak to a mental health nurse. MHES is also involved with car 87/88, a partnership with the VPD.
- | Crisis lines at 604-872-3311 or 1-800-SUICIDE are run by trained volunteers, and they will redirect callers to other emergency services as necessary
- | 9-1-1

# What are police able to do?

- | Police can apprehend someone under section 28 of the Mental Health Act if they believe that a person is “apparently suffering from a mental disorder” and “is acting in a manner that is likely to endanger their own safety or that of others”.
- | Police can apprehend someone who has been certified by a physician in the community, or recalled under the extended leave provisions of the Mental Health Act

# What resources are available for people with mental illness?

- | Family doctors
- | Private psychiatrists
- | Counselors or psychologists in private practice
- | Employee assistance programs are offered by some workplaces
- | Pender Clinic and Downtown Clinic offer both addictions and mental health counseling, with no charge
- | Mental health teams

## What does a mental health team do?

- | Vancouver's mental health teams have a mandate to treat individuals with a **severe mental illness** whose functional impairment, as a consequence of this illness, requires a broad range of coordinated services provided by an interdisciplinary team
- | Diagnostically, this generally includes schizophrenia, schizoaffective disorder, bipolar disorder, and sometimes individuals with severe depression

## What does a mental health team do?

- | Every client has a case manager (a nurse, social worker, or counselor) and a physician
- | Rehab department staff include occupational therapists, recreation therapists, and peer support workers
- | We refer to other services as appropriate, including housing and vocational resources

## How Do I Refer to a Mental Health Team?

- | Each mental health team has a catchment area, so the team will want to know the client's address, as well as name and some sort of identifier such as birthdate
- | Strathcona Team (DTES) does its own intakes – call 604-253-4401
- | All of the other teams go through Central Access – call 604-675-3997

## When do I call the mental health team?

- | If you know or think that a client has a severe mental illness
- | If you are concerned about the client's safety due to mental health issues
- | But... if the client is aggressive or threatening, call 911 for police assistance