

# NEWSLETTER

OF THE KENTVILLE CHAPTER OF THE SCHIZOPHRENIA SOCIETY OF NOVA SCOTIA



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NOVA SCOTIA

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## NOTE FROM THE EDITOR

Welcome to our newsletter. Our main theme is the "Decriminalization of the mentally ill." This is a major problem amongst the mental health consumer population. Many consumers get caught up in the Justice System and are in and out of jail and don't get treatment for their illness.

In this edition I've written an article about the subject of decriminalization. Wendy Elliott has graciously given us permission to use an article which she had published in the Advertiser. In addition I have included an item written by a consumer about his personal experiences with mental illness, and there is a poem written by the mother of a mental health consumer.

We sincerely hope that this edition will be of help to you, whether you are a consumer, family member, or a friend of a consumer. We also hope that even if you have no connection with the mentally ill, that this edition will help explain something about mental illness, and some of the issues faced by those who are ill, and those who care for them.

## ILL OR CRIMINAL

*By Tony Legere*

When a mental health consumer gets caught up in the justice system is it because he is ill or because he has a criminal mind? There is a difference between someone who is mentally ill and someone who has a pure criminal mind. A person with schizophrenia suffers from delusions and from visual and auditory hallucinations. On the other hand a criminal mind has nothing to do with the physiology of the brain. It is just the way the person thinks. Period.

When a person becomes mentally ill and is brought to a hospital he is examined by a psychiatrist. If the doctor detects mental illness he explains the problem to the patient. He informs the person just exactly what is happening to him. He explains the treatment that he feels is appropriate for that particular patient. If his patient is not a danger to himself or others the doctor gives that person the right to consent to the treatment or to refuse it. Many times people who are ill have no insight into their problem. As a result they do not believe they are ill and refuse the treatment proposed. They are free to leave the hospital.

What happens after that? Symptoms usually get worse as time goes on. They experience all kinds of visual and auditory hallucinations.

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Many times the person becomes paranoid. Even though this person might not be a danger to himself or someone else they might break the law in other ways. They might be hearing voices telling them to smash out a car window. They might suffer from a delusion that there are evil spirits in their apartment and if they burn the apartment down this will destroy the spirits. So they may light the fire and burn the building down.

They are arrested by the police and brought to court. If the evidence shows they committed the crime they are sent to jail. While in jail they still refuse their treatment because they do not think that they are ill. So not only are they seriously mentally ill but they are spending their time locked up behind bars with no freedom to do what they wish or go where they please.

The time comes when they are finished serving their sentence and are released back into society. The problem is that they are still ill and no better off than they were when they were sent to jail. They are still having hallucinations and delusions and are probably still paranoid. The time comes when they commit another crime, are arrested once more and sent back to jail. Again when their time is completed they are released again. They spend their time in and out of jail. I call it the revolving door syndrome.

Sometimes the person spends more time in jail than out. All because of their so-called right to refuse treatment.

Families watch a son or daughter whose illness grows progressively worse day by day, month by month - who stays up all night pacing through the house, who suffers hallucinations, who hears voices and sees the ghostly

forms of devils dancing on the walls, who suffers anxiety, inability to concentrate, and confusion. But because their thinking is so disorganized, because their responses to reality so inappropriate, they refuse the medication that can make them well.

There are too many people with schizophrenia who go through the justice system instead of being helped in the hospital. There are too many who have to carry the stigma of being a criminal as well as the stigma of mental illness. And that's a terrible shame, because it doesn't need to be.

The question is: What can be done to prevent this sad state of affairs? What can be done to decriminalize the mentally ill? At the present time the only possible solution is Bill 203, called the Involuntary Psychiatric Treatment Act, passed by the Nova Scotia Legislature last year. Bill 203 does not guarantee the decriminalization of the mentally ill but I personally feel it is a step in the right direction.

According to Bill 203, people who are a danger to themselves or others is not the only requirement for which they may receive involuntary treatment. Now, if they suffer serious physical impairment or serious mental deterioration as a result of their illness, they, also, will be candidates for involuntary treatment. If they will benefit from treatment but are not suitable for voluntary admission they will receive involuntary treatment in a hospital setting.

But a hospital is not the only place where they can receive treatment. The bill has provision for Community Treatment Orders, which is also involuntary treatment for mental health patients. This a

great way to treat people because although they receive treatment to get well against their will, but have the privilege of doing so in the community instead of in a hospital. They don't have to be locked up, they are free to live where they want, go where they want, do what they want. They can get an education, get a job, socialize anywhere they want, and live according to their rights as a Canadian citizen.

People with schizophrenia are ill and need help. It is not an issue of removing their rights, it is an issue of whether or not they will be provided with a safe environment where they can recover from a terrible illness.

This Bill is not the full solution to the problem, but it is assuredly a start. We still have a long way to go, but I think it is an important document, and in the future may do much to relieve the plight of those who refuse medication

THE NEXT MEETING  
OF THE  
KENTVILLE CHAPTER  
OF THE  
SCHIZOPHRENIA  
SOCIETY  
WILL BE HELD  
AT  
7 p.m. ON WEDNESDAY  
APRIL 12th  
AT CMHA,  
(IN THE ARMORIES  
BUILDING)  
ON JUSTICE WAY  
KENTVILLE

## DO MENTAL HEALTH ISSUES BELONG IN THE CRIMINAL JUSTICE SYSTEM

By Wendy Elliott

(Reprinted with permission)

The voice on the other end of the phone sounds distraught. This woman, whoever she is, is close to tears. I try to make her focus by asking specific questions.

"Begin at the beginning," I suggest.

Her husband has been battling mental illness for two years. She tells me that since they moved to the Valley in March to be near family and save costs, life has become a nightmare.

The quality of psychiatric care here is vastly inferior to that available in Halifax. The husband has regressed. She had to leave her job to care for him. He can be manic, but at other times he is practically catatonic. Twice she has had to call the police for protection and yesterday he was in court.

"He assaulted me with muffins. At first they called it assault with a weapon. He is a good man, but he is ill. I was afraid. The police are as kind as they can be."

I ask her to tell me what happened in court.

"The judge told me I was not allowed to take him home", she said. So this woman took her ill husband as the judge suggested to the Valley Regional Hospital. He was not admitted.

Then she described how he took off downtown.

"When I found him he was trying to take his clothes off and put them in the garbage. He was having an episode."

The wife told me it looked as if her husband was going to spend two nights at Fidelis House and then receive shock therapy as an out patient.

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"Will they admit anyone? I've been hearing so many horror stories. This feels like a Third World Country."

By this time I was genuinely feeling her pain.

"What's the biggest difference between the health care your husband received here and in Halifax," I asked her.

After a moments thought she replied, "Compassion."

My heart directed me to try and help her. I spent a good part of the day on the phone only to learn that most mental health consumers are considered competent if they know what a judge or a lawyer do, never mind what they do with muffins. I was informed that space is so tight at Valley Regional that physically sick patients have lately been placed in the psychiatric beds.

One MLA I spoke with said he'd heard of other long, lingering cases where people with mental illnesses had disturbing treatment histories. It was then I remembered reading only recently in the Globe and Mail that 30 years ago we had almost 50,000 psychiatric beds in Canada. Now Andre Picard says there are about one tenth that number.

No wonder that man was out in the cold. Local Police told me that 20 years ago when law enforcement officers brought in someone with mental health concerns they were automatically assessed in hospital for 24 hours. I guess that was when we had more beds and more compassion.

In the so-called crime chronicles of this newspaper there are others criminalized for having a mental illness. There was the naked woman on a front lawn in New Minas that police reacted to on three different days.

Only a week or so ago, police were called to the hospital because a patient wouldn't leave.

Apparently this man had been treated, but was walking in circles and singing in the waiting room.

Worst of all were the six cases of attempted suicide I've counted in the past two years that did not get admitted. The worst call came from a grandmother trying to cope with a grandson who'd tried to hang himself. It is three years ago now that an RCMP inspector thought that having a meeting might prevent such ill people being turned back on the community. Red flags have been flying for some time now.

There is a new provincial piece of legislation, the Involuntary Psychiatric Treatment Act, which will attempt to help those who won't ask for help. But what about all the sick people who ask and are turned away?

Kentville Police Chief Mark Mander says the mentally ill can pose a risk to themselves, their families, and to the community. I know the risk is greatest for the patient, but what of the stress on that wife?

In the town of Kentville alone, the number of Mental Health Act complaints is growing annually. There were 48 reports in 2000 and 96 last year.

"The trend is up," says the chief. "These are some of the most dangerous files that the police deal with."

Furthermore Mander contends, "These people should be getting the help that they need through a hospital and not through the criminal justice system."

As a society, don't we want the homeless housed, the hungry fed, and the sick receiving treatment? As one legal aid lawyer I talked to about these cases pointed out the Child Protection Act doesn't fool around. If there is a risk children are removed. Are the mentally ill somehow lesser citizens that we condemn them to live on the street, go to jail, and needlessly suffer?

# CONFERENCE

## SCHIZOPHRENIA: LIVING IN THE COMMUNITY

The Schizophrenia Society of Nova  
Scotia

in partnership with

Capital Health Department  
of Community Services

will present the

## 18TH ANNUAL CONFERENCE

on Thursday, May 25, 2006

at  
Hugh Bell Service Centre  
Nova Scotia Hospital  
300 Pleasant Street  
Dartmouth, N.S.

# AGENDA:

7:45 - Registration Begins  
8:30 - Morning Plenary  
10:00 - Nutrition Snack Time  
10:15 - Morning Speakers  
12:00 - LUNCH  
1:30 - Afternoon Speakers  
3:30 - Plenary and Closing

COMMUNITY ORGANIZATIONS  
AND BOOTH DISPLAYS  
AND MUCH MORE.  
DON'T MISS A THING!

LEARN ABOUT  
Understanding and Healing  
Best Treatment Strategies  
The End of Stigma  
People Working Together  
Leadership

# SPEAKERS

Stephen Ayer  
Heather Beaton  
Sgt. Keith Brumwell, RCMP  
Steve Cann  
Dorothy Edem  
Dr. John Gray, SSC  
Sandra Hennigar  
Bob Jollota  
John Lutz  
Dr. Bianca Lauria-Horner  
Noel MacKinley  
Andre McConnell  
Dr. Heather Milliken  
Dr. Cheryl Murphy  
Linda Smith  
Martin Singh  
Dr. Michael Teehan  
Jon Welland

## WALK BESIDE HIM

A footstep sounds on the pavement,  
A hand reaches out from the side  
I watch and I know he is wanting  
Another to walk by his side.

Another's footsteps to echo  
With his on the long lonely walk,  
Another to share the long journey  
Another to whom he can talk.

It doesn't seem much to be wanting  
But sometimes is so hard to find  
Another to share in the living,  
Another who'll always be kind.

Someone please go walk beside him  
Share with him his heartaches and joys,  
Don't let him leave living behind him  
As one day he did leave all his toys.

Go make his life worth the living  
Take his hand and with him please walk  
And when he does long for silence  
Please know it, then please do not talk.

By Myrtle E. Eldridge (1927-1993)  
With the kind permission of Michael Eldridge

## BEYOND EXPECTATIONS

Living a meaningful life, with independence and a respectable standard of living, is mostly reality to me now. But after my first diagnosis of schizophrenia about thirty years ago, the doctor's prognosis was not good, and did not promise those things that I have now.

Life started for me from that point as the experts had predicted, but not so tragic as some experienced. I thought I was semi-lucky compared to some, having responded reasonably well to Trilafon. Looking back, I admit, I was stuck in a low gear, but functioning. Some of my contemporaries fared more of a roller coaster, a revolving door experience.

What my beef about my existence was that expectations were set low for me. I know most good intentioned people wanted me to be cautious so as not to set myself up

for disaster. And I appreciated this sentiment. But some seemed to want me to behave in a submissive way, and 'stay in my place'.

New medication like Prosaic, and then Respidal, turned on a switch that had been off for years. I found I had ambition that had been asleep but was now active. Some of my friends had similar experiences. In fact, two brothers who were not doing too well were probably saved from the obscurity of being really ill and brought to a dramatic and positive change by Clozapine. Another friend who became ill in his thirties was just existing until he took Respidal. He's is now a very talented artist.

I know that many still suffer immensely from not being properly medicated or treated. I hope my positive words may help some newly diagnosed. I think there is much more promise for those afflicted these days.

By Charlie Guilderson

## ITEMS FOR SILENT AUCTION NEEDED

We want to make  
our Silent Auction  
even more successful  
than last year!

Items don't have  
to be new, but in  
good condition.

Please call Anne  
at 678-1535  
or Stephen  
at 542-9287  
to arrange  
for collection  
before April 12

### Independent Living

*From: "Learning About  
Schizophrenia: Rays of Hope"*

If an individual achieves a good level of functional recovery, one of the goals for them might be to eventually adopt an independent living arrangement (once they have attained an appropriate age). You should begin gradually to plant this concept in the ill person's mind.

Subtle hints can be dropped such as:

"If you decide to live on your own....",

When you decide to live on your own....";

"If you decide to live on your own, you'll need to know how to do your own laundry,";

"When you decide to live on your own, you'll be glad you learned how to use the Laundromat."

Time should be allotted in between progressive statements to allow for digestion and acceptance of the idea.

Families suggest that at some point you and the ill individual make a commitment about when the move will occur. Work together (with the social worker, if there is one ) to set a date that will give you both plenty of time to seek and approve accommodation. For example, you may come to an agreement that in six months, on May 1st, John will be ready to live on his own, in whatever form of housing he and you have decided will be best.

Once the move has been completed, there may be some resentment on the part of the ill person. It is very important to help them so that they do not feel abandoned by you. You will have to work hard over the next few weeks to reinforce the idea of the move as a positive step.

#### Be a friend.

Call the ill person and make dates to go places and do

things. Encourage self-esteem by offering praise and support. Respect their wishes and concerns as much as possible.

As well as emotional support, you may have to get involved in such things as housework, shopping, cooking, and management of finances. The amount of daily assistance the ill person needs will, of course, depend on the condition of their illness. Families stress the importance of working with the ill individual as you do these tasks.

Allowing for your family's background and traditions, the relationship should become less intense over time. At first the ill person may wish to come back every weekend. This is fine for the first few weeks or months. Then, however, you should begin to pick the occasional weekend when they may not return home. You should have a valid reason, such as "We'll be away that weekend." Gradually decrease visits to one or two weekends a month.

You may also find that at first, the ill individual will phone home constantly, often three or four times a day. If this persists, the use of an answering machine may be advisable. You can then return phone calls as you deem appropriate. As time passes, they should become more confident of their capabilities and the number of phone calls will settle into a normal pattern.

# Indian Feast

*Entertainment, Silent Auction, Guest Speaker*

Sunday, April 23, 2006 - 6 PM

Baptist Church Hall  
487 Main Street, Wolfville

Cost: \$20 per ticket

Note \$10 from each ticket will be donated to the  
Schizophrenia Society of Nova Scotia, Kentville Chapter

Guest Speaker:

*Dr. David Mulhall*, Department Head for Psychiatry, Valley Regional Hospital  
*Topic: Stigma Attached to Mental Health*

MC: *Bob Stead*, Mayor of Wolfville

Entertainment:

*Fling Wide the Door*

Mary McFarlane, voice and cittern, Anna-Maria Galante, Celtic harp, and John Kavanagh, viola da gamba

*Tickets available at:*

EOS Fine Foods, Wolfville  
Taj Mahal Restaurant, Wolfville  
Light & Shadow Video Store, Wolfville  
Mariposa Interiors, Wolfville  
Kentville area by calling 678 - 8458

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