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# INFORMATION MATTERS

December 2005

NEWSLETTER OF THE SCHIZOPHRENIA SOCIETY OF NOVA SCOTIA

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## THE JAMES BRITTEN SENIOR LEADERSHIP AWARD

Presented to the Forest Hill Drug Mart



The James Britten award for “outstanding leadership in support of the SSNS mission of alleviating suffering caused by schizophrenia” was presented this year to the Forest Hill Drug Mart. Since 1998 they have successfully delivered a program that significantly improves adherence among clients who are at risk of not taking their medication regularly, on time and in the manner prescribed. This tremendous value-added service has been recognized across the province by health-care professionals and families. The entire staff is constantly working to enhance and optimize its client centered care. Whether they are living “in care” or

independently, they consult with clients in the comfort of their own home with skill and compassion.

The staff at Forest Hill Drug Mart strongly believes in the concept of pharmaceutical care and is constantly working to enhance and optimize their client centered care. Client centered care means that they actively share in the responsibility of their clients taking their medication correctly and safely. The various components include client assessment, appropriate therapies, client education and consultation. Their state of the art technology includes a

computer-controlled system that can only be found in two other hospital pharmacies in the entire region. They can deliver prescriptions throughout the region on a daily basis, and their services are demand throughout the province.

We are extremely fortunate to have among us in Nova Scotia an organization that is an acknowledged leader supporting the needs of individuals with schizophrenia. The SSNS is proud of the opportunity this outstanding contribution to the community.

# Schizophrenia Society of



**Executive Director**  
Hugh Bennett

**Executive Assistant  
& Board Secretary**  
Debbie Hynes

**Newsletter Editor**  
Jon David Welland

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## **BOARD OF DIRECTORS**

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## Greetings from the Editor

By Jon David Welland

ssnsjdw@yahoo.ca

Neil Christopher  
Assistant Editor

Hello, readers!

I have just recently come aboard as the editor of the SSNS newsletter.

FYI: I teach creative writing and edit a poetry journal for mental illness survivors, I am a trained researcher and have prepared evaluations for several community programs, and I have experience in public speaking through the Partnership Program.

This should be a great year for the Schizophrenia Society. I am including my E-mail address and I welcome any input our readers would like to provide.

## Contact support names in HRM

Schizophrenia Society  
of Nova Scotia-

**1-800-465-2601**

Connections Clubhouse-

**473-8692**

Help Line-

**421-1188**

Youth Help Line-

**420-1188**

AIDS Line-

**425-2437**

Peer Advocates-

**429-2657**

Avalon Sexual

Assault Crisis Line-

**425-0122**

Bryony House Crisis Line-

**422-0122**

Gambling Help Line-

**1-888-347-8888**

## WHAT IS SCHIZOPHRENIA?

Schizophrenia - "youth's greatest disabler" - strikes young men and women between the age of 15 and 25. It is a medical disease of the brain that affects one out of 100 people worldwide.

Schizophrenia is not rare; its prevalence is two times greater than Alzheimer's, five times Multiple Sclerosis, six times Insulin-dependent Diabetes and 60 times Muscular Dystrophy.



There is no known cure to date but it *can* be treated through medication and psychosocial interventions.

If untreated, schizophrenia will likely result in irreversible brain damage. However, early diagnosis, intervention and treatment will result in the greatest success, allowing most people to get their lives back on track.

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## ***The Future of INFORMATION MATTERS,***

*the Newsletter of the  
Schizophrenia Soci-  
ety  
of Nova Scotia.*

As you may have noticed, the style and tone of this publication has undergone some changes. Readers are encouraged to e-mail me, or the Schizophrenia Society with any thoughts or suggestions. People are also asked to send any material they would like me to include in future issues.

The newsletter is not a stand-alone project, it is part of a promotional strategy that includes the society website, [www.ssns.ca](http://www.ssns.ca) There is a lot of material there that you would find interesting. Often, you will find that articles here in the newsletter will refer you to our website for more information.

We also wish to distribute copies of Information Matters by e-mail. As with the societies website, there will be room for more content than is available in the printed version. Anyone who wishes to subscribe, free or charge, is asked to send me an e-mail, with a return e-mail address to be added to our list. Thank

## *From the Desk of the Director*

*By Hugh Bennett*



The Schizophrenia Society strongly supports the proposed *Involuntary Psychiatric Treatment Act*. It is our

shared belief that this legislation will better address the needs of people with schizophrenia who, because of their brain illness, cannot avail themselves of voluntary services, and who, without treatment, can cause considerable harm to themselves and others. The new act protects their rights more than the current act.

Schizophrenia must take its place as a legitimate biological-genetically based physical syndrome that, currently, can be detected only by behavioral assessments and analysis. To withhold treatment until an individual is "a danger to themselves or others" is simply unjust in a civilized society. It is no longer acceptable to WITHHOLD treatment until the point of crisis, the point of no return. *Worse still it is completely unacceptable to have a person involuntarily admitted, deemed capable, and not treated, so they must stay detained for long periods without treatment, as is possible under the current act.*

While everyone, particularly those who must make difficult decisions about treatment would prefer voluntary hospitalization, the reality is that people with schizophrenia are most likely to

not recognize their illness and require involuntary services, in hospitals, in forensic psychiatric units, or in community services.

The reason is that schizophrenia, especially in the acute phases is a psychotic illness

(out of touch with reality). About half of the people with this illness do not believe they are ill. Many therefore refuse offers of voluntary treatment even though they are likely to harm themselves or others. Involuntary admission and treatment is then the only alternative to abandonment. In addition, it is my opinion that Bill 203, by helping to "legitimize" schizophrenia as a physical illness (i.e. as opposed to a mental illness) before the illness becomes a "danger to oneself or others" may indeed empower caregivers and others, perhaps even those struggling with the illness, to act in their best interests.

We believe that the bill has the highest level of safeguards, checks and balance that can be expected through legislation and adheres to the highest principles of the Canadian Charter of Rights and Freedoms, and to the concepts of best treatment and best treatment strategy.

*(Bill 203 passed on Monday, October the Thirty-First)*

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# Dare to Create! From the desk of the editor

**By JON DAVID WELLAND**  
**Editor in Chief**

I know from first-hand experience that writing and art can be problematic activities for those suffering from delusions. After investigating the literature on the subject of art and mental illness, I am also aware of a number of specific problems that are often raised. Much is always made of the tendency for delusional people to have grandiose ideas about the importance of their work. There is the problem of the unrealistic belief by the patient that they might be able to make a living from their work, which sets them up for failure time and again. Often there are warnings about the potential negative impact of having their work on display for the public (or published) and attracting unwanted attention to the patient and their illness.

In my experience, creative activity can provide many benefits if the person thinks about it in a reasonable fashion and has the proper social support. Creative output allows an individual to express to others their unique worldview and gives the pub-

lic some indication of what suffering a mental illness is like. Sometimes the work can be signed with a pseudonym or anonymously if the artist wishes to maintain privacy. Having work published or on display can also be a great boost to their self-esteem, even if it is presented with a pseudonym. Consistent use of the same pseudonym can create an identity for these artists, and it will be associated in people's minds with their individual styles.

Common concerns about mental illness and creative activity can be easily addressed, and mental illness survivors do have a lifestyle uniquely suited for creative work. Many have a great deal of time on their hands, and the lack of challenging and fulfilling ways to fill that time can hurt their mental health. It is the kind of activity that encourages people to create the necessary structure in their lives themselves, instead of having it imposed on them by others.

Creative practices can work wonders when combined with supportive social activities. Having hosted a creative writing group at Connec-

tions Clubhouse for several years now, I have seen the benefits to their mental health first hand. There are no lessons or assignments; the members share what they have written with the group in a non-critical and non-judgmental environment. They can attend without reading anything, and sometimes they can bring material they find inspiring from books or magazines they have read.

Being involved with these social support groups has allowed me to see an amazing thing happen: given a chance to express what they really thought and felt within an unstructured environment gave them the courage to discuss what mental illness was actually about.

Creativity is a practice that teaches us to surpass our limitations and enter into a kind of dialogue with the community at large. Creativity need not be discouraged; it can be a very healthy activity if managed properly. We all have a voice that needs to be heard. The voice of mental illness survivors is seldom heard, and it has something very important to say.

## Leadership Council

The SSNS now has a 27 member Leadership council to spearhead initiatives including: the overall and project specific marketing strategies and communication materials for the societies activities, advertising and public relations initiatives and expenditures, contributing to the new "Annual Report on Living with Schizophrenia in Nova Scotia", fundraising strategies, proposals, solicitation and endorsements and supporting individuals living with schizophrenia by leading projects like webmasters, newsletters, public speakers, special projects and initiatives.

The Leadership Council of the

Schizophrenia Society of Nova Scotia will work to raise awareness of SSNS and its mission of alleviating and preventing the suffering caused by this illness and help ensure the financial stability of the SSNS through their efforts, expertise and advice.

The Office of the Executive Director of the SSNS will determine members of the Council. Membership of the Council will not be restricted in number or duration. Members may designate their position to another with the approval of the Executive Director.

Composition of this committee will consist of individuals and/or

companies with an interest in improving the quality of life for people affected by Schizophrenia. The Executive Director will be responsible for confirming and endorsing this committee to the board and to the general membership.

The council will meet and/or communicate with the Executive Director or professional staff individually or as a group throughout the year and from time to time as opportunities develop. The council will formally meet as a whole once a year, and informally as opportunities arise.

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# In Conference

Dr. X. Amador is a leading expert in schizophrenia and bi-polar disorders.

He gave a presentation at the 2005 Annual Meeting of the SSNS. The following is Part 1 of a 2-part summation of his lecture.

Dr. Amador's lecture focused on the implications of the lack of insight displayed by some patients about their illness. He opened the talk with examples of famous mentally ill people who did not see themselves as ill. This included the Unabomber and a woman who stalked a famous talk show host. He hastened to add that he was not trying to criminalize schizophrenia. He pointed out that people with schizophrenia are no more and no less criminal than normal people. The Unabomber was merely an example that everyone would recognize.

For the family, friends and caregivers trying to help a person who is unaware of their own illness it can seem like a constant battle. They don't take their medication and become angry when someone points out the fact that they are ill.

Though many believe that mental illness affects people's common sense, he disagreed, pointing out that if you were given medication for an illness you know you do not have, you would consider it harmful and refuse to use it. Thus he believes this is a rational behavior based on what the person believes to be true. He said that many such individuals see themselves as the people they were before they became ill, and cannot see the changes that their illness caused. The Unabomber, for instance, still saw himself as a Harvard professor, and was completely unaware of his serious health problems and the complete squalor of his home. He was willing to choose a death sentence rather than admit that he was mentally ill.

Dr. Amador added that this kind of patient often lies when they agree they have a mental illness, but this doesn't mean that they are dishonest or manipulative; rather, it is common sense behavior. If a person is in a hospital against their will, it is only

natural that they will say what the doctors want to hear just to get out.

Often this tendency to reject the facts about their illness is considered "denial," a psychological problem causing an individual will unconsciously reject or ignore obvious facts that they cannot accept. However, he believes it is a neurological condition brought on by schizophrenia, making it a medical problem and not simply a psychological one.

He cited the example of a condition that causes people who have been paralyzed to believe they still have use on an afflicted limb. When these people are shown that their limb didn't actually move like they believed it did, they would make up excuses like "I didn't feel like moving my arm." He stated that such "confabulations" are common to people with schizophrenia. They will say they are "only having a check up" when they are hospitalized or believe the medication is only to help them sleep.

He then discussed the reactions of some patients to anti-psychotic medication that can cause movement disorders. He said that many people who suffer these side effects are unaware of the involuntary movements their medication can cause. Pointing out these movements will not make them stop or even make the person aware of them. Many patients show a lack of awareness only of certain symptoms but not of their illness as a whole. Often they will protest, saying they are being "brainwashed," and that their medication is "poison."

He pointed out that these people can cause anger and frustration in the people around them, and they often become angry and suspicious of people who try to convince them that they are ill. He underscored that non-awareness increases the chances of a relapse, causes many more involuntary committals than among their self-aware counterparts, and that more of them end up in the criminal justice system.

He concluded that poor insight isn't a coping mechanism, but a brain

disorder associated with schizophrenia. It isn't mere defensiveness; it has to be seen as part of the larger picture of the patient's illness and of their life as a whole.

So how do we talk to these people? How do we get them help? Dr. Amador goes on to talk about active listening techniques and a form of motivational interviewing that was developed to work with people who have addictions. I will write about these methods in Part 2, which will be published in the next edition.

There are video recordings of this lecture and others on the Schizophrenia Society website: [www.ssns.ca](http://www.ssns.ca)

## ***The Future of INFORMATION MATTERS, the Newsletter of the Schizophrenia Society of Nova Scotia.***

As you may have noticed, the style and tone of this publication has undergone some changes. Readers are encouraged to e-mail me, or the Schizophrenia Society, with any thoughts or suggestions. People are also asked to send any material they would like me to include in future issues.

The newsletter is not a stand-alone project as it is part of a promotional strategy that includes the Society's website: [www.ssns.ca](http://www.ssns.ca) There is a lot of material there that you might find interesting. Often, you will find that articles here in the newsletter will refer you to our website for more information.

We also wish to distribute copies of Information Matters by e-mail. As with the Society's website, there will be room for more content than is available in the printed version. Anyone who wishes to subscribe, free of charge, is asked to send me an e-mail, with a return e-mail address to be added to our list. Thank you, and have a good holiday season.

# NOMINEES FOR SSNS BOARD OF DIRECTORS

Three years ago, SSNS entered into a restructuring process. One of the results of that process is a new set of by-laws, which changes the structure of our Board of Directors. By-law 5.2 states, "The Board will consist of the immediate Past President and nine (9) Directors elected at the Annual General Meeting by the voting members." Therefore, at the first General Meeting of the Society held after the approval of these new by-laws by the Registry of Joint Stock Companies, the voting members will elect nine (9) Directors in this manner:

Three (3) Directors, each serving a term that ends at the close of the third Annual General Meeting following the Annual General Meeting at which these directors were elected.2)

Three (3) Directors, each serving a term that ends at the close of the second Annual General Meeting at which these Directors were elected.

Three (3) Directors, each serving a term that ends at the close of the first Annual General Meeting at which these Directors were elected.

NOMINATED FOR A THREE (3) YEAR TERM

## **1) Stephen (Steve) Ayer, B.C., Ph. D. (Chemistry)**

Steve was born in Edmonton, Alberta and has lived and worked in Nova Scotia for the past 16 years. He is currently employed as the Coordinator of the Healthy Minds Cooperative, an innovative new health care cooperative located in Metro.

Steve lives with bi-polar illness and he is a strong advocate for mental health services. He is a Director of "Entrepreneur with Disabilities Network" and he is on the Board of the Canadian Journal of Community Mental Health. He brings empathy, perception and first hand understanding to SSNS

## **2) Cyril (Cy) Allan PSC, CD**

Cy was born near Manchester, England, and has lived in Nova Scotia for over twenty years. Retired from the

military after an impressive career in engineering, Cy now lives in Lower Sackville where he is semi-retired, but works on special projects undertaken at the request of companies (one which managed and directed the team responsible for preliminary design of the Halifax Harbour Cleanup Project.)

Cy has a son who has schizophrenia, and he understands fully the problems associated with getting the best treatment in times of crisis, and with long term care and rehabilitation. He is an active member of "Family Voice for Mental Health", a group which worked to support Bill 203.

## **3)Dola Aucoin M.Sc, M.Ed**

Born in Cape Breton, Dola has been a resident of Kentville for eighteen years. She is a retired Public Health Nutritionist who has been an active participant in The Kentville Chapter of the SSNS for 10 years. She represented Kentville on the SSNS Board and is the past Chair of the Kentville Chapter.

Dola has a family member with the illness and understands the difficulties faced by families in obtaining treatment and support. She has a special interest in the decriminalization of those with mental illness, strengthening and building chapters, and in finding corporate funding for SSNS

NOMINATED FOR A TWO (2) YEAR TERM

## **Ron McCormac**

Ron lives in Truro, and is educated in Aircraft Maintenance and Electrical Installation. He was diagnosed with schizophrenia in 1996. After being non-compliant with respect to his medication at first, he has come to understand his illness and the importance of medications.

His recovery has been steady and during the interim he has devoted his time to educating himself about schizophrenia as well as other illnesses. He feels strongly about eradicating stigma and believes that he can be an advocate for those suffering from psychoses, addiction, negative symptoms,

denial and those who are newly diagnosed.

In his words, "I have dedicated my life to making the world a better place in which to live. If I succeed in helping one person today, I feel my goal has been achieved."

## **Anita Graham BA (Sociology), B.S.W., M.S.W.**

Anita lives in Glace Bay, Cape Breton, where she is a Forensic Community Coordinator for Capital District Health. She brings a wealth of experience to the table, much of it from her work with the Justice System and the Health System as well as her work with individuals and their families in a counseling role.

Anita feels strongly that poverty and stigma are directly associated, and that the permanently disabled should be provided with necessities so that they can have a better quality of life.

## **3) Lorraine MacDonald B.A., B. Ed., M.Ed.**

Lorraine was born and grew up in Springhill where she continues to live. She retired

in 2004 after 35 years of teaching. Lorraine has been involved with the SSNS Chapter in Cumberland County since its inception, and is currently President of the chapter. Last year she taught our Family Education Program called "Supporting Families Together" a pilot program offered in four locations across the province. She will be facilitating that program again this year.

Lorraine is convinced that it is through education that we can lessen stigma, and that through education, we can conquer mental illness.

NOMINATED FOR A ONE (1) YEAR TERM

## **Paul Gawdunyk B. Com., B. Ed.**

Paul is a native of Dartmouth where he continues to play an active role in the community, being involved with Dartmouth Minor Hockey and Baseball. He is now retired after working for 30 years with Aliant in Accounting and Finance.

In 2005, Paul became Treasurer of SSNS. He was instrumental in seeing that our new accounting system was put in place, and has volunteered his time and expertise for the past year to make sure the transition was successful.

## **Joe Bruce**

Joe lives in New Waterford and is retired from Maritime Tel and Tel. He has been a member of SSNS for 22 years, and during the time has served as President of the Cape Breton Chapter for 3 terms, as well as President of SSNS for 2 terms. He has served on several committees over the years, both local and provincial.

Joe has a son with schizophrenia and his focus has been to work for caregivers while trying to improve the mental health system in his area.

#### **Denton Conrad**

Denton was born in New Germany. He joined the armed forces after high school and spent 8 years in the Infantry Airborne Regiment, retiring to Bridgewater after 25 years of service.

He has been an active member of SSNS after his son was diagnosed with schizophrenia 10 years ago. Since then he has served as President of the Bridgewater Chapter, President of SSNS, and he has worked on several provincial committees, including the by-laws committee, which he chaired.

Denton hopes to see a strong united Board of Directors, who can move forward in realizing our mission.

#### **Christine Wood B.N., B.A., CPMHN (c)**

Christine is the President of SSNS, and lives in Lower Sackville. She is a psychiatric nurse who has worked at various inpatient, outpatient and community nursing positions over the past 25 years. She now works at the East Coast Forensic Hospital as a Role Recovery Facilitator, helping those suffering from mental illness to receive and reintegrate successfully into their chosen communities.

Christine joined the Board of SSNS as the representative from the Kentville Chapter and co-chaired the first pilot of our Family Education Program. Christine is interested in the decriminalization of people with mental illness, strengthening and building our chapter base in Nova Scotia, and expanding the Family Education Program across the province.

**PLEASE NOTE: THE MEMBERSHIP MEETING (CONTINUATION OF THE NOVEMBER 19, 2005 ANNUAL GENERAL MEETING) HAS BEEN RESCHEDULED. WE WILL CONTACT MEMBERS IN JANUARY REGARDING THE NEW DATE. \*THIS DELAY IS DUE ONLY TO NORMAL PROCEDURAL TIME NEEDED BY THE REGISTRY OF JOINT STOCKS TO PROCESS OUR BY-LAWS.**

## Pharmacy Corner

*The information provided below is intended to inform members about the various medications that are prescribed for psychosis. It is not intended as an endorsement or as an advertisement for any brand of medication.*

*As of December the first, RISPERDAL CONSTA, a long acting injectable, will be covered by the provincial drug plan for individuals who have a history of non-compliance and who have had inadequate symptom control or serious side effects on a least two other medications.*

*It was approved by Health Canada in July. It is the same medication that is in the oral form of the drug, which treats both the positive and negative symptoms of schizophrenia. It only needs to be administered once every two weeks. This means that patients don't need to remember to take their pills every day. It also means there is no danger of the patient not taking their pills, or of the patient not taking them as prescribed.*

*The medication is enclosed in tiny beads called "micro-spheres." After being injected into the body, they dissolve, releasing a constant amount of the drug into the bloodstream*

*Normally, the patients will be prescribed oral risperdal to determine tolerability and continue to take it for three weeks after the first injection, when the injectable will take effect. It is administered as an injection into the muscle of the but-*

*tock. It is the only injectable that is water-based, so the shots are relatively painless.*

*The side effects include drowsiness, restlessness, muscle stiffness, tremors, dry mouth and constipation. High doses may cause "extrapyramidal" symptoms such as muscle stiffness, rigidity, restlessness and muscle spasms. There have been new cases of diabetes reported in patients on risperdal. The link between the drug and diabetes is not fully understood at this time.*

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*GEN-CLOZAPINE is a generic version of clozapine, a widely used third-generation anti-psychotic. According to the manufacturer, it costs thirty percent less than the original drug and is completely identical to it. This could be a cost-effective alternative to the more expensive original drug, and the manufacturer is currently working to increase acceptance of this medication. The money this saves could be put towards better health care services, and may allow the removal of the cost of financing this drug from hospital budgets.*

*Many doctors are nervous about changing their patient's medication, and need to know that both drugs are entirely the same. The manufacturer already has services in place to aid physicians with monitoring, and offers access to pertinent medical information and resources.*

# SSNS local chapters and meeting times

- Metro Area** 4th Wednesday of each month in the Community Room, Sobeys, North and Windsor in Halifax, starting at 7 p.m.
- Lunenburg Co.** 3rd Tuesday of each month at St. Paul's Lutheran Church, Bridgewater, 7 p.m.
- Antigonish** 3rd Wednesday of each month at St James United Church. 7:30 p.m.
- Cape Breton** 3rd Wednesday of each month at Marconi Community College, Sydney, 7 p.m.
- Cumberland** 3rd Tuesday of each month at Springhill Hospital, 7 p.m.
- Kentville** 2nd Wednesday of each month at Armories Building, Webster Terrace, 7 p.m.
- Middleton** 3rd Thursday of each month at Middleton Baptist Church, 7 p.m.
- Truro** 1st Thursday of each month at CMHA Friendship Club. 6:30 p.m.
- Yarmouth** 4th Monday of each month at Community College, Burrige Campus, Rm B145, 7 p.m.

*Please contact provincial office at 1-800-465-2601 for more information.*

Schizophrenia Society of Nova Scotia



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