

Forensic Psychiatric Services



Information for Families



British Columbia Schizophrenia Society
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Introduction

The purpose of this booklet is to help families understand Forensic Psychiatric Services in British Columbia. Each year, hundreds of people with serious mental illness are referred to Forensic Psychiatric Services. This happens when a person charged with an offence is suspected of having a mental illness that might interfere with their ability to understand the legal trial process, or when apparent mental illness indicates that someone may not be criminally responsible for their action.

People with mental illness are at some risk for getting in trouble with the law due to the very nature of their illness. Symptoms of mental illness often cause people to behave in ways that draw attention from the legal system. Alcohol and drug abuse are also common amongst people who suffer from serious mental illness.

Families are doubly-impacted when they have a relative with serious mental illness who is arrested for a crime. Not only does the family have to cope with wondering what will happen to their relative, they also may have to deal with the effects of the crime. In many cases family members are the victims of the criminal act.

We hope this resource will help families understand and support their ill relative through an increased understanding of mental illness and Forensic Psychiatric Services. We welcome comments and feedback from readers. An evaluation sheet is included on the last page of the booklet.

A note of caution: This booklet is intended to provide general information only. The specifics of individual situations will vary, and families are advised to contact the Forensic Psychiatric Hospital social worker for more information on how their relative's situation is being dealt with by Forensics Psychiatric Services.

- The British Columbia Schizophrenia Society

"Families Helping Families"





The Relationship Between Mental Illness and Criminal Behaviour



Every year, thousands of people with mental illness are arrested, often as a result of behaviour stemming from their illness. According to a report prepared by the province's Mental Health Advocate in 2000, 32 per cent of inmates in B.C. correctional institutions have a mental disorder*. Mental illnesses are characterized by symptoms that make individuals prone to behaviours that can lead to criminal charges. Such symptoms include, for

example, impaired judgment, lack of impulse control, suspiciousness, disinhibition, paranoia, inability to trust others, delusions, hallucinations, hyperactivity, irritability, inability to concentrate, and impairment in communicating with others.

These symptoms may also lead a person to act violently. Auditory hallucinations such as voices may command them to engage in acts of violence toward others. Paranoid delusions may cause them to attack out of fear. Many people with serious mental illness use alcohol or illegal drugs, which can also lead to trouble with the law. Some support themselves by stealing or prostitution. Many commit other more minor crimes while trying to survive, such as trespassing to sleep in buildings.

In some cases the mental illness results in the person being assessed in the Forensic Psychiatric Hospital or a Regional Clinic, or sent for treatment.

* *Growing the Problem: Second Annual Report of the Mental Health Advocate of British Columbia, December, 2000*



Forensic Patients: Types of Legal Status

The term “*forensic patients*” refers to individuals who have shown signs of serious psychiatric disturbance and have come in conflict with the law. Offences range from minor nuisance and property offences to serious offences against a person.

Forensic patients all have had some involvement with the legal system. Referrals include:

1. **Assessment:** A person is remanded by the courts for psychiatric assessment to determine Fitness to Stand Trial or to assist in determining whether a person should be found Not Criminally Responsible on Account of Mental Disorder.
2. **Treatment:** Persons who have been found Unfit to Stand Trial or Not Criminally Responsible may be committed to Forensic Psychiatric Hospital for treatment.
3. **Temporary Absences:** Offenders serving time in a provincial prison who have been certified under the Mental Health Act can also be referred to Forensic Psychiatric Hospital for treatment of their mental illness.
4. **Bail or Probation Orders:** The person is sent to a Regional Clinic on a court order for bail or probation.



Forensic Psychiatric Assessments

Assessment is an important first step to treating a person with a serious mental illness. Assessments are often ordered by the court when there are indications that the mental illness may be implicated in the alleged offence or is interfering with a person's ability to understand the trial process.



Psychiatric assessments are used primarily to prepare court reports. These assessments are provided by the Forensic Psychiatric Services Commission at the Forensic Psychiatric Hospital or at one of the six Regional Clinics (see page 20 for a listing of clinics). All assessments are required to be done within a limited time frame set out in the court order.

During an assessment, many factors are taken into consideration in deciding whether a mental disorder renders a person unfit to stand trial or not criminally responsible. These include, for example: the individual's personal and psychiatric history, information from family, and indications of drug or alcohol abuse.

Information from the family is often crucial to providing a thorough assessment of a person's symptoms and can aid in diagnosing and in determining how well a person was functioning prior to the time of the alleged offence. Family members' observations and interactions with the person around the time of the alleged offence; information about whether the person was taking any medications, and psychiatric history of the person are invaluable to the assessment.



Fitness to Stand Trial/Not Criminally Responsible on Account of Mental Disorder (NCRMD)



A basic idea in our legal system is that a person accused of a crime must be able to understand: (1) the charges against them; (2) the possible consequences of the charges; (3) the roles of the participants in court (e.g., judge, crown counsel etc.); *and* (4) be able to communicate with their lawyer in order

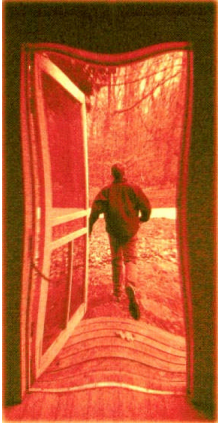
to assist them in preparing the case. This is referred to as “*fitness to stand trial*”.

Mental illness can interfere with a person’s ability to think, reason, concentrate and process information. These limitations can make it difficult for a person to understand what is happening during a trial. Severe symptoms such as paranoia can undermine a person’s ability to cooperate and communicate with their lawyer and assist in their defence.

Fitness to stand trial is a separate issue from whether a person was mentally ill at the time the offence occurred. The issue of fitness deals with the mental ability of the accused at the time of the court proceedings only. Mental illness is often periodic in nature and symptoms are not always present. A person may have been disabled by symptoms at the time of the alleged offence but deemed fit to stand trial at the time of the trial. Conversely, symptoms of mental illness may emerge at the time of the trial but were not present at the time of the alleged offense.



If a person is found *unfit to stand trial*, they may be admitted into Forensic Psychiatric Hospital for treatment or treated at an outpatient clinic until they are well enough to be tried for the charges.



Mental illness can also alter a person's conception of reality so that they do not realize the criminal nature of their actions. The illness may affect their thought processes, leading a person to believe they have no choice but to commit the crime. In other words, mental disorders can render a person incapable of appreciating the nature of the act or knowing that what they did was wrong. In law, this may mean that the person should not be held accountable for their actions because of the mental illness. In these situations, the person may be found *Not Criminally Responsible on Account of Mental Disorder* (NCRMD).

A disposition of NCRMD means that the Court is satisfied that the accused:

- Committed a criminal offence; and
- Because of a mental disorder was unable to appreciate the nature or quality of the act or of knowing it was wrong.

When the Court finds an accused is mentally *Unfit to Stand Trial* or *Not Criminally Responsible on Account of Mental Disorder*, responsibility for the accused is transferred from the Court to the jurisdiction of the British Columbia Review Board (see page 10 for more information on the Review Board).



British Columbia Review Board

When an accused person has been found *unfit to stand trial* or *Not Criminally Responsible by Reason of Mental Disorder* (NCRMD) by the courts, responsibility for that person is transferred to the jurisdiction (authority) of the British Columbia Review Board.

The BC Review Board is an independent tribunal established under the Criminal Code of Canada. The BC Review Board is comprised of three members: a lawyer, a psychiatrist, and a mental health professional.

The Review Board's mandate is *to protect public safety while also safeguarding the rights and freedoms of mentally disordered persons accused of committing an offence.*

When a person is found *unfit to stand trial*, the Review Board will then hold a hearing (within 45 or 90 days) to further assess the accused's fitness to stand trial. If the person is found fit to stand trial, they are then returned to the court and the case proceeds.

If the person is determined to still be unfit to stand trial, the Review Board will make a disposition (an order) that the person be held in custody or discharged back into the community with certain restrictions on their freedom.

When a person accused of a crime is found by the courts to be *Not Criminally Responsible on Account of Mental Disorder*, the Review Board will hold a hearing (within 45 or 90 days) to make a disposition. The possible dispositions are:



1. An absolute discharge (released with no restrictions)
2. A conditional discharge (released but with some conditions such as attending counselling or staying away from alcohol or drugs).
3. Custody in a designated psychiatric hospital, such as the Forensic Psychiatric Institute.

In making dispositions the Review Board takes into consideration:

- The protection of the public (whether the accused presents a risk);
- The accuser's mental condition;
- The reintegration of the accused into society; and
- The accused's other needs.

Review Board hearings are usually open to the public except in certain circumstances. Hearings are often held in the community where the accused lives. If the accused is in custody at the Forensic Psychiatric Hospital, the hearing will be held there. Families should contact the Review Board Registry (see "Contact Information" section for telephone number) for the location and date if they would like to attend a particular hearing.

Accused persons have the right to be represented by legal counsel or they can represent themselves at Review Board hearings. The Legal Services Society may provide legal representation to accused persons, either through the Mental Health Law Program or from the private bar. The BC Review Board can also appoint counsel for the accused in the interests of justice. Accused persons also have the right to retain their own lawyer.

An accused person can seek to have an early hearing if their circumstances have changed and to appeal any decisions made by the Review Board. Accused persons who are not given an absolute discharge are entitled to review hearings at least every 12 months.

For more information about the BC Review Board, please visit their website at <http://www/bcrb.bc.ca>.



Forensic Psychiatric Hospital



The Forensic Psychiatric Hospital (FPH) is the provincial hospital for forensic psychiatric patients in British Columbia. It was originally established in 1974 and rebuilt in its new location in 1997. It has 211 beds and 16 buildings on the site.

A video about the Forensic Psychiatric Hospital is available for families who are unable to visit the hospital because of distance or travel costs. Please contact the Forensic Psychiatric Hospital or British Columbia Schizophrenia Society to make arrangements to view the video. The video is also available on the internet at www.forensic.bc.ca.

The hospital is a secure facility for individuals considered Unfit to Stand Trial or for those found by the court to be Not Criminally Responsible on Account of Mental Disorder (NCRMD). It also accommodates individuals transferred temporarily from correctional facilities to be assessed or receive treatment for a mental illness under the Mental Health Act. The hospital provides the following services:

- Standardized psychiatric assessments to the courts
- Assessment and treatment of individuals who experience symptoms of mental illness while detained in correctional facilities
- Treatment, rehabilitation and reintegration to the community for persons found to be Unfit to Stand Trial or NCRMD and ordered by the court to the hospital

The hospital has secure custody, closed and open security units to accommodate the level of security needed for patients. Patients generally move through the levels of security, typically beginning in the secure custody unit and progressing through to the open security unit, which is set up like a home. In the open security



unit, patients are given responsibilities for taking care of their own needs. The process depends on the individual's capacity to handle increased independence and self-responsibility.

Every person remanded to the Forensic Psychiatric Hospital is assigned a treatment team. The core members include a psychiatrist as team leader, the case management coordinator, the primary nurse and the social worker. Others who may be included in team meetings are the health care worker, psychologist, vocational services staff, the staff of therapeutic leisure services, occupational therapy, Regional Services Clinic representative, pastor, or any other caregiver who has contact with the patient as considered appropriate. Treatment teams put together a patient care plan for the patient.

Care plans are designed according to the needs of the patient. The clinical staff at the hospital are familiar with all available medications and work with patients to find the appropriate stabilization medication for them. The goal is to assist patients into a successful reintegration into the community. Programs include medically directed treatment plans, alcohol and drug counselling, occupational therapy, therapeutic leisure services and vocational services. A full-time teacher is available to assist patients with educational opportunities and a Chaplain is on hand to address spiritual needs of the patients as/if required. Families should contact a social worker at the hospital if they would like more information on the programs available.

As a person with a mental disorder goes through the legal system, their symptoms may prevent them from fully understanding the process. The staff at the hospital is aware of this fact and part of the treatment is to help patients work through this process to the best of their ability.

A "Family and Friends Information Session" is held every third Tuesday of the month from 6:00 to 7:00 pm at the Forensic Psychiatric Hospital. This session is intended to provide an introduction to the hospital and to answer questions families may have about their relative's stay at the hospital. For more information, please contact Supervisor, the Department of Social Work at (604) 524-7715.



Facts About Forensic Psychiatric Services

- Approximate number of inpatients admitted annually: 460
- Admissions for assessment: 207
- Admissions for treatment: 194
- Approximate number of cases managed through Regional Clinics annually: 2,395
- Number of FTEs (full-time equivalent staff): 450
- Number of psychiatrists and psychologists: equivalent of 35 FTEs
- Number of General Practitioners: 2.5 FTE
- Average number of waitlisted days to admission: 4.9

Source: *FPH Communications*



Community Re-integration: Role of FPSC Regional Clinics

The treatment team at Forensic Psychiatric Hospital begins the process of discharging a patient by first determining the person's readiness for release and needs.

The patient will have gone through an integration process within the hospital before discharge is considered. This means that the patient will have gone from perhaps the secure unit to the medium unit and then to the open secure unit during their stay at the hospital. Generally people will move through the system this way, experiencing less security, with more responsibility and independence.

When the team determines the person is ready, the person may be granted limited Day Leaves. Day leaves are when the person is given permission to go out into the community for a few hours on staff escorted leaves and eventually on unescorted leaves. Following this the team will develop a "visit leave" plan in which the patient is allowed to leave the hospital on a trial basis for up to 60 days (the duration varies with each patient). Family visits may be the focus of these day leaves or visit leaves to help prepare patients for their eventual return to the community.

Decisions to release a patient back into the community are made by the Review Board. Orders of release from the hospital include conditions of residence (whether the individual needs supervised housing or not), and what level of supervision needs to be in place. A discharge summary is prepared and sent to the physician upon a patient's release. If the patient does not have a physician, Forensic Psychiatric Services can assist with finding a physician in the community.

The person is connected with the Regional Clinic closest to their community. Regional Clinics are located in Nanaimo, Kamloops, Prince George, Surrey, Vancouver, and Victoria. There, the person will continue to have their mental health needs supported and monitored as specified by the Review Board on an outpatient basis. Provision of medical services is also coordinated through the FPS community clinics. The FPS community clinics provide community case management and refer the person to local day programs and other services that can assist them in re-integrating back into the community.



Forensic Psychiatric Services: Regional Clinics in British Columbia

Throughout the hospitalisation procedure, families can contact the treatment team regarding treatment and discharge planning for the patient. Family members are encouraged to contact the assigned social worker who, as a member of the treatment team, has responsibility for liaising with family and other community support. The treatment team will work with the family when the patient will be residing with the family upon discharge. If the patient needs supervision and will not be returning directly to the family home, the family can contact the team regarding housing options.



If the patient consents, the team can work closely with the family throughout this release process. The treatment team is responsible for assuring that patients are suitably integrated back into the community with appropriate support and access to necessary community and mental health resources.

It is important for families to be aware that patients have a right to confidentiality. If the patient does not want information disclosed or their family to be involved in treatment or discharge planning, the treatment team is obliged to respect the patient's right. The Forensic Hospital complies with the *Freedom of Information and Privacy Act (FOIPPA)* in determining what information can be released to third parties such as family or friends.

The *Freedom of Information and Privacy Act (FOIPPA)* does allow health care providers employed by a public body such as a hospital or clinic to release information without the consent of the client where disclosure is required for continuity of care or for compelling reasons if someone's health or safety is at risk. Release of information is handled on a case-by-case basis, in accordance with FPSC policies and the FOIPPA guidelines.



“When disclosing information without consent, the health care provider must be confident that release of information is in the client’s best interests, is required for the continuity of care of the client, and only the information that is absolutely necessary is released to the third party.”*

This means that if the patient is returning to live with their family or where families are very involved in the care of the patient, the treatment team can consider whether to share information for the purpose of continuity of care. Families should contact the team if they have any questions regarding what information can be provided about their relative.

Legal Services for Patients



When a person is remanded to the Forensic Psychiatric Hospital, the social work department at the hospital will assist the person in applying for legal aid.

The BC Review Board also ensures that individuals who are found *Unfit to Stand Trial* or *Not Criminally Responsible on Account of Mental Disorder* are represented by legal counsel. If the person does not have legal counsel, the Review Board may assign counsel to act for the accused.

Families also have the option of finding a lawyer to represent the person for a standard fee. One option is to contact the 24-hour Emergency Lawyer Referral Service (see *Contacts* at end of this booklet for phone number). For a small fee (\$10) a person will receive a ½ hour introductory appointment with a lawyer. Families should look for a lawyer who has experience with cases involving mental illness. They should feel comfortable about the lawyer’s methods of practice.

Families are encouraged to explore all their options. It is not necessarily the case that a better lawyer costs more money.

* Freedom of Information and Protection of Privacy Fact Sheet, British Columbia Ministry of Health Services

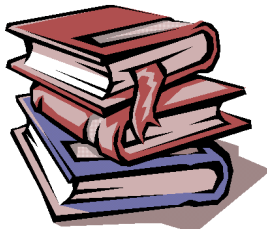


Family Access to Legal Information

An accused person owns their information. Therefore a family's access to information about a person's legal case is primarily at the discretion of the person accused. Although a family may be providing financial assistance in obtaining a lawyer, this will not give the family the right to have access to their relative's file or information about the case.

The person who is being tried for the crime has a right to legal confidentiality, regardless of who pays for the lawyer. If they do not want information to be shared, that is their right. While information specific to a person's case may be privileged information, families can educate themselves about mental illness, the judicial system and forensic psychiatric services. It is also of value to have a lawyer who is knowledgeable about their client's mental illness, treatment and the forensic psychiatric system.

What Lawyers Need to Know

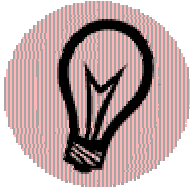


Whenever possible, lawyers should be encouraged to become knowledgeable about mental illness and the need for treatment and support services. Families can assist by offering information that may be helpful to the lawyer in preparing their case. This could include information about the person's mental illness, symptoms, and behaviour prior to the offence.

Families are advised to write down their recollection of the person's behaviour prior to the time of the alleged offence. It is important to note any changes in behaviour and whether the person was taking medication. It is helpful to have a list of medications, support services, counselling etc., that the person had been receiving prior to their arrest. Keep a diary of dates and times and offer to share these notes with the lawyer throughout the court process. It is also useful to have a meeting with the lawyer (if they agree) in order to help familiarize themselves with the person's lifestyle and habits.



Tips For Family Members



These tips were compiled from families and members of the forensic psychiatric community. We hope these suggestions will help you through this difficult time.

- *Always write things down.* Write the person's name, time, date and reason for your contact (i.e. phone calls, visits, casual conversations, etc.) as it may be necessary for you to follow up.
- *Ask questions.* Throughout your family member's process, be sure you understand to your satisfaction, what is going on. Try not to get discouraged. If you feel that you are not getting appropriate answers to your questions, request more information and find out who is the best person to approach. Remember, you are the advocate for your family member. Write contact names and resources down so that you do not re-trace steps already taken.
- *Set up visitation schedules* between your family and friends to visit or stay in contact with your family member. Your family member may be quite ill when they enter the Forensic Psychiatric Hospital and unable to understand what is happening to them. Your support throughout their stay will assure your family member that they are not alone. Family support can play a crucial role in assisting a person to manage their illness.
- *Take respite for yourself and your family.* Seek personal help to cope. Often family members struggle with the emotional and physical demands of supporting a family member in Forensic Psychiatric Hospital while ignoring their own needs. Check out whether there are respite services in your area.
- *Learn about mental illness and how it is treated.* Read! Check out web sites. Do not be influenced by stigma or comments about your family member's condition. Mental illness is a brain disease. It is treatable through proper medication, support services and understanding. Use the resources listed at the end of this booklet. Information is also available to families through mental health centres and organizations such as the British Columbia Schizophrenia Society and Canadian Mental Health Association. There is help!



Support for Families



Education, self-help groups, and counselling are just some of the forms of support for families who have a relative with a serious and persistent mental illness.

It is important that family members learn everything they can about their relative's illness.

Find out what assistance is available in your community or ask a social worker or the clinical team at the Forensic Psychiatric Hospital. The hospital offers information sessions for families (See page 13 for more information).

Families are also encouraged to take courses about mental illness. Joining a local support group provides an opportunity to meet other family members who are dealing with mental illness in their family. Sharing and learning from others who have gone through similar situations is both comforting and empowering.

If you are feeling overwhelmed, consider going to a counsellor who understands the illness. Try to find public or hospital-based programs that can aid you in supporting and advocating for you and your ill relative. Remember, you are not alone!!!



Questions to Ask the Clinical Team

The following questions are provided as a framework for deciding what you, as a family member, need to know in order to best support your relative. These questions are designed to help you as a family member get the information you need concerning the diagnosis and treatment of your relative. Not everyone will need answers to all the questions. In addition you may have other questions you would like to ask.

It is important to remember that the clinical team may be limited by confidentiality if your relative does not want information to be given out. However, there may still be general information that can be shared with you.

- *What can you tell us about this illness?*
- *What is known about the cause of this particular illness?*
- *Can you recommend suitable reading/reference materials to get information on this condition?*
- *What is your plan for treatment?*
- *What medication do you recommend? (Ask for name and dosage level)*
- *What are the benefits of using this medication?*
- *What risks are associated with the medication? Are there any side effects?*
- *How soon will we know if the medication is effective? How will we know?*
- *What symptoms indicate that the medication should be raised, lowered, or changed?*
- *What happens if our relative refuses treatment?*
- *What can the family do to help?*
- *Who can we contact if we are worried about our relative's well being?*
- *What should we do if our relative becomes sick and needs medical help?*
- *What information from the family would be most helpful in evaluating how the person is doing?*



What are Serious and Persistent Mental Illnesses?

A serious and persistent mental illness is a medical disorder of the brain that disrupts a person's thinking, feeling, moods, and ability to relate to others. These disorders often limit the person's ability to cope with life's ordinary demands and routines.

The term "mental illness" covers a broad range of mental health disorders. However, our focus here will be limited to the most disabling illnesses: psychosis, schizophrenia, bipolar disorder and major depression. In addition, a brief description of schizoaffective disorder and concurrent disorders is also provided.

While the cause(s) of serious mental illness has not yet been determined, medical research suggests that they are the result of a complex interaction between biological, psychological and social factors.

These disorders are not the result of character defects, personal weakness or bad parenting. A person cannot make him or herself well by simply trying to "snap out of it."

Mental disorders are not exclusive. They can affect men and women of any age, race, religion, or income.

Serious and persistent mental illness is usually a life long illness for most people. The exact course of the illness can vary from person to person making it difficult to predict how well someone will do. There can be periods where the person may not experience any symptoms (or only mild symptoms) and periods where symptoms are present. Reoccurrences of symptoms (mild or severe) are referred to as relapses and can be severe enough to limit functioning and may make hospitalization necessary.

Although there is no cure for mental illnesses, they are treatable. Just like a person with diabetes needs to take insulin, most people with serious mental illness need medication to help control symptoms. Treatments currently available can reduce or alleviate many of the disturbing symptoms that accompany these disorders. Many people who could benefit from treatments for severe mental disorders are not receiving treatment. A number of factors may prevent someone from seeking medical help: beliefs about mental illness, the nature of treatment, and the stigma and discrimination surrounding mental illness. The illness itself can affect a person's ability to recognize that they are ill. They may not see themselves as being ill, and therefore do not see the need to seek help.



Unwillingness to take medication is a major stumbling block in mental illness. People with mental illness go off their medications for a number of reasons. Symptoms such as voices telling a person the medication is poison or delusions that they are being harmed can make it impossible to rationalize with the person about the need to stay on the medications. Some people do not like to take the medicine because it has side effects or they don't like the changes they experience. Others will take the medication for a while but stop once they feel better. Whenever possible, the person should be encouraged to continue with the medication even if they are feeling well.

While medication is the foundation for treating mental illnesses, education about mental illness, support groups, housing, rehabilitation, income assistance and other community services are also critical to recovery. People who have a mental illness can live quality lives.

Some MYTHS about mental illness

The general public may believe that people who suffer from mental illness:

- Never recover enough to become contributing members of their communities.
- Are fundamentally unstable and unpredictable.
- May be dangerous to those around them.
- Are possessed by evil spirits or curses.
- Are paying the price for some moral wrongdoing.

Some TRUTHS about mental illness

The general public may believe that:

- With medication and support many people with mental illness make valuable contributions to society.
- Very few people with a mental illness are dangerous. They are more likely to be a victim.
- Mental illness is not the person's fault. Mental illness is just that – an illness.
- Mental illness, like physical illness, can affect people of all ages, income levels, social class and in all kinds of jobs.



Psychosis

Psychosis is a medical condition where there is a loss of contact with reality. When someone becomes ill in this way, it is called a psychotic episode. Typically a psychotic episode will last a few days but can persist for longer. Psychotic symptoms are typically associated with schizophrenia, but they also can occur in severe mood disorders (such as bipolar disorder or depression) or as a result of substance abuse.

The main symptoms of psychosis are disorganized thinking, hallucinations and delusions.

- *Disorganized thinking* means that everyday thoughts become confused and the individual may have trouble concentrating or remembering things.
- *Hallucinations* (false perceptions) can affect a person's sense of sight, sound, smell, taste or touch. They may sense things that aren't there. The most common hallucination is hearing voices that no one else hears. For example, the person may hear voices repeating or mimicking their thoughts, arguing, commenting on their actions (often in a critical manner) or telling them what to do (command hallucinations).
- *Delusions* are false beliefs that are held with extraordinary conviction by the person. These beliefs cannot be changed through reasoning with the person or with obvious proof or evidence to the contrary. For example, someone may be convinced that they are being watched by the FBI simply because cars are parked outside their house. Other delusions include beliefs that gestures or comments, passages from books, or television programs are directed specifically at the person. Delusions may be bizarre (believing their thoughts have been removed by an outside force) or realistic (believing they are being followed by the police).

Psychotic symptoms may emerge in response to stress, as a result of illicit drug use, or may be biologically determined to emerge at a certain stage of development regardless of life experience.



Psychosis often first occurs in young adulthood and is quite common. Approximately 3 of every 100 people will experience a psychotic episode, making psychosis more common than diabetes. The course and outcome of psychosis varies considerably from person to person. However, the earlier psychosis is recognized, medically assessed and treated, the better the outlook.

Most people make a full recovery from the experience.

Schizophrenia

Schizophrenia is a brain disorder, with specific symptoms due to physical and biochemical changes in the brain. The word schizophrenia means a “split from reality”. It is not a “split personality”. Split or multiple personality (now referred to as *Dissociative Identity Disorder*) is far less common.

- Schizophrenia is more common than most people think
- It affects 1 in 100 people (about 290,000 Canadians), including over 40,000 individuals in British Columbia
- The age of onset is usually between 16 and 25 for men, and between 20 and 30 for women

The onset of schizophrenia first involves deterioration in the person’s life. Family members and friends often notice that the person is “not the same”. Deterioration is usually observed in the person’s school or work activities, relationships with others and personal care and hygiene.

Psychotic symptoms are often predominant in schizophrenia. Hallucinations distort the person’s world, leaving them frightened, anxious and confused. Delusions are another symptom of schizophrenia. Common forms of delusions are beliefs that the person is being persecuted or that the person is in actuality, a famous or important person.

Probably the most profound change is in the ill person’s thinking processes. The illness prevents clear thinking and rational



response. A person's thoughts may be slow to form, come extra fast, or not at all. Decision-making is often quite difficult for someone with schizophrenia. Even simple day-to-day decisions may be impossible for the person.

Schizophrenia follows a variable course. For some people, the illness is chronic and recurs periodically, with residual (lingering) symptoms and incomplete social recovery. With modern advances in drug therapy and psychosocial care, almost half the individuals who develop schizophrenia can expect a significant and lasting recovery. Of the remainder, only about one-fifth continue to face serious limitations in their day-to-day activities and some will require periods of hospitalization.

Although schizophrenia is not yet curable, it is treatable. Most patients with schizophrenia have to take medication regularly to keep their illness under control. Medications for schizophrenia are referred to as *antipsychotics*. There are two types of antipsychotics – “standard” and “atypical”. “Standard” antipsychotics are medications that have been available for a number of years. These older medications are sometimes referred to as neuroleptics because of their tendency to cause neurological side effects. In most cases, newer drugs called “atypical” antipsychotics are prescribed. These newer medications help alleviate a variety of symptoms of schizophrenia (not just the psychotic symptoms) and have fewer side effects associated with them.

While medication is a cornerstone to recovery — rehabilitation, education, life skills and support programs are equally important in assisting a person to live a quality life. Early diagnosis also improves the prognosis and recovery for individuals with schizophrenia.



Mood Disorders

Ordinarily, people experience a wide range of moods and they feel in more or less in control of their moods. In mood disorders, that sense of control is lost, often causing distress for the person. *Bipolar disorder* and *severe or clinical depression* are two types of mood disorders. Both are serious illnesses that affect a person's mood, feelings, concentration, energy, sleep, activity, appetite, and social behaviour.

Bipolar Disorder

Bipolar Disorder (also known as manic-depression) is a brain disorder that causes unusual shifts in a person's mood, energy and ability to function. Moods vary between extreme highs (known as *mania*) and extreme lows (*depression*). Often there are periods of normal mood in between. Changes in energy and behaviour go along with these changes in mood.

The manic phase is characterized by an abnormally and persistently elevated mood or irritability and is often accompanied by symptoms such as inflated self-esteem; decreased need for sleep; increased talkativeness; racing thoughts; distractibility; increased goal-directed activity such as shopping; physical agitation; and excessive involvement in risky activities.

Symptoms of the depressive phase include loss of interest in activities that formerly were enjoyable, feelings of sadness, lack of energy; feelings of guilt or worthlessness; change in sleep patterns, or thoughts of death or suicide.

The dramatic fluctuation in mood is referred to as an "episode" or "mood swing". Mood episodes can last for a few days or as long as several months, particularly when left untreated. Without proper treatment, symptoms may increase in severity and frequency. They can result in damaged relationships, poor job or school performance and even suicide.



- Approximately 1-2% of adults suffer from bipolar disorder.
- It affects both men and women.
- Bipolar disorder usually develops in late adolescence or early adulthood.

Bipolar disorder is often not recognized as an illness and people may suffer for years before it is properly diagnosed and treated. Like schizophrenia, it is a long-term illness that must be carefully managed throughout the person's life.

Severe episodes of the mania and depression can include symptoms of psychosis. Psychotic symptoms tend to reflect the extreme mood state at the time. For example, delusions of grandeur (believing one is a very important person) can occur during mania; delusions that one is ruined and penniless can occur during depression.

Most researchers agree that there is no single cause of bipolar disorder but many factors come into play to produce the illness. Bipolar disorder is familial, leading researchers to search for a genetic basis for the illness.

Bipolar disorder is treated with a combination of medication and psychosocial treatment (involving both psychological and social aspects). Medications prescribed are known as "mood stabilizers". In most cases, the illness is better controlled when treatment is continuous, rather than taken only when symptoms are present.

Severe or Clinical Depression

Depression is one of the most common and most serious mental health problems facing people today. While most of us experience feelings of sadness, gloominess, or melancholy on occasion, *clinical depression* is diagnosed when these feelings endure for long periods of time. These periods can last anywhere from several weeks to several years, particularly if left untreated.



Depression is a disorder that affects the brain's ability to biologically create and balance a normal range of thoughts, emotions, and energy. Biochemical changes in the brain are ultimately believed to give rise to the deep sadness and other prominent characteristics of depression.

Depression can interfere with a person's ability to function effectively throughout the day. A depressed person has an immense feeling of sadness. Feelings of worthlessness, inadequacy, and incompetence can hound the person. They may have difficulty thinking clearly, remembering, making decisions, taking pleasure in favourite activities or enjoying relationships. Psychosis can occur as part of depression. Depression is also a chief cause of suicide.

Fortunately there are many highly effective treatments for depression that alleviate much of the suffering associated with depressive symptoms. Support systems such as family and self-help groups also assist in recovery from depression.

Schizoaffective Disorder

Schizoaffective disorder is an illness in which there are both psychotic symptoms of schizophrenia and severe mood swings (either mania and/or depression). In other words, this diagnosis is made when the clinical picture is not "typical" of either schizophrenia or a mood disorder — the person shows symptoms of both illnesses.

Treatment usually consists of a combination of antipsychotic medications, antidepressants and/or mood stabilizers. Psychosocial and rehabilitation programs complement medical treatment.



Concurrent Disorders

(Formerly called “Dual Diagnosis”)

Concurrent disorders is a term used when an individual shows symptoms of both a serious mental illness and substance abuse (e.g., alcohol or illegal drugs). A review of mental health services in British Columbia Corrections reported that 86% of mentally disordered offenders have a concurrent (co-existing) addiction*.

Use of alcohol/illegal drugs complicates medical and psychosocial care for a person with mental illness. Diagnosis is difficult because it takes time to unravel the interacting effects of alcohol/drug abuse and the mental illness. Violence is also more prevalent among persons with concurrent disorders.

Individuals may begin to use alcohol or illegal drugs for a variety of reasons: to relieve distress from symptoms caused by mental illness (self-medicate), to fit in with their peers (recreational use), cope with stress or tension or to help deal with the side effects of medication. However, the use of alcohol or illegal drugs can worsen symptoms of the mental illness. For example, using drugs can increase paranoia (suspiciousness and distrust) and lead to behaviours that bring the person into conflict with the law.

Treatment for both the mental disorder and the substance abuse disorder is necessary.

* Ogloff, J. (1998) A Review of Mental Health Services in the British Columbia Corrections Branch.



Facts About Mental Illness

- Mental illness indirectly affect all Canadians through illness in a family member, friend or colleague
- Mental illness is believed to be caused by a complex interplay of genetic, biological, personality and environmental facts
- A Health Canada report estimated that mental health problems cost of \$14.4 billion in 1998, placing mental illness amongst the most costly of all conditions in Canada
- Mental health problems tend to remain undiagnosed and unreported because of stigma and exclusion
- Less than 4% of medical research funding goes to mental illness research, yet psychiatric care accounts for 16% of direct health care costs
- About 24% of patients who seek primary health care suffer from some form of mental disorder. A majority of these patients (69%) usually present to health personnel with physical symptoms; consequently, many of them are not correctly diagnosed for mental illness and thus not treated.
- Mental disorders are the second highest reason for hospitalization, and the annual costs associated with mental disorders are estimated at \$13.8 billion in Canada.



Resources for Families

Information Booklets and Pamphlets

- *Basic Facts about Schizophrenia*. BC Schizophrenia Society, Provincial Office, Richmond, BC www.bcscs.org
- *Early Psychosis: What Families and Friends Need to Know*. BC Schizophrenia Society, Provincial Office, Richmond, BC www.bcscs.org
- *Forensic Psychiatric Services Commission, Information Package*. Forensic Psychiatric Hospital, Port Coquitlam, BC
- *Mentally Disordered Accused and the Justice System in British Columbia*. Ministry of Attorney General, Criminal Justice Branch, Victoria, BC
- *Bipolar Disorder: An Information Booklet for Patients, Their Families and Friends*. Erika Bukkfalvi Hillard, Royal Columbian Hospital, New Westminster, BC
- *Depressive Illness: An Information Guide*. Christina Bartha, Carol Parker, Cathy Thomson, & Kate Kitchen, Centre for Addiction and Mental Health, Toronto, Ontario
- *Freedom of Information and Protection of Privacy Fact Sheet – "Releasing Personal Health Information to Third Parties"* BC Ministry of Health www.health.gov.bc.ca/mhd/pdf/MentalHealthGuide.pdf p.119

Books

- Admec, C. (1996). *How to Live with a Mentally Ill Person: A Handbook of Day-to-Day Strategies*. John Wiley & Sons.
- Amador, Xavier & Johanson, Anna-Lisa. (2000). *I am Not Sick, I Don't Need Help: Helping the Seriously Mentally Ill Accept Treatment. A Practical Guide for Families and Therapists*. New York: Vida Press.
- Armat, V.C. & Isaac, R.J. (1990) *Madness in the Streets: How Psychiatry and the Law Abandoned the Mentally Ill*. New York: The Free Press.
- Marsh, D. T. and Dickens, R.M. (1997). *How to Cope with Mental Illness in Your Family: A Self-Care Guide for Siblings, Offspring or Parents*. New York: Putnam.
- Nunes, J. and Simmie, S. (2002). *Beyond Crazy: Journeys Through Mental Illness*. McClelland & Stewart Ltd.
- Nunes, J. and Simmie, S. (2001). *The Last Taboo: Survival Guide to Mental Health Care in Canada*. McClelland & Stewart Ltd.
- Ray, Doris. (1999). *The Ghosts Behind Him*. Prince George: Caitlin Press.
- Secunda, V. (1998). *When Madness Comes Home: Help & Hope for Children, Siblings and Partners*. Disney Press.
- Torrey, E. Fuller (2001). *Surviving Schizophrenia. A Manual for Families, Consumers, and Providers*. New York: HarperCollins Publishers.



- Torrey, E. Fuller and Knable, M.B. (2002) *Surviving Manic Depression. A Manual on Bipolar Disorder for Patients, Families and Providers.* New York: Basic Books.

Videos

- *Asylum - Not Criminally Responsible.* 2000. Cogent Benger Productions. Available through CBC "Witness"
- *Reaching Out: The Importance of Early Intervention.* 2000. BC Schizophrenia Society (available online - see www.bcscs.org)
- *Forensic Psychiatric Hospital.* 2001. Video on Forensic Psychiatric Hospital, Port Coquitlam. (Available through the BC Schizophrenia Society or the Forensic Psychiatric Hospital or can be viewed at www.forensic.bc.ca)

Web Sites

www.bazelton.org/issues/criminalization/factsheets/crimfact_index.htm
Information on mental health law and the criminalization of people with mental illnesses.

www.bcrb.bc.ca Information on the British Columbia Review Board and their role with respect to patients in the Forensic Psychiatric Hospital

www.bcscs.org British Columbia Schizophrenia Society website. Information on schizophrenia and on programs and support services to help families coping with serious mental illness.

www.chma-bc.org Canadian Mental Health Association website. Information on mental health and illness.

www.courts.gov.bc.ca Information on criminal law, including "fitness to stand trial" and "Not Guilty by Reason of Mental Disorder".

www.forensic.bc.ca Information about the Forensic Psychiatric Hospital. Video about the hospital is available for viewing from this site.

www.mhcva.on.ca/MHP/mhpfor4.htm Website in Ontario that has some helpful information on the Criminal Code and mental illness.

www.mdabc.ca Mood Disorders Association of British Columbia. Information and support for people dealing with depression or bipolar disorder.

www.mentalhealth.com Developed by Dr. Phillip Long, a Vancouver psychiatrist. Extensive encyclopaedia of mental illnesses, medications and treatments defined in layman's terms.

<http://users.erols.com/ksciacca> Excellent information on concurrent disorders (mental illness and substance abuse)



Contact Information

British Columbia Review Board
#1203 - 865 Hornby Street
Vancouver, BC V6Z 2G3
Main Switchboard: (604) 660-8789
Toll Free: 1-877-305-2277
Registrar: (604) 775-0589
Website: www.bcrb.bc.ca

**Hearing Room: Forensic
Psychiatric Institute**
Review Board Hearing Room, Ash
Building, 70 Colony Farm Road, Port
Coquitlam, BC V3C 5X9

BC Schizophrenia Society
#201- 6011 Westminster Hwy,
Richmond, BC V7C 4V4
Telephone: (604) 270-7841
BC Toll free 1-888-888-0029
Fax: (604) 270-9861
E-mail: bcss.prov@telus.net
Website: www.bcss.org

**Canadian Mental Health
Association, BC Division**
#1200 - 1111 Melville Street
Vancouver, BC V6E 3V6
Telephone: (604) 688-3234
Toll Free: (800) 555-8222
Fax: (604) 688-3236
E-mail: office@cmha-bc.org
Website: www.cmha-bc.org

Forensic Psychiatric Hospital
70 Colony Farm Road, Port
Coquitlam, BC V3C 5X9
Telephone: (604) 524-7700
Fax: (604) 524-7905
Website: www.forensic.bc.ca

Forensic Regional Services & Community Clinics:

• **Kamloops:** No. 5, 1315 Summit
Drive, Kamloops, BC V2C 5R9
Telephone: (250) 828-4661
Fax: (250) 371-3894

- **Nanaimo:** 101 - 190 Wallace
Street, Nanaimo, BC V9R 5B1
Telephone: (250) 741-5733
Fax: (250) 741-5740
- **Prince George:** 2nd Floor,
1584 7th Avenue, Prince George,
BC V2L 3P4 Telephone: (205)
565-7077 Fax: (250) 565-7076
- **Surrey:** 12033 92A Avenue
Surrey, BC V3V 4B8
Telephone: (604) 586-4048
Fax: (604) 586-4095
- **Vancouver:** 300 - 307 West
Broadway, Vancouver, BC
V5Y 1P9 Telephone: (604) 660-
6604 Fax: (604) 660-6625
- **Victoria:** 2840 Nanaimo Street
Victoria, BC V8T 4W9
Telephone: (250) 387-1465
Fax: (250) 356-2145

Inquiry BC (604) 660-2421
Toll free outside Lower Mainland
1-800-663-7867

Lawyer Referral Service (604)
687-3221 BC toll free 1-800-663-
1919

Mental Health Information Line
1-800-661-2121

Mood Disorders Association
#201- 2730 Commercial Drive,
Vancouver, BC V5N 5P4
Telephone: (604) 873-0103
Fax: (604) 873-3095
E-Mail: mdabc@telus.net
Website: www.mdabc.ca

Victims Services 1-800-563-
0808 (business hours only)



Glossary of Terms

Antipsychotics: Medications used to treat schizophrenia and psychosis. There are two types of antipsychotics: “standard” (also called “neuroleptics”) and “atypical”. Standard antipsychotics are medications that have been available for a number of years. There is a tendency with some of these older medications to cause neurological side effects. Atypicals are the newer drugs, which have fewer side effects.

Assessment (Forensic): Medical and psychological examination of a patient in order to determine whether the patient has a mental disorder that renders him or her unfit to stand trial or incapable of appreciating the nature and quality of the act at the time of the offence or of knowing that it was wrong.

Bipolar Disorder: A brain disorder that causes unusual shifts in a person’s mood, energy and ability to function. Moods vary from extreme highs (mania) and extreme lows (depression).

Concurrent Disorders: A term used when a person shows symptoms of both a serious mental illness and substance abuse. Formerly called Dual Diagnosis.

Delusions: False beliefs that have no logical basis. For example, someone may be convinced they are being watched by the police because there are white cars parked outside their house.

Depression (clinical or severe): Persistent feelings of sadness that endure for long periods of time and interfere with a person’s ability to function effectively throughout the day.

Disorganized thinking: Everyday thoughts become confused or don’t join up properly. The individual may have trouble concentrating, making decisions or remembering events.

Disposition order: A disposition is an order made by the BC Review Board as to what should happen to the accused person (e.g., detain in hospital; absolute discharge) and what level of security the person might need.



Episode (mood swing): Dramatic fluctuation in mood that is characteristic of bipolar disorder.

Forensic Patient: An individual who has come into conflict with the law and is under the care and supervision of Forensic Services.

Hallucination: A mistaken change in perception in the individual's sense of sight, sound, smell, taste or touch. For example, they may hear voices or see things that aren't there. Food may taste or smell bad.

Mental Illness/Disorder: A substantial disorder of thought, mood, perception, orientation and memory that grossly impairs judgment, behaviour and capacity.

Mood Disorders: Disorders that affect a person's mood, feelings, concentration, sleep activity, appetite and social behaviour.

Unfit to Stand Trial: Unable on account of mental disorder to conduct a defence at any stage of the proceedings before a verdict is rendered or to instruct counsel to do so, and, in particular, unable on account of mental disorder to (a) understand the nature or object of the proceedings (b) understand the possible consequences of the proceedings, or (c) communicate with counsel. (Section 2, Criminal Code of Canada)

Not Criminally Responsible by Reason of Mental Disorder: A verdict rendered by the courts when a person is found to have been suffering from a mental illness that resulted in a lack of appreciation of the nature and quality of the offence or in a failure to realize that the act or omission was wrong.

Psychosis: A medical condition that affects the brain so that there is a loss of contact with reality.

Schizoaffective Disorder: Brain disorder in which there are both psychotic symptoms of schizophrenia and severe mood disturbances (either depression or mania).



Treatment Team: A group of mental health professionals assigned to provide treatment to individuals who are referred by the courts to Forensic Psychiatric Services. The core members include a psychiatrist, case manager, social worker, and primary nurse. Program staff (e.g., drug and alcohol counsellors, vocational rehabilitation workers) are also part of the team.



Evaluation and Feedback

Please send us your comments and feedback. You can photocopy this page and fax to BC Schizophrenia Society at (604) 270-9861 or email bcss.prov@telus.net or mail to BC Schizophrenia Society, 201-6011 Westminster Hwy., Richmond, BC, V7C 4V4.

1. Was the information provided in this booklet helpful to you?

Very helpful

Sort of helpful

Not helpful

2. Are there any changes or additions you would like to see?

3. Other comments:

Please send your comments to:



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