

June 2011



MENTAL ILLNESS FAMILY SUPPORT CENTRE (B.C. Schizophrenia Society)
SALMON ARM BRANCH

FAMILY & FRIENDS

Summer is here at long last

There has been a lot of rain this spring and a late spring at that. In the last few days, the warm weather has appeared along with the flowers (my tulips) and the many hummingbirds.



I'd like to take a moment and welcome Jan Arcand to our Board of Directors. Jan has been a past Board member and has been my co-facilitator in the Strengthening Families Together Workshops. She has been and continues to be, a great asset to the Salmon Arm Branch.

We have just completed another successful Strengthening Families Together Workshop. Our next workshop is scheduled for September 2011, so if you or someone you know would benefit from this free workshop, give me a call and I'll put your name on the list and confirm registration in September. It's a great, easy way to get educated on some of the more persistent mental illnesses and how to cope with them. This program also touches on addictions.

Our Annual General Meeting was held on May 16, 2011 at the People Place in Vernon with a lunch after the meeting. It was nice to see new faces and we look forward to another busy year. If you are interested in volunteering for displays, presentations or general office help, that would be great.

There is a lot of information and upcoming events in this newsletter, so sit back and enjoy. If you need any further information, just give me a call or stop in at the office.

Donna Miller
Family Support Co-ordinator

Inside this issue:

Articles	2/3
In Our Library	4
M/H Video Event	4
Tolerance	4
Did You Know??	5
Family Support Group	5
SFT Workshop	5
Pass It On	5
Information Websites	6
Words of Inspiration	6
Contact Us	6
Become a BCSS Member	6

Teen Depression Webinar



Monday, June 13th at 11 a.m. (one-hour webinar)

To register, please visit their homepage at www.familyaware.org For more information, email Valerie Dickerson at Valerie@familyaware.org.

This is a very good webinar to watch whether your family member or friend is a teen or an adult.



Anosognosia

The Difficulty in Seeing Your Own Illness

By Brendan McLean
NAMI Communications Assistant

Despite schizophrenia's outward expressions that make the illness perceptible to an onlooker, many people living with schizophrenia do not believe they have an illness. They lack the ability to view their symptoms, such as delusions and hallucinations, as being effects of a disease. Even when presented with hard evidence, the individual may still not believe they are sick. This lack of awareness, or insight, into their own illness is known as Anosognosia.

Anosognosia can occur in any mental illness, regardless of its severity, although, it is more common to occur in cases of serious mental illness. It is more commonly found in schizophrenia, where approximately 60 percent of individuals diagnosed do not believe they have a mental illness, than in bipolar disorder or major depressive disorder. This inability to gain insight is not only witnessed in individuals living with mental illnesses but individuals who have experienced a traumatic brain injury or have other diseases, which can include Huntington's and Parkinson's.

Unlike someone who has experienced a brain injury and may not physically be able to retrieve information, Anosognosia, when observed in a mental illness, is the attribution of symptoms to sources other than the illness. It is not a conscious choice to misattribute, or deny, the symptoms but rather a symptom of the illness in itself.

There are three main distinctions between Anosognosia and denial. In Anosognosia, the lack of insight lasts an extended period of time (sometimes years), the beliefs do not change even when presented with overwhelming evidence to the contrary and illogical explanations are used to explain why what they are experiencing is understandable.

What Causes Anosognosia?

Like schizophrenia, Anosognosia, has not been pinned down to one specific underlying factor. Some research has shown that lack of awareness is only correlated with the positive symptoms of schizophrenia, while other has shown it is correlated with negative symptoms or a specific symptom, such as formal thought disorder. Needless to say, separate research has shown that the occurrence of Anosognosia is unrelated to the prevalence of a certain symptom or category of symptoms.

Demographic factors, such as age and gender, are also not predictive of its likelihood. The impact of some demographic factors, including race, are not agreed upon. Some studies have shown that white individuals living with schizophrenia have more insight into their illness than minority ethnic groups. However, many claim that these results are attributable to the different cultural beliefs from their doctors and the cultural beliefs' effect on the expression of the illness.

Why Is It Important to Become Aware of Your Illness?

Studies have found that becoming aware of your illness is related to a better prognosis and outcome. One study found a 34 percent reduction of being re-admitted for relapse. However, it was not the level insight at the occurrence of the first psychotic episode, but those individuals whose insight levels increased early in their treatment who had a better outcome.

Unfortunately, individuals who have been categorized as high-risk for developing psychosis often show significant deficits in insight, making individuals who are already at the greatest risk even more difficult to convince of an impending illness. Insight levels have been shown decrease as more episodes of psychosis are experienced, revealing the importance of early intervention and care.

Can Anosognosia Be Cured?

There is no cure or ability to "magically" increase insight. Medication has not been shown to be effective in increasing awareness. And while some



Anosognosia—cont'd

studies have shown education about mental illness may increase awareness, others have shown that despite an ability to attribute symptoms to schizophrenia to others, they can not do so to themselves.

However, if someone you know is living with Anosognosia, there is hope and ways to get them to accept treatment. Although it may seem difficult at first to try and convince them they have an illness, there are methods that may help. Make sure to check out NAMI's Fact Sheet on Anosognosia to learn how best to help. (see Fact Sheet below)

Anosognosia (Lack of Insight) Fact Sheet

Excerpt from NAMI (National Alliance on Mental Illness)

When a person cannot appreciate that they have a serious psychiatric illness, a tremendous challenge to family members and caregivers follows. About one-half of people living with schizophrenia, and a smaller percentage who live with bipolar disorder, have this clinical feature. Individuals with Alzheimer's disease and dementia also often have this feature. The medical term for not seeing what ails you is anosognosia, or more commonly known as a lack of insight. Having a lack of awareness raises the risks of treatment and service nonadherence. From the person's point of view, if they feel they are not ill why should they go to appointments, take medication or engage in therapy?

Why can't a person see what is so apparent to those around them? The best thinking indicates this is a core feature of the neurobiology of the conditions. Frontal lobes organize information and help to interpret experiences. In conditions like schizophrenia and Alzheimer's disease, frontal lobe difficulty is central to the neurological processes that underlie the disorders. Psychological denial is not the reason for the lack of insight in these illnesses.

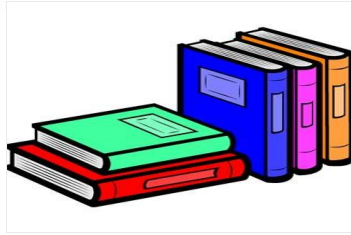
Efforts to get people to see that they are ill are frequently fraught with frustration and may be met with denial or anger. Approaching the person in a supportive way will be beneficial for your relationship. Finding out what goals a person has (for instance getting a job, forming relationships, living independently) can be a good place to start engaging in next steps. Check to see if the service system has outreach workers who work on engaging people who lack insight. Working with the person's goals does not mean you have to pretend he or she is well. For example, if the person applies for disability services, encourage the doctor to review the diagnosis; getting a person to agree to disagree can be a first step. You don't need to argue about diagnosis to have a person participate in-or respect-basic household chores and rules.

There are situations where a person's lack of insight can, at times, create dangerous situations. This combination of no insight and dangerous acts often requires intervention. In more than 40 states, there are laws for Assisted Outpatient Treatment (AOT), also known as outpatient commitment. AOT status requires a person to engage in treatment and gives the state authority to bring the person to a treatment center if they do not. All states that have these laws have protections and a process for assessing whether this intervention is appropriate. In most states, doctors are required to submit an affidavit of the person state and the reasons for the requested AOT status and a judge decides.

NOTE: The above information is American based. Contact your BCSS (Mental Illness Family Support Centre) Salmon Arm branch, for information on a support group and/or information on outreach services.



In Our Library



Just a reminder that in this office, we have a video lending library. I have listed the DVDs that are available. If you would like more information on a particular video, just give Donna a call or stop in at the office.

DVD Titles

- This Beggar's Description
- Unbreakable Minds
- Fighting Their Fears: Child Youth Anxiety
- OCT: The War Inside
- Beyond the Blues: Child & Youth Depression
- Working Like Crazy
- A Map of the Mind Fields: Managing Adolescent Psychosis
- First Break
- Fight or Flight: Overcoming Panic & Agoraphobia
- I think They Think—Overcoming Social Phobia
- Living with Schizophrenia
- Out of the Shadow
- F.A.S. When the Children Grow Up
- Flight From Darkness (Bipolar Disorder)
- The secret of the Brain
- The Forgetting—A Portrait of Alzheimer's
- Crank: Darkness on the Edge of Town
- Not Just a Bad Day—Living with Bipolar Disorder
- Cry For Help (Teen Depression and Suicide)
- Meth in the City
- Depression: Out of the Shadows
- Men Get Depression
- Down Side of High (The nature of Things)
- S.T.O.P. Obsessing. How to overcome your obsessions and compulsions

Our book lending library is full of books on different mental illnesses as well as information on addictions. Several new books are added each year to our library, so if there is a particular book on a mental illness and/or addiction that you think would be of benefit to have in the library, please call and suggest it. I am always looking for new titles.

TOLERANCE



The most loveable quality anyone can possess is tolerance.

It is the vision that enables one to see things from another viewpoint. It is the generosity that concedes to others the right to their own opinions and their own peculiarities. It is the bigness that enables us to let people be happy in their own way instead of our way.

Submitted by: Ellen Verigin

MENTAL HEALTH VIDEO EVENT

Come to the **FREE** lunch hour (12 to 1pm) video event at the Family Centre on the corner of Trans Canada Hwy. and Alexander Ave. Bring a bag lunch and sit back and relax.

July 7—Down Side of High—tells the stories of 3 young people who believe, along with their doctors, that their mental illness was triggered by marijuana use.

July 14—Not Just a Bad Day—Living with Bipolar Disorder.

July 21—F.A.S. When The Children Grow Up

Bring a friend.



Family Support Group

Future Family Support Group dates are:
June 23, July 28, August 25 and
September 29

Do you have a family member or close friend who has been diagnosed with a mental illness? Do you feel you would like to talk about what you are going through with others that are going through similar feelings or issues with their mentally ill relative? Then come and join us. The Family Support Group provides a confidential and caring environment to share experiences and knowledge with others who have first hand experience in supporting a loved one with a mental illness. We meet on the last Thursday of every month from 7-9 p.m. We are located at 181 Trans Canada Hwy. N.E. Salmon Arm, which is on the corner of the Trans Canada Hwy and Alexander Street. There is parking on Alexander Street and at the back of the building. Please come to the front door. For more information call Donna at (250) 832-2170 ext. 206.



DID YOU KNOW??

We have launched our new website: www.mifsc.ca. Check it out. It has all our information and links.

In Canada, people with both a mental illness and a substance abuse problem are said to have a concurrent disorder. In the US, the combination of these problems is called a dual diagnosis.



Strengthening Families
Together
Helping Canadians Live with Mental Illness

**OUR NEXT
WORKSHOP
IS SCHEDULED**

FOR SEPTEMBER 2011

This **FREE** 6 week, Tuesday night workshop is a national education program for family members and close friends of individuals living with a mental illness. This program aims at increasing accessibility to Canadian based information on topics associated with living daily with mental illness. This program provides information, skill building, support, awareness and tools for coping. This class fills early so call Donna at (250) 832-2170 ext. 206 to **pre-register**.



PASS IT ON

- » The next **Strengthening Families Together Workshop** is scheduled for the end of September 2011. If you know a family that would be interested in the workshop, have them call Donna for more information.
- » Susan Inman, author of "**After Her Brain Broke**" is coming to the Schubert Centre (3505—30th Ave) Vernon on Tuesday, August 16, 2011 to share her family's personal story about getting clinical treatment for her daughter. The presentation is free and is from 7 p.m. to 8:30 p.m.
- » **The Mental Health Video Event** has been scheduled, so check out the information on Page 4 of this newsletter for dates, times and titles.



INFORMATION WEBSITES

This is the Knowledge Network website. The web address below takes you to the video pages where you can view such topics as: Autism, Dyslexia, Bipolar, FASD, Depression, Youth Anxiety, Psychosis, to name a few.

www.knowledge.ca/programs/health

WORDS OF INSPIRATION

“Out of difficulties grow miracles”
Jean De La Bruyere

“A single rose can be my garden... a single friend,
my world.”
Leo Buscaglia

“A friend is one of the nicest things you can have,
and one of the best things you can be.”
Douglas Pagels

CONTACT US

Salmon Arm Branch:

Donna Miller—Family Support Coordinator
181 Trans Canada Hwy N.E., Box 914,
Salmon Arm, B.C.V1E 4P1
Ph: (250) 832-2170 ext. 206 Fax: (250) 833-0137
Office Hours: Walk-in: Tues. to Thurs.: 1:00 - 4 pm .
By appointment: Tues. - Thurs. 9 am - 12 pm
Email: salmonarm@bcss.org

Vernon Branch:

Dianne Hustler—Family Support Coordinator
#301 - 2 3402 – 27thAve., Vernon, B.C. V1T 1S1
Ph:(250) 260-3233 Fax: (250) 260-3212
Email: bcssvernon@shaw.ca

Mental Illness Family Support Centre

Website: www.mifsc.ca

BCSS Provincial Website: www.bcss.org

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BECOME A BCSS MEMBER

A five dollar membership to BCSS Vernon/Salmon Arm entitles you to a vote at our Annual General Meeting and you will also receive newsletters, **via email**, from BCSS Provincial (Friends) and Vernon/ Salmon Arm branches (Family and Friends).

If you would like to become a member of the BC Schizophrenia Society Vernon/Salmon Arm, please fill out this form and drop it off at our Salmon Arm or Vernon office or you can send it to:

MENTAL ILLNESS FAMILY SUPPORT CENTRES

BCSS - Salmon Arm
(PO Box 914)

181 Trans Canada Hwy NE
Salmon Arm, BC V1E 4P1

or BCSS – Vernon
#301 – 2 3402 27 Ave.
Vernon, BC V1T 1S1



MEMBERSHIP FORM

Name: _____

Address: _____

City: _____

Phone: (h) _____

(w) _____

Fax: _____

e-mail: _____

*Expiry Date: **March 31, 2012***

Membership dues

- \$5.00 Cheque (to BC Schizophrenia Society– Vernon)
 \$5.00 Cash

In addition to dues, I wish to make a donation to BCSS.

_____ Donation Amount

- Cheque (to BC Schizophrenia Society– Vernon)
 Cash

The BC Schizophrenia Society, Vernon Branch is an Incorporated Branch Society and Registered Charity
867 308 389 RR0001

Your generosity is appreciated.

Receipts will be issued upon request, for income tax purposes.