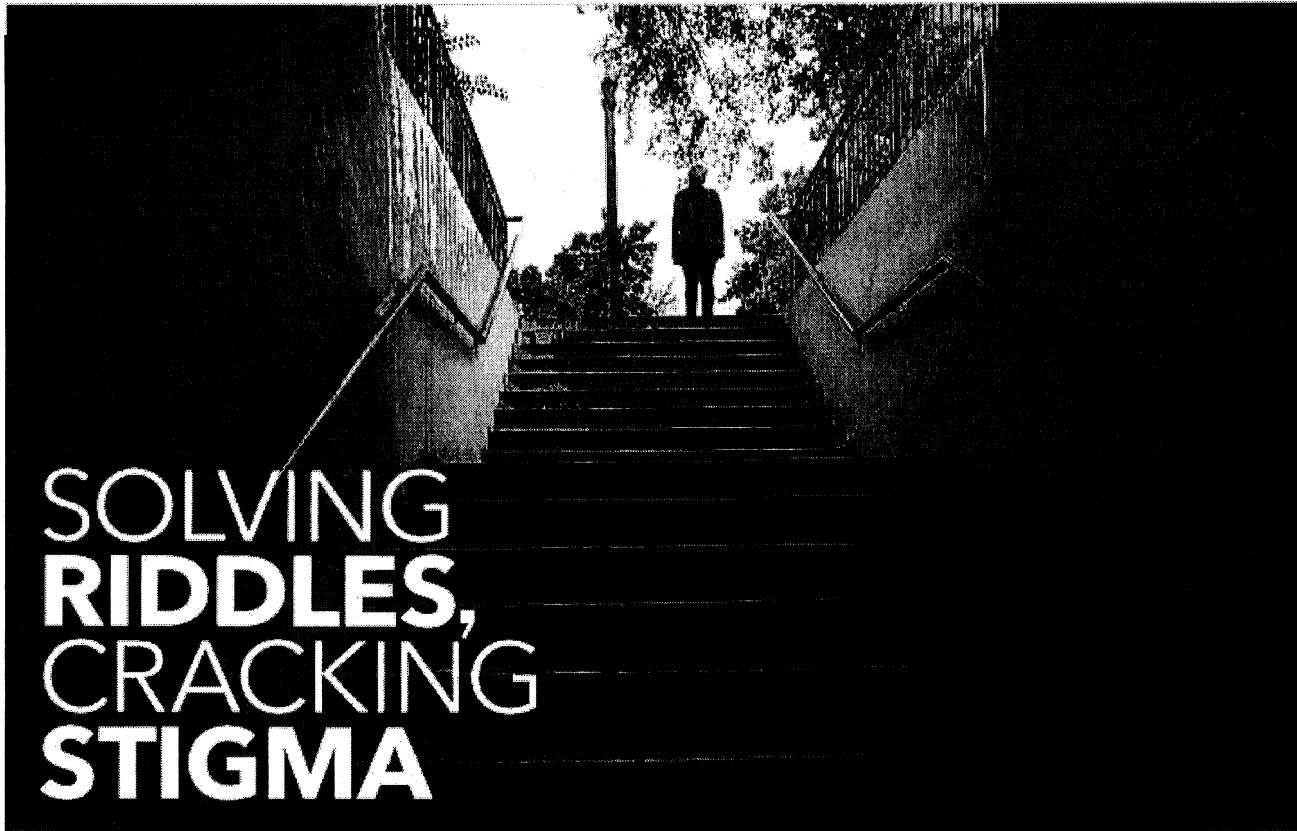




PEACE OF MIND  
MENTAL HEALTH IN HAMILTON



ANGELA JASPAN, EMERGING FROM A TUNNEL ON HER WAY HOME FROM WORK, IS PROOF THERE IS LIGHT AFTER THE DARKNESS OF MENTAL ILLNESS.

Mental illness can darken lives, lead to fear, pain and death. It affects one in five Canadians and is the No. 1 cause of disability. Canada's youth suicide rate is the third highest in the developed world. And yet mystery and stigma still surround the disease, even as life-saving treatments have come a long way from the days when patients were warehoused in asylums and restrained in wooden crates.



JON WELLS  
The Hamilton Spectator

### THE STORM

**A HAMILTON WOMAN SITS ON THE floor in her bedroom paralyzed with panic as she gets ready to meet friends. Her vision blurs, hands shake and stomach retches.**

In a bar in Guelph, a Canadian soldier notices a guy with brown skin. Triggers click in his mind, he flashes back to Afghanistan and the sick sweet scent of dried blood matted to his uniform. So much anger. He wants to kill him.

A woman happens upon a stream in a forest. As a child, she had wondered what it would be like to be Snow White, to fall asleep and never wake. She decides this peaceful spot is where she will take her own life.

Electrochemical signals zip among the 100 billion neurons in their brains in the blink of an eye, interpreting sensations, cataloguing memory, driving emotion.

This storm of activity can spark anxiety and

irrational behaviour in the human machine.

A man lies in bed worrying he didn't unplug the toaster, even though odds are low that a) he forgot and b) the toaster will burst into flames if he did.

The interplay of signals in his brain — "the mind" — is creating what psychologists call cognitive distortion; he is "catastrophizing."

(Research suggests if he checks the toaster repeatedly, he will paradoxically feel even more anxious.)

More ominously, the mind can darken perception and provoke painful reactions or turn the machine upon itself.

The signals in the brain do not occur in a vacuum; they are influenced by genetics and environment.

Controlling or at least influencing the signals, and the behaviour that flows from them, is what mental health is about.

Mental health continues // A6



See photos of St. Joseph's patient Richard Bell and his artwork and watch a video about his

# Mental health is more elusive, and while socio-economic circumstances are factors, mental illness crosses all lines

Mental health continued from // A1

**MENTAL ILLNESS** has always afflicted humanity, and while understanding and treatment has come a long way from the days when 2,000 patients were warehoused in the Hamilton Asylum for the Insane on the Mountain, in some respects its impact and stigma is greater than ever.

- Nearly 8 million Canadians will suffer from a mental disorder in their lifetimes.
- Each day 500,000 Canadians miss work due to mental health problems.
- More than 10,000 people in Hamilton were helped by the local branch of the Canadian Mental Health Association in 2015/2016.
- Half of the workers in Hamilton and the GTA have had a mental health issue.
- ER visits by Canadian youth for self-harm increased 85 per cent between 2009 and 2014, and girls were five-times as likely to report.

Physical health seems straight forward enough, a matter of common sense and will; eat right, exercise. Broadly speaking, we've never been healthier. Life expectancy in Canada has risen 25 years since the turn of the 20th century.

But sound mental health is more elusive, and while socio-economic circumstances are factors, mental illness crosses all lines. (Canadians, arguably the most prosperous and safest citizens in the world, and in theory the most content, are also among the highest consumers of antidepressants.)

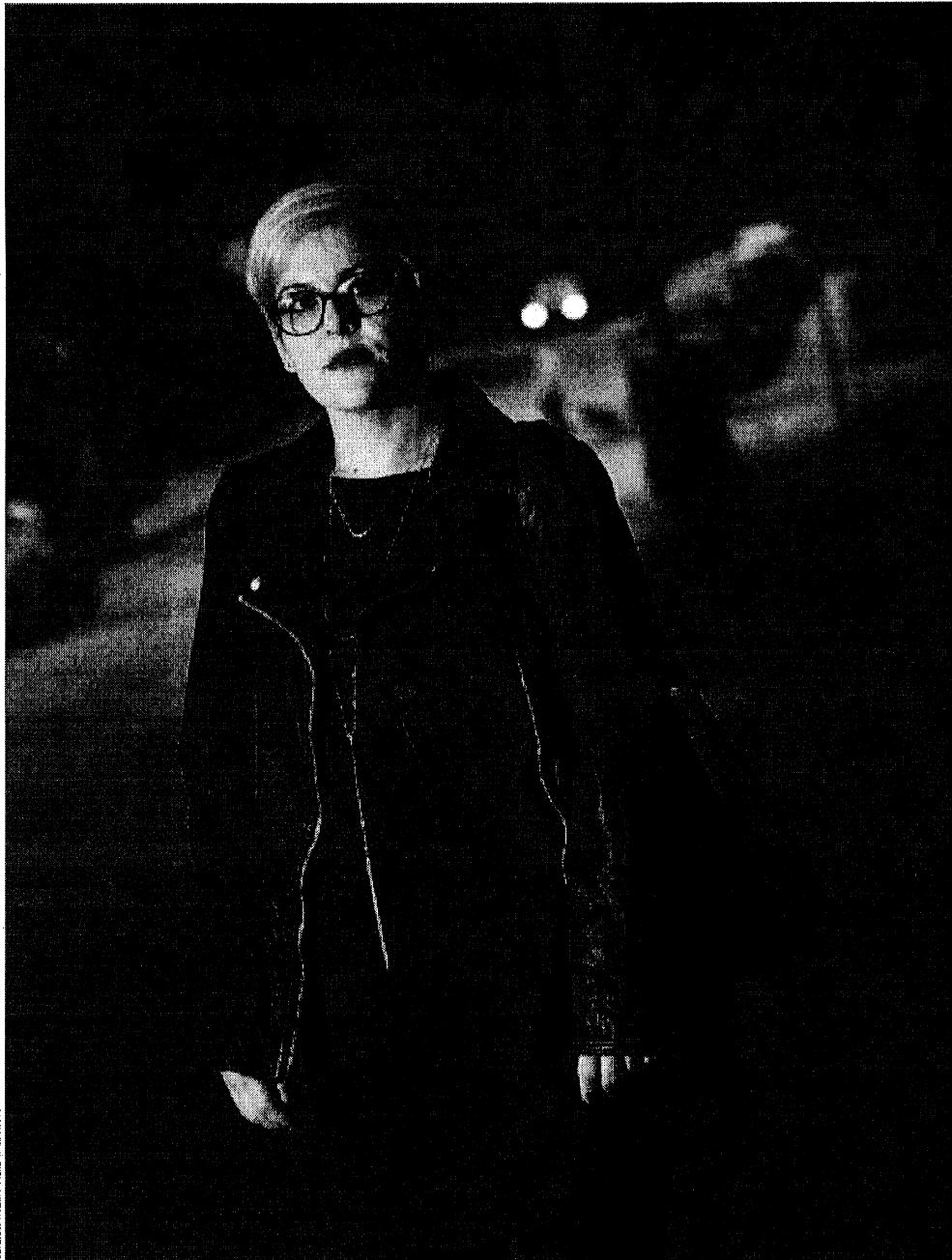
The burden is considerable. In Hamilton, patients being treated at least in part for schizophrenia — an illness characterized by delusions and withdrawing from reality for which there is in most cases effective treatment, but no cure — occupy about 200 hospital beds, which means more bed space than for any other health condition.

And yet mental illness and the branch of medicine that treats it, psychiatry, is fertile ground for debate and stigma.

Part of the reason are the polar extremes of mental illness, that can range from spectrums of anxiety, where those suffering with it are often stigmatized as weak rather than sick; to those with mood disorders who act unpredictably or speak in unusual ways that put others on edge, fear sometimes trumping understanding.

Another reason is there is still much to be discovered about mental illness, where the root causes have not been identified as they have in other health care specialties.

Psychiatry is a relatively new field. The word itself was coined in the mid-19th century, from the Greek meaning healing the soul. Frenchman Philip Pinell, one of psychiatry's foun-



KORCHIENSKI/ISTOCKPHOTO.COM

Angela Jaspan: "It was a scary time. I was in a constant panic mode of fight or flight."

ding fathers, is depicted in paintings freeing mentally ill patients held in prisons in shackles.

Controversy would never surface over whether a patient with a broken leg in fact has a broken leg, or if a heart attack patient requires treatment. But a fundamental question sometimes posed about mental illness is the extent to which it exists.

Technology in the digital age shrinks the globe and multiplies triggers for anxiety — joblessness, Ebola, terrorism, global warming, the safety of your kids — combined with self-induced worries surrounding self-image, fitting-in/measuring-up, regret, ambition.

A U.S. psychiatrist wrote that "over-diagnosis of depression is now more common than under-diagnosis" thanks to a trend among those in Western societies to "expect the right to happiness."

Is mental illness as widespread as the statistics suggest, or is it simply being diagnosed more?

The answer to that question is "both" according to the Abraham Rudnick, the psychiatrist-in-chief at St. Joseph's Healthcare, the prime acute mental health provider in the region.

The prevalence of schizophrenia, for example, is about the same as when it was first diagnosed at the turn of the century.

"But there are some disorders, such as eating disorders, where there is historical as well as sociological and anthropological evidence that they are on the rise, and may be attached to modern Western culture."

What has changed, he says, is modern treatment, therapy and medication, that can deliver positive quality of life if followed properly — although this is often a challenge for mental health patients.

And some of medicine's best and brightest now enter psychiatry, a field that has carried its own stigma for not being "real" medicine and to an extent in some quarters still does.

"Psychiatry is truly a social medicine, and also some of the most complex medicine," says Aarti Ranna, a third-year medical student at McMaster University. "Is someone's visual hallucinations schizophrenia? Psychosis from major depression? An acute stress reaction? You have to know your medicine and know human beings. And that can be a mysterious thing."

An emphasis on the "mind-body" connection in medicine has emerged, marrying the mental and the physical that had historically been kept separate.

"There has been a greater recognition of that, the psychosocial, in the last decade," says David Higgins, president of St. Joe's. "The conversation is changing, and I hope we'll look back on this decade as one where it began to come together, and where people had the courage to stand up and talk about it, to help lift the stigma."

When he was growing up in Ireland, Higgins' father, an engineer, suffered from depression. Higgins was too young to know it, but he later heard that his father spoke out about it with others he knew were also suffering.

"He told them to not be afraid, that they could get help. That took courage to speak up like that back then, this big successful guy. After he died, I found out he had done that. It was a nice story to hear."

For all the public awareness campaigns and admissions from celebrities that they suffer from mental illness, stigma remains a persistent shadow.

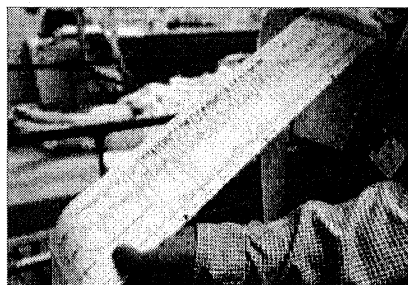
"There's a long way to go before mental illness is regarded in the same way as heart disease, you know?" Higgins says. "People are said to have had a courageous battle with cancer, but not a courageous battle with schizophrenia or depression."

In a similar vein, no one would hesitate to wear a cast on a broken wrist in the workplace, or tell their supervisor they have a cold; few would announce

## ABOUT THE WRITER

Award-winning Hamilton Spectator reporter Jon Wells has written series in the past about the ER and ICU in Hamilton General Hospital, and McMaster University's Education Program in Anatomy.

## SIX DAYS OF PEACE OF MIND



A printout of brain activity during an ECT treatment.

**PEACE OF MIND** is a six-part series by Spectator reporter Jon Wells that explores various aspects of adult mental health.

**SATURDAY**

Solving riddles, cracking stigma

**MONDAY**

Losing Deb: Dementia's long and painful journey

**TUESDAY**

PTSD: A soldier's story

**WEDNESDAY**

Thought distortion: Anxiety disorders

**THURSDAY**

Criminal minds: The forensic unit

**FRIDAY**

Suicide: The pain that kills

they take medication for bipolar disorder.

This is a contradiction that Angela Jaspan talks about to groups including business executives. She has been diagnosed with schizoaffective disorder — a combination of schizophrenia symptoms (delusions) and mood disorder symptoms (depression, mania).

A frequent guest speaker for the Canadian Mental Health Association, she tells employers that people with mental illness can lead normal lives with consistent treatment.

She describes the painful road she endured as a teenager, when she left Hamilton to visit her mother in her native South Africa.

Jaspan was smoking marijuana back then and she is certain that drug use, combined with her genetics — her grandfather suffered from depression and took his own life — led to her mental illness.

(Marijuana use has been linked to schizophrenia developing in those who are genetically predisposed to it, according to the academic lead of St. Joe's schizophrenia program — a finding that might give Canadians pause as legalization becomes reality.)

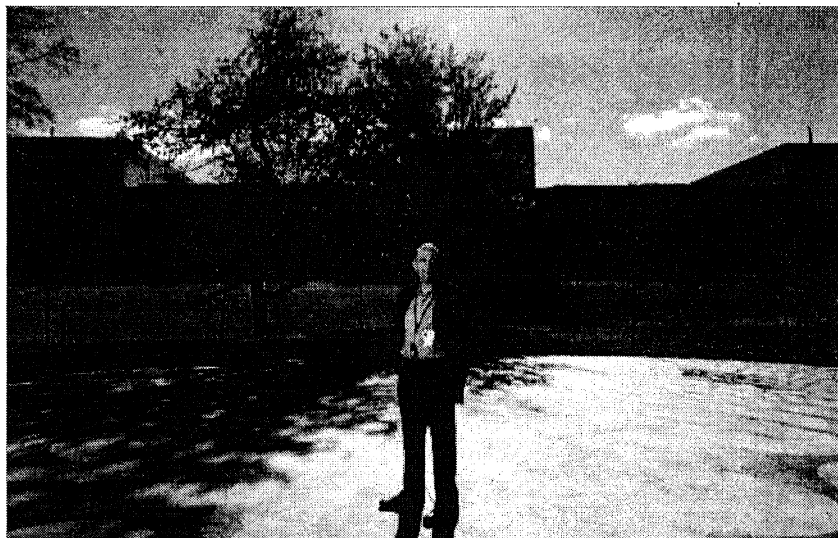
While in South Africa, Jaspan suffered psychosis, feeling the aura and energy of everyone around her, had delusions she was sent from God to help the poor, and could send telepathic

Mental health continues // A7

# The mystery: we remain a long way from knowing the complexities of mental illness, much less curing it



**Left:** The Consultation Liaison Psychiatry Team at St. Joseph's Healthcare, from left; Rachel Shaw, clinical nurse specialist, Dr. Joseph Pellizzari, clinical psychologist, Dr. Patricia Rosebush, head of service general psychiatry, Cindy Kington, clinical nurse specialist, Dr. Daina Debby, psychiatrist. **Below left:** Dr. Abraham Rudnick is the psychiatrist-in-chief at St. Joseph's Healthcare. **Below right:** Dr. David Fudge is a psychiatrist at St. Joseph's Healthcare's Charlton Street site. **Bottom:** Dr. David Higgins is the president of St. Joseph's Healthcare.



GARY YOKOYAMA, THE HAMILTON SPECTATOR



BARRY GRAY, THE HAMILTON SPECTATOR

"If you have kidney disease, you are still integrally 'you,' but mental illness takes away the person you are or could be."

**DR. DAVID FUDGE**  
STAFF PHYSICIAN AND MEDICAL AND NEUROPSYCHIATRIST

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messages and communicate with animals.

"It was a scary time. I was in a constant panic mode of fight or flight from a constant bombardment of stimuli."

When she returned from South Africa, she admitted herself to hospital in Hamilton and was there three months, but has never had to return.

Now 34, she comes across articulate and confident. Nothing suggests she has a mental illness. She says she will never stop taking medication — an antipsychotic and a mood stabilizer — to keep it at bay.

Jaspan takes the bus to Burlington each day to work at a clothing store, and has an apartment near James Street South.

She is proof there is light after the darkness for those who seek help and stay with their treatment.

"The challenge with mental illness is when you lose touch with reality, people are trying to assist you but you don't have the insight to see it." She thinks there is a shift in the culture toward awareness and acceptance but says there is lots of work to be done.

It hasn't been easy telling her story, but she sees the good it does in the faces of her audience.

One man came up to her after a talk, in tears, to tell her that his daughter had been struggling.



HAMILTON SPECTATOR FILE PHOTO

"People are said to have had a courageous battle with cancer, but not a courageous battle with schizophrenia or depression."

**DR. DAVID HIGGINS**  
PRESIDENT, ST. JOSEPH'S HEALTHCARE

"So often when you expose your own truth, it touches others, it lets them know they are not alone."

The stigma, the mystery: we remain a long way from understanding the complexities of mental illness, much less curing it.

Given that the answers can only be found in that storm of signals animating the enigma that is the brain, how could it be otherwise?

## THE RIDDLE

"How is your mind working?" asks the psychiatrist.

"Beautiful, beautiful mind," says the patient, who sits up in his hospital bed, wearing a blue sequined hat.

He collapsed at a bus stop in Hamilton and was admitted to St. Joseph's Healthcare on James Street South.

He was diagnosed with pneumonia, but there is more to his case, and that's why Patricia Rosebush and her team are called in.

The patient is rail-thin and in the later stages of HIV. Earlier in the year, he took to the streets of a city outside Hamilton handing out thousands of dollars to homeless people. He believed they were calling him an angel.

Rosebush, along with psychiatric clinical nurse specialists Rachel Shaw and Cindy Kington, and medical resident Aarti Ranna, stand at his bedside.

He says he plans to legally change his first name to Neo.

"From (the sci-fi movie) 'The Matrix,'" he says. "It's unforgettable."

He has shown signs of psychosis, meaning his thinking and emotions have lost touch with reality.

On the other hand, he seems to enjoy hamming it up.

Rosebush wonders: how much is an affectation?

She is the medical lead for Consultation Liaison Psychiatry (CL) at St. Joe's and Hamilton Health Sciences. Her team responds to all referrals for patients on medical, surgical, ICU and obstetrics units, who may have psychiatric issues affecting their illness.

The cases are always severe, and sometimes complicated by substance abuse — which is considered a mental illness — and social pathologies.

Years ago, psychiatrists based outside the hospital would receive consultation requests, but now psychiatry is an integral part of patient care. The numbers are "very high," she says.

Proof, of a sort, for the emergence of

the interplay between medicine and psychiatry, is the prime-time TV drama "Chicago Med," where the hero is often a rumpled psychiatrist who routinely comes up with answers to questions flummoxing the staff.

Life imitated art at St. Joe's recently: a "Chicago Med" episode featured the hero cracking the case of a patient who seemed to develop dementia after falling and hurting her arm. Two days after that show, the CL team had a similar case. Both the fictional psychiatrist and the real ones diagnosed correctly; the patient had normal pressure hydrocephalus, a treatable condition seen in about five per cent of dementia cases.

When Rosebush was a girl growing up in tiny Warsaw in the Kawarthas, she caught measles and developed encephalitis (swelling of the brain) and was hospitalized for nearly two years and temporarily lost the ability to walk and talk.

When she recovered and left hospital, she knew what she wanted to be. She started operating on her dolls at home.

Rosebush loves her work solving patient riddles.

There was the woman in her 50s who lacked a medical diagnosis; she was confused, trying to eat inedible objects.

"She would describe things in front of her whether they were there or not, but in reality she could not see anything," says Rosebush, who discovered the patient was imagining everything she thought she saw. She was blind but didn't know she was blind.

"It's called cortical blindness. That's why her responses to the external world were so random."

Rosebush asks the HIV patient who now calls himself Neo what psychiatric illness he thinks he might have.

He goes off on a tangent, says he once banged his head and it caused him to speak like Jesus.

"Just kidding," he adds, and continues talking.

"I'd like to interrupt you," Rosebush says. "Do you remember what my question was?"

"Yes."

"Tell me."

He has already forgotten, unable to focus.

Mental health continues // A8

# PEACE OF MIND

MENTAL HEALTH IN HAMILTON

Diagnosing mental illness is part science, part art. It's not akin to diagnosing a broken limb where even the eye, tells the story

Mental health continued from // A7

"Ah, that was a trick," he says. "Are you psychiatrically unwell right now?" she asks. "No, I'm crazy now." After more questions, the team leaves the room. "It's hard to tell if he is acting, or if he just recognizes he is acting after he has done it," says Aarti Rama, adding perhaps he is "hypomanic," which means a state of euphoria and lack of inhibition, which is like mania but not as severe.

"He seems to have insight into when he's doing it but it's not easy for others to read it," says Rosebush.

Neo is diagnosed as manic depressive, also known as bipolar, meaning having extreme highs and lows in mood. He is treated with an antipsychotic medication, olanzapine to counter his mania, and an antidepressant, trazodone, to help him sleep.

Several days later he is discharged and transferred to his hometown where he has family to support him.

Diagnosing mental illness is part science and part art, it's not akin to diagnosing a broken limb where an X-ray, or even the naked eye, tells the story. Even MRIs of the brain are unlikely to identify mental illnesses.

Psychiatry reaches beyond what was considered traditional medicine because it must diagnose patients accounting for physical symptoms and pathologies — including neurology — but also how they are processing their experiences.

One of the team's patients is a 90-year-old man who was perfectly healthy until his daughter recently died, and since then plunged into confusion. He has underlying physical issues, but the trigger was grief.

In this respect, new diagnoses for psychiatric illnesses continue to evolve. (For example, post-traumatic stress disorder — PTSD — which is so commonly referenced today, was only discovered as a diagnosis in 1980.)

The classifications change over time; some illnesses once considered psychiatric became "medical" once their cause was discovered.

For example, syphilis, which can slowly lead to psychosis, was a mystery illness for centuries before the bacteria that causes it was discovered, moving syphilis to the infectious disease category from psychiatry.

The same is true of ulcers, once believed to be caused by stress, before it was learned they originate with a bacterial infection.

But for mental illnesses such as depression, bipolar and schizophrenia, a biological, pathological cause has not been identified, so these illnesses, while rooted in the brain in some way, remain psychiatric.

The complexity and severity of the medicine, and interaction with patients who've attracted CL team member David Fudge to the field.

"If you have kidney disease, you are still integrally you," but mental illness takes away the person you are or could be," he says. "We have the ability to go deeper in psychiatry; patients often reveal their deepest secrets."

For most patients, psychiatry does not offer a cure, he notes.

"But we make patients comfortable in the here-and-now and try to give them their lives back. You feel like you want to do more, but sometimes just the act of listening, bearing witness to their suffering, can be really powerful."

Fudge, whose title is staff physician and medical and neuropsychiatrist, has a large presence on the team in more ways than one. He is 6-3, 290 pounds and powerlifts for recreation; he can bench press 435 pounds and deadlift 600.

One day, he was trying to calm a patient who was experiencing a psychotic episode, and the patient accused the massive doctor of being a professional wrestler.

"I took that as a compliment," he says, laughing.

And yet Fudge comes off cerebral and gentle.

One afternoon, he sits with a female patient who is in her 60s, diagnosed as morbidly obese. When her husband died she gained 200 pounds and could barely get out of bed at home; she fell trying to reach the bathroom.

She suffers from diabetes and her eyesight is so bad she can't read or watch TV. She has depression and cries for long periods. She is not suicidal but has shown "suicidal ideation," meaning she has wondered about it.

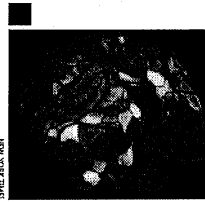
Fudge holds her hand as they talk. She clutches a tissue and cannot stop the tears. She refuses to consider bariatric surgery to lose weight; she says she's had enough surgery already in her lifetime.

There is no magic fix. Her physical and mental afflictions form a debilitating vicious circle. They will offer spiritual counselling, a referral to a dietician, and Fudge will decrease her antidepressant medication, because its side effects include increased blood pressure, which her body cannot handle.

"I'll come see you tomorrow," he says quietly. "We are here for you."



Top: Stephanie Marlin undergoes electroconvulsive therapy (ECT). Above: Nurse Colleen Severson, left, anesthesiologist Dr. Sean Curran and Dr. Gary Hasey ready a patient for ECT.



A new map of the brain details 100 previously unknown regions.

## DECODING THE BRAIN

SO MUCH has been discovered and so much remains a mystery about the brain, an organ that represents three per cent of the body's weight but uses 20 per cent of its energy, and whose cells, prior to birth, self-destruct — called apoptosis — to prune unnecessary neurons.

That brain activity is at the root of mental illness is a relatively modern notion. Ancient beliefs held that serious forms of mental illness — "madness" — were created by such things as demonic possession and other supernatural phenomena. ("Treatment" for such possession long ago did focus on the head, such as the practice of cutting a hole in the skull to release evil spirits.)

But with all that has been learned about the brain in the many centuries since, there is still a long way to go.

"The brain runs everything, it is ridiculously complex," says John Connolly at McMaster University, who has researched in the field of neurology and psychiatry for decades, and whose specialty is cognitive neuroscience, disorders of consciousness and language.

He says that by comparison, understanding of the cardiovascular system is relatively complete, but with the brain we are just beginning to comprehend cellular connections that make it work.

It's not from lack of trying; the Human Connectome Project in the U.S. has been working to map every connection in the brain. But the race to crack the code is still at the starting line.

An online article in Medical Daily said that one thing the project has revealed, is that instead of an unruly bundle of neuron connections, the fibres are "organized into an orderly 3D grid" similar to a city's urban street pattern, but "although we can see transportation and communication lines, what we don't see is how and where they connect to individual houses."

Got that?

IN THE REALM of mental health, the revolutionary discovery that could one day come out of the project would be identifying connections in the brain that have caused mental illness. If that was possible, the next step would be working to "cure" the misfiring wiring. Because as things stand now, the only evidence for most mental illnesses is behaviour; you can't see it on a brain scan.

Much is also to be discovered about notions of consciousness and thought, and how they relate to behaviour.

For example, if a patient with mental illness is speaking nonsensically, or can't seem to communicate at all, is there a separate track of thought going on in the brain, in which they are thinking cogently, but just can't get their speech and behaviour to reflect it?

Connolly says the study of EEG (electrical activity) readings in the brains of patients who are in a vegetative state has shown that presumptions they have no brain function are often incorrect.

The most disturbing scenario of all, he says, is that a patient, despite being in a locked-in, vegetative state and therefore showing no observable behaviour, "is utterly and thoroughly in there."

He relates an experience with a colleague who held up a blue-coloured pen in front of a locked-in patient who seemingly had no brain activity. His colleague said to the patient: "This is a pen, and it has a colour. If you can, blink if I describe the pen incorrectly. The pen is red." And the patient blinked.

## HOW TO GET HELP

If you are at imminent risk of harming yourself, or others, call 911.

If you or a loved one is experiencing a mental health crisis:

- COAST Crisis Outreach and Support Team: 905-972-8338
- Barrett Centre Crisis support, short-term stay, 24-hour phone support: 905-529-7878

### OTHER MENTAL HEALTH SUPPORTS:

- Your family doctor
- Alternatives for Youth Provides substance use counselling: 905-527-4469
- CMHA: 905-521-0090
- Aboriginal Health Centre: 905-544-4320
- Good Shepherd: 905-528-9109
- Catholic Family Service: 905-527-3823
- Mental Health Rights Coalition: mentalhealthrights.ca

### NEWCOMER SUPPORTS

- Hamilton Urban Core: 905-522-3233
- Wesley Urban Centre: 905-528-5640
- Centre de Sante: 905-528-0613

### WEBSITES

- kidshelpphone.ca
- Good2talk.ca (division of kids help phone for post secondary students)
- reachouthamilton.ca (Youth Wellness Centre)
- The Be Safe app: available at cmh.ca

## THE TEAM GATHERS for morning rounds — Rosebush, Fudge, two nurses, and two residents — and discuss cases on the white board:

1. A man suffers from an immunodeficiency syndrome and seizures and is exhibiting aggression, paranoia and delusions; he believes he is an assassin.
2. A woman in her 70s with chronic arthritis, obesity, and borderline personality disorder has refused a new psychiatric assessment and was found hoarding and overdosing on Tylenol at her nursing home, and the question is, is she trying to take her own life?
3. A woman in her 30s continues treatment

after being found during the winter having overdosed on pills.

"She has had psychosis, nihilistic delusions about herself and the world around her," Fudge says of the third patient. "She was living in a depressed psychotic state, immobilized by fear and the only thing that could possibly attenuate it was the alcohol she was consuming. So there is a layering of problems."

And then there is the case of Richard Bell.

"He showed up at a hotel in Hamilton and seemed quite confused," first-year resident Katie Ramsden says. "He had just arrived on a bus from Vancouver, a voice told him to come to Hamilton; he used to live here in 2001. He has a self-reported history of bipolar disorder and dementia."

He is 80 and lived in a retirement home out west. Bell swears that a guy living in the unit above him pounded away on a treadmill at all hours. He couldn't stand it. When he complained to the landlord, the landlord said there was no treadmill.

Bell feared his Vancouver psychiatrist would have him committed to hospital so he caught a bus east at 5 a.m., carrying a duffel bag packed with all of his belongings, including paintings he had done.

"He said his whole life is in there," says Ramsden.

The team meets with him. (Bell gave his consent to have his name and picture used in the Spectator's story.)

They test his balance and peripheral vision, which offer clues to how well his brain is functioning.

Bell shows his artwork, mostly caricatures of celebrities. He is talented.

In his teens Bell left his home in Ottawa and hitchhiked west, got a job on a ship and married a woman in the U.K. They had three kids. Back in Canada he was admitted to hospital with mental illness.

Soon after he was hospitalized his wife left him and took the kids. Bell didn't blame her; but has always lamented that she never told him where they went. It has been more than 30 years and he yearns to see the kids again, no strings attached.

In the duffel bag he carries copies of his marriage licence and birth certificates of the children, as if to prove his story.

"What diagnoses have you been given?" Patricia Rosebush asks.

"Various ones. Bipolar I think. Schizophrenia has come up but I'm not all that sure. Definitely depression."

"Why did you leave home when you were young?"

"My parents were very strict. I didn't want to live under that, so I left."

"You seem like a man who tries to avoid conflict."

"Yes, maybe too much so."

In B.C. he was diagnosed and medicated for dementia.

After speaking with him, Rosebush has her doubts that diagnosis still stands. He speaks with clarity and awareness.

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# In Ontario at one time there were about 20,000 beds filled with mental health patients

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"We should re-examine that whole issue," she says. "The way you are presenting, you don't seem like someone with dementia or even early stage dementia. There's no blood test for that, that's a clinical judgment."

"There's an X-ray for it though isn't there?" he asks.

"No, they do (brain) imaging to make sure there's nothing like a tumour, but there's no test."

She lapers him off the dementia medication.

There is no question, to either Bell or the team, that he has mental health challenges. He has mild paranoia; wherever he goes he thinks people are saying bad things about him.

But medication does not seem the answer, at least not now.

After leaving St. Joe's, he is checked into an nursing home as a start.

All he wants, he says, is a quiet place in Hamilton to relax.

He also wants to resume painting and add a caricature to his collection.

"I want to do Trump. I've got to be in the right space to do it, though."

A few weeks after he is moved to the nursing home, he takes off again. He boarded a bus back to Vancouver, and got a room in the same retirement home he left.

Rosebush hears he is doing well and is happy.

His diagnosis, and life, will evolve. Maybe some people aren't meant to stay still for long.

So Richard Bell stays on the move, searching for peace, and, as always, his children.

## TRUE SELF

A REVOLUTION in treating mental illness began in the 1950s with the introduction of antipsychotic and antidepressant medications.

For decades, the approach had been segregation: patients kept in asylums, like the one that rose on Hamilton's Mountain brow in 1876, which began as a temperance facility to house alcoholics but soon expanded to include what were called "lunatics."

In psychiatric hospitals and asylums in North America and Europe, sometimes 50 to 100 patients would be packed in ward rooms. In Ontario at one time there were about 20,000 beds filled with mental health patients.

With new medication, the process of deinstitutionalization evolved through the 1960s and 1970s, as patients were increasingly released. The movement gained momentum as a more humane approach to mental illness, given poor conditions in many of the asylums.

On the other hand, the next step for patients was often hardly an improvement.

"We have often seen trans-institutionalization — people discharged who end up in jails or homeless," says St. Joe's chief psychiatrist Abraham Rudnick. "In the U.S., the largest group of mentally ill people are found in institutions, but not hospitals. They are in prison."

If the old Mountain asylum offers a stark representation of the old approach, then St. Joseph's Healthcare, which took its place on the same land, symbolizes the new.

Completed in 2014 after a \$581-million redevelopment of the site at West Fifth Avenue and Fennell Street, the hospital is huge and modern, airy with plenty of natural light.

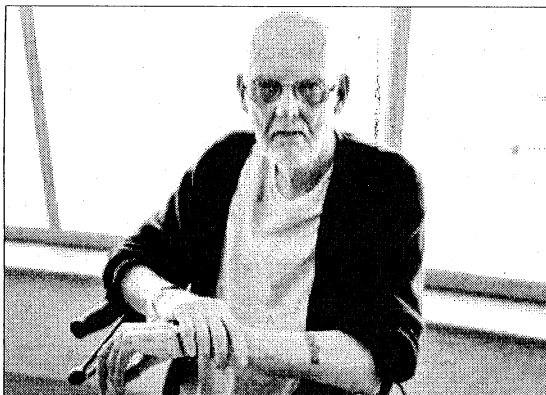
The old psych hospital was notorious for washed-out shades of green and cramped rooms; the new has large single-patient rooms, and units with pastel accents and soothing names like Waterfall, Orchard and Harbour North.

The facility sits across from Mohawk College on Fennell, hard along the road, not setback, to convey openness. A large portion of the hospital is publicly accessible, although there are secure units as well.

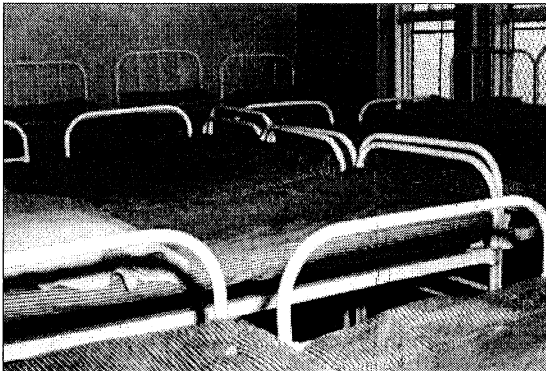
"(The building) was an anti-stigma statement to a degree," says St. Joe's president David Higgins. "Have it as dignified and respectful for patients as possible."

But stigma is a stubborn thing. Fear and misunderstanding of mental illness is rooted in human nature, and the discomfort fell around those who act and speak in unusual ways.

In one hallway of a secure unit, a patient



Richard Bell, 80, arrived from Vancouver on a bus with all of his belongings in a duffel bag.



There were 1700 patients in Hamilton's psychiatric hospital in 1956, about 600 beyond capacity. Dormitory beds are seen in their normal positions, end to end and side to side.

## MENTAL HEALTH FACTS

MENTAL ILLNESS is the No. 1 leading cause of disability in

the world and accounts for 13 per cent of the "global burden of disease" according to the World Health Organization.

THE WHO PREDICTS that by 2020 depression will become the No. 2 cause of working years lost due to disability.

MENTAL ILLNESS COSTS the Canadian economy \$51 billion a year, and each day 500,000 people will miss work due to mental health problems.

RATES OF EMERGENCY ROOM visits and hospitalization for mental disorders among youth increased nearly 40 per cent between 2007 and 2014.

IN HAMILTON IN 2015/2016 the Canadian Mental Health Association provided more than 10,000 local residents with some form of assistance.

THE NUMBER OF HOSPITALIZATIONS for Canadians age 10 to 17 for self-harm increased 85 per cent between 2009/10 and 2013/14, and girls were five-times as likely to visit an ER for that reason.

CANADA'S YOUTH SUICIDE RATE is third highest in the developed world and is second only to automobile accidents as the leading cause of death in 15- to 24-year olds.

350 MILLION PEOPLE worldwide are affected by depression, 60 million bipolar disorder, 47 million dementia, and 21 million schizophrenia.

Sources: Canadian Mental Health Association, Canadian Institute for Health Information

shuffles along, facial expression distant and his voice a monotone. "They ... they ... they don't trust anybody," he says.

What does he mean? Why is he talking that way? Is he dangerous?

But he is receiving treatment, and if he sticks with that treatment upon his release, he has a shot at a good life outside these walls. A patient in the old days did not have that chance.

In the end, Higgins says, it's not about the building, but how they use their resources and research to expand mental health at various levels in the community.

And in that respect, he says, there is still a way to go.

The future, he says, is about expanding mental health to get people help earlier in the mental illness continuum — for example, treating teenagers employing such things as online self-help.

"Where does mental illness begin? We

all can feel nagging anxiety, where does it cross the line to a corrosive impact? What is the pyramid of care? Most are at the bottom of that pyramid, managing stress."

There are cracks in the system; wait lists for treatment that is beyond what a family doctor can provide, and cases where a person suffering from mental illness refuses to seek treatment or is not sick enough to be admitted to hospital.

For these patients, and their families, it can be a painful journey.

The vast majority of mental health patients in the area are treated at the family physician level. St. Joe's treats the most serious adult mental illness cases, from Brantford through Hamilton to Niagara. (McMaster Children's Hospital offers a Child and Youth Mental Health Program.)

At St. Joe's some patients are forced to remain in hospital under the Mental Health Act because they present a danger to themselves or others.

And within that group, each year the hospital has two or three patients who, while legally confined to hospital, refuse medication. These patients, who often suffer from some degree of psychosis, can appeal their position to the courts and their cases drag on for more than a year, using up precious bed space.

"And in the meantime they are receiving no treatment," says Dr. Robert Zipursky, the academic lead of the schizophrenia program. "It can become a terrible problem, not just the (resources) but watching the patient suffer who typically could be highly responsive to treatment. It's a complex situation."

THERE IS A TINY museum in St. Joe's of memorabilia from the old days: equipment once used by patients to farm on the asylum grounds; a sign from dances that prohibited "cheek to cheek" contact.

Most jarring is a wooden crate not much larger than a coffin (called a "Utica crib") that was one option for restraining a patient.

Old pictures show patients strapped down in bathtubs in what was considered "hydro therapy," which probably promised little more than wrinkled skin.

But among the old school treatments on display is one that exists today, although applied in a far more sophisticated way, Electroconvulsive therapy (ECT).

The treatment was invented in 1930 by an Italian psychiatrist, developed after doctors noticed that patients suffering from severe depression who experienced an epileptic seizure showed improved symptoms.

If that was the case, how could a seizure be instigated in a patient? One crude and no doubt fatal test involved administering strychnine (which has been used as rat poison). Sending an electric shock through the brain worked better.

In the popular imagination ECT has ghoulish connotations, but the modern version of it does not match that stigma.

Dr. Gary Hasey, the director of the ECT program at St. Joe's, invites family mem-

bers to sessions to remove the veil from the procedure.

ECT sends an electric current through the frontal cortex of the brain, stimulating the brain, provoking a brief seizure, essentially resetting signals at the root of the patient's depression.

It works for between 60 to 95 per cent of patients, Hasey says.

"It's the single most effective (psychiatric) intervention," he says, adding that it's considered a final resort when other medical and therapeutic treatments have been exhausted.

A patient was recently diagnosed with agitated delirium and schizoaffective disorder and refused to eat or drink. She was sent for ECT treatments, made a full recovery and was sent home better than she had felt in years.

"We treat patients who would probably die if not for ECT."

An alternative brain stimulation therapy is TMS, or transcranial magnetic stimulation, where a coil is placed on the skull to target a specific region of the brain. It is not as potent as ECT, but less invasive. St. Joe's was the first hospital in Canada to use TMS, in 1998.

MRI scans map areas of the brain for TMS, although mental illnesses will not show up on brain scans — the mapping reflects previous treatment success when targeting certain areas.

ECT has side-effects, one of them is short-term memory loss. But for those who swear by its results, it is a small price to pay.

A bed is wheeled into the ECT suite. The patient's name is Stephanie Marlin.

Marlin's family psychiatrist did not push the ECT option with her. He stressed that it should be a last resort. But she told him: I'm already there.

A few of her friends couldn't understand her depression; she had always appeared so strong. She was a gym rat, a fitness trainer and body builder. In photos from a competition a few years ago, Marlin radiates power and confidence.

But Marlin, who is 39, had been in a serious relationship, and when it fell apart, she plunged into clinical depression. She has also been diagnosed with bipolar and borderline personality disorder.

The gym had been the place where she thrived, felt invincible. But she couldn't even get there. She woke up feeling indescribably tired, as though her limbs were encased in cement. And mentally she couldn't focus.

"My depression was mostly about energy, and then also sadness," she says, adding that her illness was triggered by the breakup, but also genetics; mental illness runs in her family.

In the ECT suite the nurse asks Marlin if she's ready. Her mother sits close by watching. She has been there every step of the way.

Electrodes are attached to Marlin's head and she holds a rubber bar in her mouth because the seizure will cause her teeth to grind hard.

She breathes deeply into the gas mask.

"You'll feel a tingle in your left foot," says Hasey.

A nerve stimulator is attached to her foot, where a pulse visibly beats, and as the anesthesia increases, the pulse slows, indicating when she's sedated enough to begin.

"Treating now," he says. The ECT machines beep, an electric current passes through her brain: one second, two, three, four, five, six, seven, eight — and done.

Her muscles contract, legs and arms twitch briefly from the seizure.

(The amount of twitching depends on the patient. A woman treated after Marlin is 20 years older and shakes far more vigorously during her seizure.)

Marlin is wheeled into the recovery room. She will be tired the next day, and experience some memory loss, but she knows it is helping her.

She has a degree from McMaster in gerontology and is taking a master's degree in public health through correspondence.

Marlin loves visiting her grandfather, who lives at Macassa Lodge, and who suffers from dementia. Some days he remembers her, other days not.

She knows about stigma, and that many people hide their illness, but she is not one of them. It's why she agreed to have her name and picture in a story about mental health: she wants to do her part in breaking it down.

And through her experiences she has never wanted to be treated like she's fragile, she says.

That part of her, that brashness, the heart of the competitor she was on stage, it has not left her.

She knows she will never be entirely cured but believes she can thrive in her life.

"I just want to get back to myself."

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