



Mental Illness Family Support Centre

BC Schizophrenia Society - Vernon

FAMILY & FRIENDS

Winter 2012

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Family Support Coordinator

#301 - 2 3402 – 27th Ave.

Vernon, B.C. V1T 1S1

Ph:(250) 260-3233

Fax: (250) 260-3212

VERNON OFFICE HOURS

Walk-in:

Mon. to Thurs.: 9:00 to 12:30

By appointment:

Mon. to Thurs. 12:30 – 4:00 pm

Fridays 9:00 to 12:30

*Other times available by request

Email: bcssvernon@shaw.ca

Website: www.mifsc.ca

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

BCSS PROVINCIAL WEBSITE

www.bcsc.org



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Happy Holidays and Happy New Year!

We welcome the changes that come with a new season and a New Year. We are learning to use some new social media tools. We hope you'll be patient as we find our way. You can now follow us on Twitter @mifsc_bcsc. We'll soon be on Facebook at, "Mental illness Family Support Centre." Watch for us there in the New Year and we hope you'll "like" us. It's always nice to be liked.

Perhaps as you are thinking about new things, you would like to show your support of the services we provide by becoming a member of our society or by making a donation to support our programs. Please take a minute to check out the last page of the newsletter for more information.

Whether you take some time to curl up with a blanket and a good book, go for a walk in the snow, indulge in your favorite hobby or activity, or visit with those close to you,

We wish you and yours a safe and happy holiday season!

Holiday Hours:

Closed Dec. 21, 2012 - Jan. 1, 2013 then open regular hours on Jan. 2 & 3, 2013

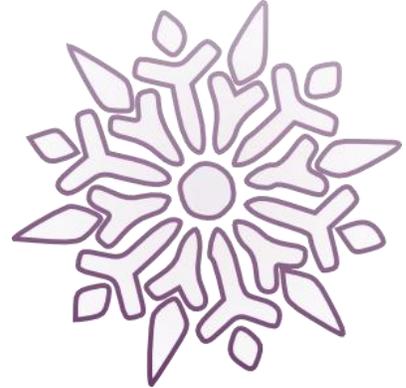
Closed Jan. 4 - 11 2013 then re-open regular hours starting Jan. 14th, 2013



We hope you had the opportunity to take in the ninth annual Awakening the Spirit Art Show which ran from August 14 - September 19th at the Vernon and District Performing Arts Centre. Thanks to the Art Show Committee and the staff and volunteers from Canadian Mental Health Association, Mental Illness Family Support Centre, and Interior Health who

supported this event and to the Vernon and District Performing Arts Centre for providing such a lovely venue. Thanks most of all to the twenty-eight talented artists who gave us the opportunity to enjoy your beautiful work (62 pieces in total)! We look forward to seeing more of your work at next year's show so keep those creative juices flowing!

Provide us with your email address and you can receive the newsletter by email preserving mother nature and reducing mailing costs at the same time. Email Dianne at bcssvernon@shaw.ca so we can add you to our newsletter email list.



Our Library



We've added some more great books and videos in our library. **Thanks so much to those of you who have returned your overdue library items so that others may benefit from them.**

DVDS:

Family Matters: Surviving the Bipolar Journey

BOOKS:

Sometimes My Mommy Gets Angry by E.B. Lewis

The Borderline Personality Disorder Survival Guide: Everything You Need to Know About Living With BPD by Alexander L. Chapman PhD, Kim L. Gratz PhD

Darkness Visible: A Memoir of Madness by William Styron

The Essential Family Guide to Borderline Personality Disorder: New Tools and Techniques to Stop Walking on Eggshells by Randi Kreger

Mind and Emotions: A Universal Treatment for Emotional Disorders by Matthew McKay PhD, Patrick Fanning, Patricia Zurita Ona PsyD

Boundaries: When to Say Yes, When to Say No to Take Control of Your Life by Dr. Henry Cloud, Dr. John Townsend

Boundaries In Marriage by Dr. Henry Cloud, Dr. John Townsend

When Someone You Love is Depressed by Laura Epstein Rosen PhD, Xavier Francisco Amador PhD

Magnificent Mind at Any Age by Daniel G Amen MD

Electroshock: Healing Mental Illness by Max Fink MD

Family Support Group

Do you have a family member or friend who has a mental illness such as depression, bipolar disorder, schizophrenia or anxiety? Our support group for family members is a caring place where you can share your hopes, fears, experiences and knowledge with others who also support a loved one living with a mental illness. **YOU ARE NOT ALONE.**

NOTE: * We meet on the 4th Tuesday of every month EXCEPT FOR DECEMBER when we'll meet on December 18th.*****

Future Dates: Dec. 18, Jan. 22, Feb. 26

Time: 7 – 9 pm

Place: Room 301 of the People Place.
3402 27th Ave, Vernon

Press 3012 at the main door to be let in.

For more information, contact Dianne at 250-260-3233 or bcssvernon@shaw.ca

Check Out These Websites



Mental Illness in the Family Interview with Steve Paiken - how mental illness affects families.

<http://ww3.tv.org/video/176992/mental-illness-family>

Stand Up for Student Mental Health Video - by Peel School District www.youtube.com/watch?v=xKjlxU5Zat8

Dealing with Psychosis: A Toolkit for Moving Forward with Your Life

www.fraserhealth.ca/your_care/mental-health-and-substance-use/mental_health_services/early-psychosis-intervention/Toolkit

Family Matters: Surviving the Bipolar Journey - one hour video acknowledges the challenges for the person living with bipolar disorder and their families and shows how families cope. www.knowledge.ca/program/family-matters-surviving-the-bipolar-journey

Knowledge is Power Child and Youth Mental Health Education - online video presentations: Depression in Youth, Children & Resilience, Child and Youth Mental Health and Anxiety Disorders, Youth Mental Health and Eating Disorders: <http://kelowna.cmha.bc.ca/how-we-can-help/public-education/knowledge-is-power>



Fourteen family members completed our fall session of Strengthening Families Together on November 15th. Thanks to all of you for participating so openly and thanks to Adele for co-facilitating our fall session.

This FREE workshop is a national educational support program for family members and close friends of individuals living with mental illnesses such as depression, bipolar disorder, schizophrenia and anxiety.

You will learn about:

- Mental illnesses
- How to support your loved one
- Medications and treatments
- Tools for coping

People Place - 3402 27th Ave. Vernon

To reserve a spot on the wait list for our spring 2013 workshop, contact Dianne at :

250-260-3233 or bcssvernon@shaw.ca

Anosognosia, Denial and the New Antipsychiatry (reprinted with permission)

Dr. E. Fuller Torrey MD –Treatment Advocacy Center

Sandra Steingard, MD, a psychiatrist practicing in Vermont, recently posted a blog criticizing the concept of anosognosia on the website of Robert Whitaker, “Mad in America.” Dr. Steingard made some important points but ultimately does not appear to understand the biology of anosognosia.

Anosognosia is a condition in which a subset of persons with schizophrenia (and bipolar disorder with psychotic features) are unable (not just unwilling) to understand that they are sick because of damage to the parts of the brain which we use to think about ourselves. It is also referred to as a lack of insight or lack of awareness. There are now at least 15 imaging studies that demonstrate how the brains of people with schizophrenia who have anosognosia differ anatomically from the brains of people with schizophrenia who are aware of their own illness and thus do not have anosognosia.

Dr. Steingard asserts that anosognosia does exist for some neurological patients with strokes, but that for patients with schizophrenia, anosognosia is merely “conjecture,” not fact. As proof, she says that imaging studies of schizophrenia do not look the same as imaging studies of strokes. But of course they do not, because anosognosia in individuals with schizophrenia involves multiple brain regions, and especially includes the white matter connecting tracts between these regions. Thus, on a brain scan, anosognosia in schizophrenia looks different from anosognosia when caused by a stroke which involves well-defined brain areas, such as the inferior parietal lobule.

Second, Dr. Steingard doubts the validity of anosognosia in schizophrenia because brain scans cannot be used to verify it. She is correct that brain scans cannot be used diagnostically, but that does not invalidate the existence of anosognosia. Because of the anatomy of schizophrenia, it is not yet possible to diagnose schizophrenia, or patients who have anosognosia, using a brain scan as a diagnostic tool. Statistically significant group differences for such

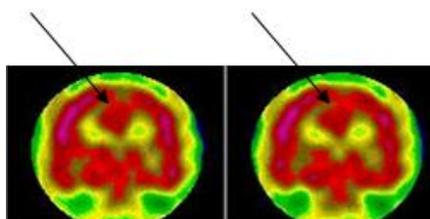
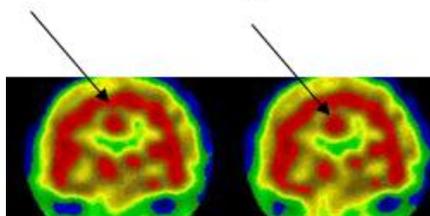
measures as the volume of the dorsal prefrontal cortex can easily be measured, but you cannot use the volume of the dorsal prefrontal cortex to predict whether any individual patient has, or does not have anosognosia. Many factors, in addition to schizophrenia, may affect

the volume of the dorsal prefrontal cortex, including genetic differences, anoxia at birth, nutrition in childhood, etc.

In addition, Dr. Steingard seems confused by the differences between anosognosia and denial. Anosognosia is caused by damage to the brain caused by the schizophrenia disease process.

Denial is a thought mechanism we all use to not pay attention to something we would prefer not to be true. Nobody ever said that there are not “brain changes” underlying denial; there are of course neurochemical and neuroelectrical brain changes underlying every thought we have. Brain changes occur in all individuals all the time. But, it is brain damage caused by the schizophrenia disease process that causes the anosognosia found in some patients with this condition.

Altered insight



Preserved insight

The brain damage found in schizophrenia is well established. In 2002, I published a summary of 65 studies showing such damage in individuals with schizophrenia who had never been treated with any antipsychotic medication. Since that time, the number of such studies has multiplied. Within the last month, for example, a meta-analysis was published on 33 imaging studies looking at brain volumes in 771 patients with schizophrenia who had never been treated. It reported significant decreases in total brain volume, as well as, the volume of the gray matter, white matter, hippocampus, thalamus, and caudate.

(Haijma et al, Brain volumes in schizophrenia: A meta-analysis of over 18,000 subjects, Schizophrenia Bulletin, advance access).

Another just published study, using diffusion tensor imaging (DTI) to assess specific white matter connecting tracts in 20 patients with schizophrenia who had never been treated reported abnormalities in the white matter tracts previously suspected of being abnormal in schizophrenia (Guo et al., Right lateralized white matter abnormalities in first-episode, drug naïve paranoid schizophrenia, Neuroscience Letters, advance access). In short, any mental health professional who doubts that schizophrenia is a brain disease is probably restricting their scientific reading to the National Geographic.

The difference between anosognosia and denial can therefore be summarized as follows. A woman with schizophrenia sits daily in Lafayette Park, across from the White House, believing that she is married to the President and waiting for him to call her to come over. She believes that he has to wait to acknowledge her because of the interference of Israeli secret agents. She is very patient and at night, sleeps on the streets where she is regularly abused. When offered medication, she adamantly refuses it, saying that there is nothing wrong with her. This is anosognosia. Another woman, trained as a mental health professional, briefly examines some scientific data and concludes that it is wrong because it conflicts with her deeply-held social belief system. This is denial.

It is significant that Dr. Steingard chose to put her blog on Robert Whitaker's "Mad in America" website. This site has become one of the new antipsychiatry centers. Whitaker is correct in criticizing the pharmaceutical industry, the overuse of psychiatric medications by physicians, and the psychiatric profession for being financially in the pocket of the pharmaceutical industry. However, Whitaker is dead wrong in alleging that schizophrenia is caused by the antipsychotic drugs used to treat it. Like other antipsychiatrists, he ignores the many studies which have demonstrated brain damage in individuals with schizophrenia before they had ever taken any psychiatric medication. [Anatomy of a Non-Epidemic].

This is the new anti-biological antipsychiatry. In his book, Mad in America, Whitaker described schizophrenia as a term "loosely applied to people with widely disparate emotional problems." Whitaker cites approvingly the work of Dr. Loren Mosher, who described schizophrenia as merely "disturbed and disturbing behavior." And he includes on his website, the lectures of Dr. Peter Breggin who described schizophrenia as "a psychospiritual overwhelm" and "a failure of nerve." For the treatment of schizophrenia Whitaker recommends "love and food and understanding, not drugs." This anti-medication bias is shared by almost all of the new antipsychiatrists.

Laypersons such as Robert Whitaker can be partially excused for their lack of understanding regarding the biological underpinnings of schizophrenia. They are not trained to do so. Mental health professionals who deny that schizophrenia is a brain disease have no such excuse, however, and are simply demonstrating their ignorance. Make no mistake, the concept of anosognosia is deeply disturbing to antipsychiatrists. If we believe the woman with schizophrenia sitting in Lafayette Park is merely exercising her civil rights to live as she chooses, that is a comforting thought and we should defend her right to do so. If, on the other hand, we believe that she has brain damage secondary to her schizophrenia, which impairs her right to choose, i.e., that her behavior is determined by her delusions and that she is not truly free to choose at all, then that is an uncomfortable thought. And if there is medication available which might diminish her delusions so that she would be truly free to choose her behavior, what should we do? Many antipsychiatrists have embraced the "recovery movement," but treating such a person with medication is the one thing that might make recovery possible. Isn't this what the "recovery movement" should be about?





INSPIRATION

"If you do not change direction, you may end up where you are heading." ~ *Lao Tzu*

"Getting over a painful experience is much like crossing monkey bars. You have to let go at some point in order to move forward." ~ *C.S. Lewis*

"Courage doesn't always roar. Sometimes courage is the little voice at the end of the day that says I'll try again tomorrow." ~ *Mary Anne Radmacher*

"The bamboo that bends is stronger than the oak that resists." ~ *Japanese Proverb*

Our Mission: To provide hope to families affected by mental illness and empower them through support, education and advocacy.

Our Vision: A world where families affected by mental illness have knowledge about mental illness and the mental health system; have timely access to appropriate services and support; are partners in care; and are accepted in society.

BECOME A BCSS MEMBER

A five dollar membership to BCSS Vernon entitles you to a vote at our Annual General Meeting and you will also receive our newsletter Family and Friends.

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

Mental Illness Family Support Centre

#301 – 2 3402 27 Ave.

Vernon, BC V1T 1S1

MEMBERSHIP FORM



Name: _____

Address: _____

City: _____

Phone: (h) _____

(w) _____

Fax: _____

e-mail: _____

Expiry Date March 31, 2014

Membership dues

◇ **\$5.00 Cheque**

Please make cheques payable to:
BC Schizophrenia Society – Vernon.

◇ **\$5.00 Cash**

In addition to dues, I wish to make a donation to BCSS
_____ Donation Amount

◇ **Cheque** - Please make cheques payable to:
BC Schizophrenia Society – Vernon.

◇ **Cash**

The BC Schizophrenia Society Vernon Branch is an Incorporated Branch Society and Registered Charity 867 308 389 RR001
Your generosity is appreciated.

Receipts will be issued for income tax purposes.