

Manifesto: Commentary on the Mental Health Act Review, 1992

BCSS North Shore (now the North Shore Schizophrenia Society)

The North Shore Schizophrenia Society, whose members are families, friends, patients, and caring professionals concerned with the welfare of those who struggle with the most chronic and disabling of the major mental illnesses, insists that a new Mental Health Act for British Columbia must be based on a realistic appreciation of the medical realities of severe mental illness.

Mental illness is biological illness

The brain is a physical organ of the body, whose function is to control physical, bodily processes (breathing, hormone production) as well as mental processes (perception, cognition, emotion, behaviour).

With brain disease, as with other physical illnesses, early recognition of symptoms, with prompt assessment and diagnosis, followed by appropriate medical treatment, afford a patient the best chance of optimum recovery (or control of a chronic condition).

Lack of insight

Because the organ of cognition is affected in mental illness, patients often lack insight, and are unable to recognize the changes in their own behaviour or thought patterns. They therefore do not voluntarily seek help, or may vigorously deny the existence of any problem, and resist the attempts of others to persuade them to obtain treatment.

When people are obviously ill and unable to fully comprehend the nature of their illness, it is neither responsible nor logical to let them suffer the devastating, frequently fatal effects of that illness. Nor is it logical to insist on physical bodily deterioration before permitting involuntary intervention and treatment of brain dysfunction that manifests itself in cognitive, emotional, perceptual and behavioural symptoms.

Untreated psychosis, in itself, is "dangerous" to the person, in the sense that it can leave a person with permanent cognitive and functional impairment. Recognizing that, yet denying involuntary treatment or even assessment until the physical body is also in a state of "serious deterioration," goes against any common sense standards of reason or compassion. It makes no sense at all.

Families as vital members of the therapeutic team

Families are often the first to notice something has changed when a person starts getting ill, and often they are the ones who must seek help if their relative cannot or will not. Families need peer status as caregivers. They need recognition as vital members of the therapeutic team, and personal support to cope with the trauma of watching their loved one suffer. They have valuable information about the patient that only they can give, and they need information about the illness they are confronting: its symptoms, its treatment, course and prognosis, and techniques for dealing with unusual behaviour their relative may exhibit.

The frequently abused concept of "confidentiality" needs to be thoroughly reviewed and revised, and new protocols devised that take into account the realities of severe, prolonged mental illness (particularly where paranoia is involved). Mental illness strikes individuals, but its devastating effects are felt by the whole family. This is especially so in the case of schizophrenia, which tends to hit its victims while they are still in their teens, and may deprive them of insight into the nature of their illness for many years thereafter.

Too frequently, still, families are excluded from consultation with professionals, on the basis of the patient's "wishes," even though the family knows, and the professional may very well know, too, that those wishes are based on paranoid ideation or outright delusions. Such "wishes" are manifestations of the illness, not a true reflection of premorbid family relations, nor of the patient's attitude when well.

When doctors and therapists play at that game, everybody loses. Families suffer a needless agony of grief and frustration. Their relative may deteriorate, suffer an acute relapse, commit a crime, or die because pertinent information from the family has not been taken into account, or because the obvious signs of impending deterioration are ignored until it is too late (signs the family recognizes and tries to signal to the care team). These tragedies are largely preventable, and it is high time we started preventing them.

We need to make it clear to the people in Victoria - elected members and Ministry staff alike - that these events are not isolated occurrences. They are happening every day, and they should not happen. We do not know yet how to avoid mental illness, but we do know how to avoid some of its worst consequences. A realistic Mental Health Act that allows treatment when treatment is needed is the first step.

The Mental Health Act is about helping people

The idea being touted by certain parties that the Mental Health Act is "about detention" needs to be soundly and roundly refuted. The Mental Health Act is "about" helping those who have been robbed of their reason - robbed of their very selves - to regain as much of their former selves as science and human, loving support can manage.

Some families are fortunate. They consult compassionate, skilled doctors who listen to their concerns, recognize the seriousness of the situation and take appropriate action. Their loved one receives timely, appropriate and ongoing treatment and support. No one afflicted with mental illness deserves less.

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