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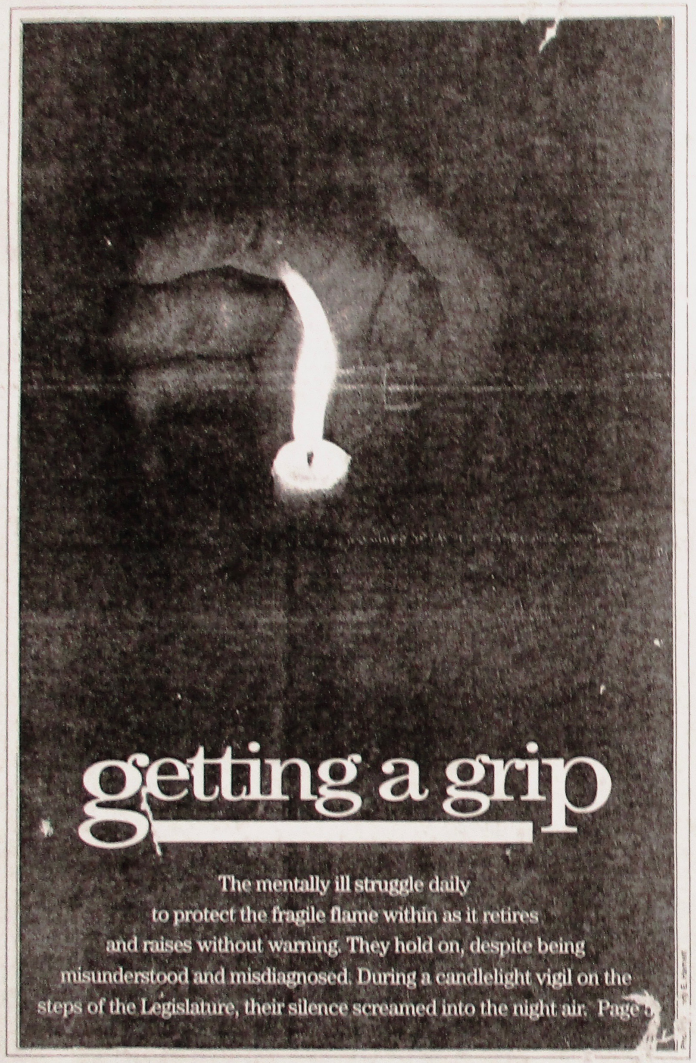
THE NEWS

IN BRIEF

While the federal election unquestionably consumes the interest of political pundits, the municipal race is brewing away with two additional candidates for city council having announced their intention to run. Coun Helen Hughes, known for her efforts in cleaning up downtown, providing affordable housing and contributing to many community organized events, is seeking a second term. Meanwhile, Victoria native David McLean, having held numerous high-profile professional and volunteer positions, is also running for office as an independent. For those who want to know the party affiliation of the councillor they choose, the Victoria Independent Voters Association will elect its slate of five candidates for Victoria city council and six for the Greater Victoria School Board tonight, at the Kaleidoscope Theatre at 7:30 p.m. Tomorrow, the Victoria Civic Elector will choose their candidates at the Fernwood Community Association, 1923 Fernwood at 7:30 p.m. Nominees have until Oct. 15 at 4 p.m. to declare intentions.

Three years after many dedicated their work on the Greater Victoria School Board are seeking re-election in the Nov. 20 school-board elections. Chairperson Carole James, trustee Donna Jones and trustee Bev Horseman will seek re-election.

October is waste reduction month and the Capital Regional District Recycling office on Yates Street has a host of ways in which you can take advantage of the many activities planned for the month. Recycling co-ordinator Wendy Mele says in the last two months the efforts of wise composting (20,000 home composters have been delivered throughout the region to date) and waste reduction have already seen more than 10,000 tonnes of organic waste diverted from the waste stream with 15,000 expected to be diverted next year. Overall there has been a 22 per cent reduction in the amount of waste going to landfills. In keeping with the government's mandate to reduce our waste stream by 50 per cent in 1995, Mele suggests consumers begin their switch from a consumer to conserver mentality while wading down store aisles. Shoppers should consider whether or not they really need the product.



getting a grip

The mentally ill struggle daily to protect the fragile flame within as it retires and raises without warning. They hold on, despite being misunderstood and misdiagnosed. During a candlelight vigil on the steps of the Legislature, their silence screamed into the night air. Page 6

NEWS **FEATURE**

Through the distorted lens of mental illness

Some of the bravest people in the world aren't heroes in the conventional sense of the word. They don't fight wars for country, power or prestige.

They fight every day battles to stay in control.

Burdened with horrendous mental illnesses which distort their reality on a daily basis, they fight simply to maintain the ground they have at present, with few illusions of regaining what they may have laid claim to in the past.

And as they look at themselves through the fragmented slivers of glass mirroring their personalities, they struggle, along with others, to understand.

Manic-depression.

It is one of the two most serious mental illnesses in existence and affects several thousand people each year. It is a mood disorder that throws its victims from states of ecstasy to despair.

When they're high they feel they can take on the world. When they're low they often think, and sometimes try, to leave it.

Classic symptoms may include thoughts of death, suicide and suicide attempts. At the opposite end of the scale, when the person is in mania, their thoughts and speech race while they experience unrealistic beliefs in their powers. They may abuse drugs and deny that anything is wrong.

Health experts acknowledge there are psychological components to the illness but largely agree that it is a medical condition resulting from abnormal brain chemistry.

But the worst, says Victoria resident Bruce Saunders, is the shame that accompanies the already, all-pervasive sadness. It shouldn't be that way. It doesn't have to be.

That is why Saunders, 43, and Barb Bawtl, 42, and many others gathered at the steps of the Legislature Sunday night in a half-hour candlelight vigil for Mental Health Awareness Week — "to put a face on it."

Says a soft-spoken and gentle Saunders: "There shouldn't be a stigma attached to mental illnesses. The only way to ensure there isn't is to talk about it. That way my kids have a better chance of being well and not fearing something they might have inherited. It could all end with my generation."

Saunders, having only gone public with his condition months ago, is already an integral part Vancouver Island's Depression and Manic Depression Association; he attends a local support group every second and fourth Tuesday and has organized a weekly movie night at the Eric Martin Theatre starting Monday. He is already far-removed from the person he was when diagnosed more than five years ago, and he has a clearer understanding of what it was that drove his sister to take her life one horrific week, many years ago, a week before he was to marry his present wife.

He's still manic, still depressed, but he is finding ways of trying to control the balance of power and own his life. He's doing it with the help of support from others like him who know this kind of depression is not about feeling lazy. It's about feeling absolutely nothing at all.

Ann (not her real name) knows this feeling all too well.

She is considered one of the most severe cases doctors in this area have ever seen.

Until the illness struck, this former school teacher, school board trustee and mother was a productive member of society. One day that all that has changed (manic-depression often strikes one in their late twenties).

"The illness came on suddenly one day with no warning. I could no longer work. My life has never been the same."

In Ann's case the illness could not be controlled with drugs and until recently she was on a perpetual cycle that ended at Eric Martin Institute, sometimes locked in the secure rooms of intensive care.

It's a dubious record but Ann can claim more admissions to the Institute than anyone else in the region.

"It seems so unfair. I see people in there (E.M.I.) that I only see once but I have to go back again and again."

When the manic phase begins Ann has trouble sleeping and as her mind shifts into overdrive, sleep becomes a vague memory. "I once went for 11 days without sleeping." Her mind, although erratic, is more sharp, shining with self-centre brilliance.

But those sparks are erratic, unpredictable.

"(When I'm high) I feel all powerful, superhuman, like I can do anything. It feels good. My mind goes faster but it isn't in a logical way. It seems like it's logical but it's not."

At this stage of the cycle Ann becomes impulsive, acting on whims at the spur of the moment and convincing others to allow her to do as she pleases.

At this stage she can be very tricky, often fooling people especially people who don't know her, into assisting in whatever she has decided her "mission" is.

Strangers often don't realize Ann is manic and she is adept at spinning a good story to make her requests seem plausible.

In the first days of the manic phase Ann is fun to be with — if you don't realize her condition is going to deteriorate rapidly.

But soon enough, the lack of sleep soon begins to take its toll and Ann's behavior becomes increasingly erratic. "I sometimes begin big projects, rearranging things in the house. But I never finish them and the house ends up a big mess."

At the [illegible] Institute and during the worst bouts of the disease police have had to be called to [illegible]. Sometimes she has convinced them nothing is wrong and they have left satisfied [illegible] to have to return hours later.

Once [illegible] Martin Institute, Ann begins a regime of drugs and shock treatments that shut down [illegible] one of the manic phase — almost literally locking Ann's brain into reverse, beginning a long, ugly descent into a well of despair.

The depression that follows the "high" of the manic phase is utterly black and fills Ann's every waking moment.

Describing this [illegible] to imagine this sodden blanket of despair enveloping them "day after day, year after year." Freed [illegible] out of control in the dizzying, sometimes ecstatic heights of the manic phase, then crashing into the suffocating, devouring pit of severe depression, Ann says "I never know when I went to bed if I'd wake up the same. I still don't."

But in the past year a light of hope has appeared.

For the first time in more than two decades, Ann has not suffered any severe episodes. Doctors credit weekly shock sessions for the dramatic turn-around. Shock therapy has progressed way beyond its early days when the treatment earned a bad reputation with the public but Ann still doesn't like it. "I lay awake the night before the treatment. They're still frightening but they seem to be helping. As long as I can keep out of the hospital."

Ann still suffers from depression but it's not as severe and the manic phases have been kept almost totally in check. There is still some fluctuation between "high" and "low" but it's not the dramatic swings that used to turn Ann's life upside down.

In some ways, as manic as it may seem, Ann is lucky. She has a family that loves her and stands by her. Many manic-depressive individuals face the illness on their own — locked into a solitary hell where the only contact with other people comes during the frenzied activity of the manic phase.

Another key component to Ann's stabilization is the provincially funded Intensive Community Support Team. Its on-going work and "patient for life" philosophy has offered Ann some solid grounding outside the network of her family. "They're always there when I need them and they are always positive."

The program started two years ago and coordinator Judy Buckborough says the first task was shifting through the applications.

"More than 122 referrals were received but we only had funding for 40 people so we had to go through all the files and decide who should be admitted to the program."

> "There is a very delicate flame that burns within all of us — and in that delicate flame is the subtle difference between mental well-being and ill health. We need to nurture that flame within ourselves and each other," says Bruce Saunders.

By Tim Devlin and Cindy F. Harnett

Buckborough says applicants must be suffering from a serious, major mental disorder like manic depression, schizophrenia or chronic depression. The team's mandate is to treat the most difficult patients in terms of manageability. "They are high hospital users and when they are discharged they often don't make linkages with other agencies, they don't follow through with treatment or they're treatment resistant."

Many of the people in the program have trouble following doctors' instructions regarding medication. Buckborough says schizophrenics seem to be the worst. "It is often seen within this illness. Once they stabilize they feel they don't need the medication and stop taking it."

There can be severe side affects with psychiatric drugs and Buckborough says while they are very effective, taken long term the drugs can cause physical problems.

Buckborough says one of the most important things about the program is the fact it is always going to be there for the patients. "We tell them they are patients for life and we are going to be there for them no matter what. We take the services to the clients in their own environment."

Many patients have trouble dealing with the simple routines of living and Buckborough says that's where the team can provide a lot of assistance. "For example today I took a new patient who'd been in hospital for nearly three years.

We picked up his rent cheque and got it cashed. Over the next month we will find furniture for him, set him up in his apartment and create a budget for him.

Some patients spend their welfare cheque in one go so we set up a direct deposit into the bank and co-manage the money with them."

Many patients don't have families to support them. If they do, the families are often exhausted from dealing with the patient. Buckborough says during the first six months or so the patient adjusts to working with the team. Once the situation is stabilized Buckborough says the team looks for the patient's areas of strength.

If they are interested in sewing, Buckborough says a team member might enrol them in a sewing class. "We do individual assessments on what works for that person.

We have one fellow who was a teacher. We set him up as a volunteer with the READ Society and from that he now has his own business with his own clients." Buckborough says the teams long term goal is to get all the patients working again.

The project receives less then half a million dollars in funding yearly and Buckborough is hopeful when the evaluation is completed the program will be extended to other patients who qualify. She says the program is a bargain when you consider the cost of hospitalization.