

Mental Health: Successes, Challenges & Misconceptions

Amy Kim, Brianna Crighton, Kaity Lalonde & Laila Drabkin
January 15th, 2018



THE UNIVERSITY
OF BRITISH COLUMBIA



University
of Victoria

Let's Talk Science

What is it?

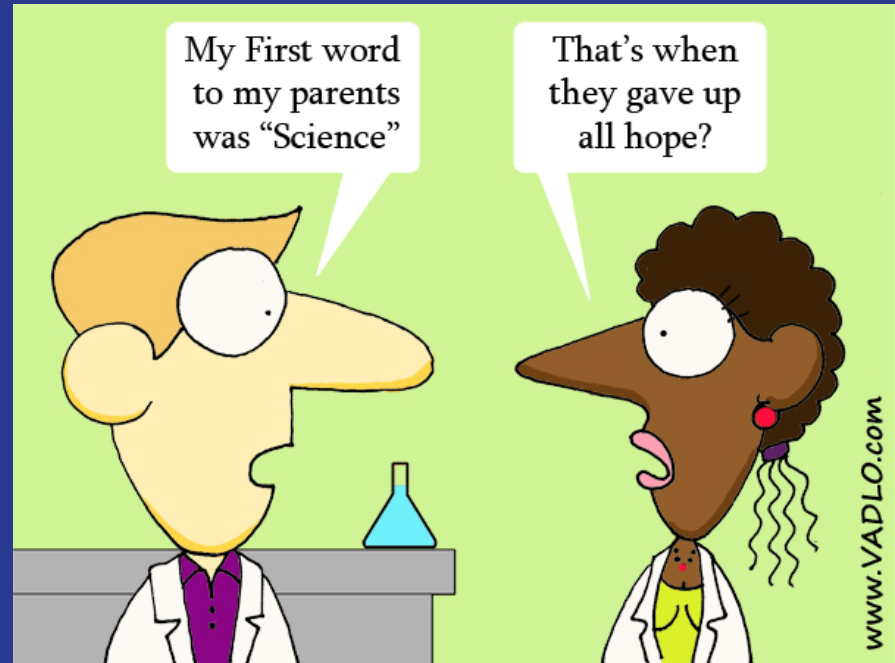
Non-profit, national organization

UBC and UVic affiliated

Focused on providing education to
communities in sciences,
technology, engineering and
mathematics

Disclaimer

- We are second year medical students
- We are not physicians or scientific experts in this field



Reminder:

You may feel like you have some of the symptoms or identify with some of the illnesses we will be speaking about.

It can be normal to have some of these symptoms sometimes, but if you're concerned or worried - please go see a Physician.

Outline

1. Introduction to Mental Illness
2. Mood Disorders

~ Break ~

3. Psychosis
4. Personality Disorders
5. Where to Get Help



Image: http://www.markfreeman.ca/wp-content/uploads/2012/01/wish_i_wasnt_everybody_has_a_brain.jpg

Introduction

What is Mental Health?

- The World Health Organization (WHO) states that health “is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
- Accordingly, mental health is being able to manage normal stresses, contribute to society and their community, and is a **state of well-being**

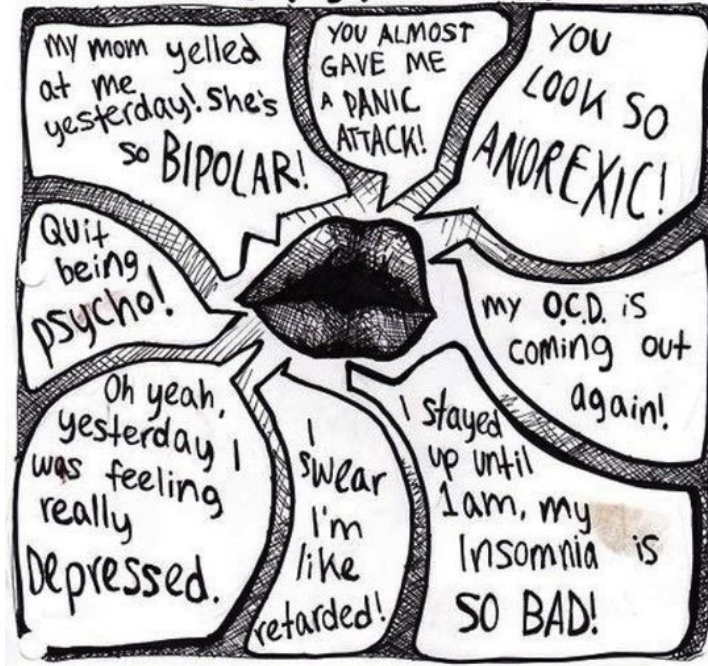
What is a Mental Illness?

- A mental illness is condition that affects behaviour, emotion and/or the way we think - in some cases, it is a combination of two or three
- Mental illness is a medical problem
 - Mental disorders are the specific diagnoses (for example, schizophrenia) and we use a standardized manual for diagnosis
- Mental illness impacts the person's daily activities, such as social engagement and work life
- Many mental illnesses are treatable



Image: <https://media.giphy.com/media/Esorf1ZPW2uNW/giphy.gif>

MENTAL DISORDERS ARE NOT ADJECTIVES.



Some Mental Health Stats

- 1 in 5 people will experience a mental illness during a one year period
- By age 40, about 50% of the population will have or have had a mental illness
- It is predicted that 10-20% of youth and adolescents struggle with mental illness
- In 1998 in Canada, the cost of mental illnesses for the healthcare system was estimated to be at least \$7.9 billion

Depression

I'm

~~depressed, sad, hurt, confused,
lonely, unloved, judged,
misunderstood, insignificant,
broken, dying inside~~

Fine.

**“It happens
because of a sad
situation”**

**“If your parents have
depression, so will
you”**

**“Depression only
affects women”**

**“You’ll have to be on
antidepressants forever”**

**“Talking about it only
makes it worse”**

Depression is a mental
illness...

... and that means there is

help.



Depression

Aka. Major Depressive Disorder

- According to the Diagnostic Statistics Manual of Mental Disorders (DSM-5), people with depression will need five of the following:
 - Depressed mood **and/or** loss of interest or pleasure (need one of these two)
 - Changes in weight
 - Sleep disturbances
 - Psychomotor agitations (restlessness or slowed)
 - Energy loss or fatigue
 - Guilt or worthlessness
 - Problems with concentration
 - Suicidal Ideation
- These symptoms must be present for at least 2 weeks
- You can get one or more episodes throughout your life

Depression and Sex

- Depression affects **both** males and females
 - It is more prevalent in females
- Canadian Mental Health Association addresses this by saying ***“Age and sex can also impact how people experience depression. Males often experience anger or irritability rather than sadness, which can make depression harder for others to see”***

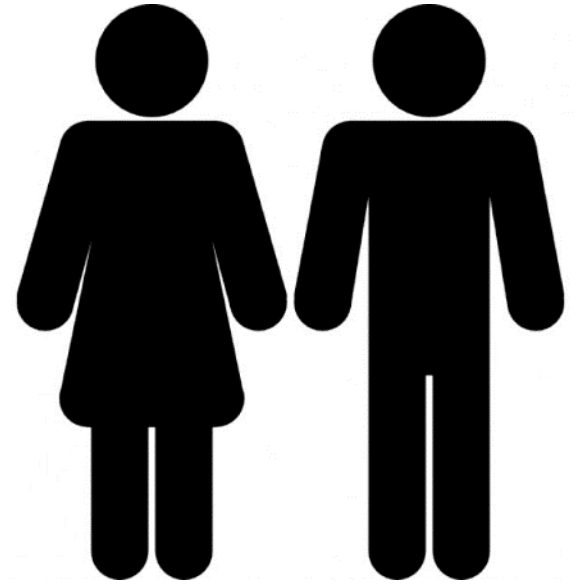


Image: https://image.freepik.com/free-icon/female-and-male-shapes-silhouettes_318-44832.jpg

Who Gets Depression?

- Depression can affect anyone - it doesn't discriminate
- It's a combination of environmental factors, family history, life experiences, personality, and your unique biology
- Depression is not just a disorder for youth and adolescents, it's seen into adulthood and the elderly
- In the United States, it's the leading cause of disability for ages 15 to 44.3



Image: <https://www.washingtonpost.com/>

<https://adaa.org/about-adaa/press-room/facts-statistics#>

<https://cmha.ca/wp-content/uploads/2015/12/Depression-and-Bipolar-NTNL-brochure-2014-web.pdf>

<https://www.nia.nih.gov/health/depression-and-older-adults>

Some Treatment Options & Help for Depression

- Regular Exercise, Diet and Sleep
- Psychotherapy, Mindfulness or Counselling (face-to-face, online, workbooks)
- Support Groups
- Antidepressants (*and not necessarily forever!*)
 - there are many options and it may take time to find the right fit
- Brain stimulation techniques

~~“It happens
because of a sad
situation”~~

~~“If your parents have
depression, so will
you”~~

~~“Depression only
affects women”~~

~~“You’ll have to be on
antidepressants forever”~~

~~“Talking about it only
makes it worse”~~

But what about suicide?

Suicide

- Suicide is complicated
- It's not necessarily due to one factor alone
- Suicide is not a character flaw
- Death by suicide is associated with enormous emotional pain
- Males are more likely to complete suicide than females

<https://suicideprevention.ca/>

Tsirigotis, K. (2011) Gender differentiation in methods of suicide attempts. Med Sci Monit

Suicide

- The Canadian Association for Suicide Prevention (CASP) acknowledges that there is a link between depression and suicide, but it is important to remember there are other reasons for suicide
- Not everyone with mental illness will have suicidal ideation or die by suicide
- Not everyone who contemplates or has died by suicide has a diagnosed mental illness

Suicide in Canada

In 2009, the suicide rate was 11.5 deaths per
100,000 in Canada

Suicide in British Columbia

In 2005, there were 8.8 deaths per 100,000 by suicide in **this** province

Suicide



- Death by suicide is one of the leading causes of death in adolescents and young people
- The highest rates of suicide occur in the middle aged-population (ages 40-59)
- ***There are many services and campaigns to help with preventing suicide and provide access for those struggling with suicide***

<https://www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm>

<https://suicideprevention.ca/understanding/suicide-in-canada/>

<https://www.cdc.gov/nchs/fastats/adolescent-health.htm>

Anxiety Disorders

What do these people have in common?

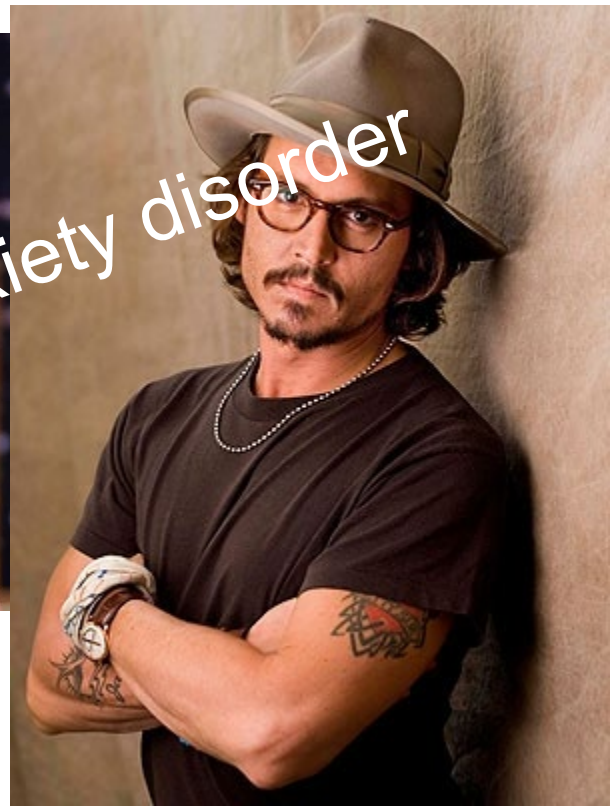


https://media.wmagazine.com/photos/5995b8cf215aa57f58934caf/master/h_600,c_limit/2017.jpg

https://sharing.wcpo.com/sharescnn/photo/2016/05/24/1464088715_38858776_ver1.0_640_480.jpg

<https://www.beyondanxietyanddepression.com/sites/beyondanxietyanddepression.com/files/styles/large/public/johnny-depp-and-his-social-anxiety-battle.jpg?itok=L164VihO6>

What do these people have in common?



They all suffer from a form of anxiety disorder

https://media.wmagazine.com/photos/5995b8cf215aa57f58934caf/master/h_600,c_limit/2017.jpg

https://sharing.wcpo.com/sharescnn/photo/2016/05/24/1464088715_38858776_ver1.0_640_480.jpg

<https://www.beyondanxietyanddepression.com/sites/beyondanxietyanddepression.com/files/styles/large/public/johnny-depp-and-his-social-anxiety-battle.jpg?itok=1L64VihO6>

Over 40 million adults in the US suffer from anxiety disorders...

In Canada, anxiety disorders affect 5 to 12% of the population, causing mild to severe impairment

“Anxiety is not a “real” illness”

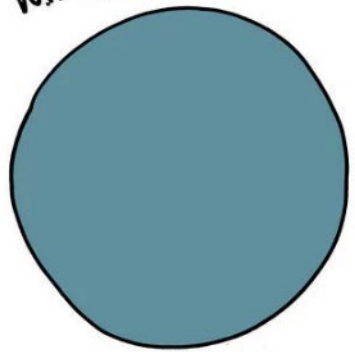
“Social anxiety is the same as being introverted or being shy”

“The disorder will just resolve on its own”

“I’ve had a panic attack before, therefore I have a panic disorder”

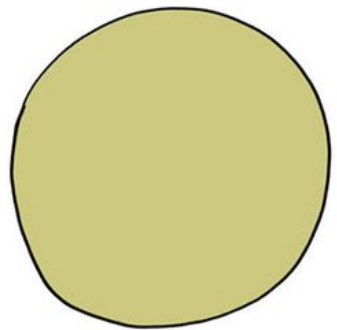


WHO PEOPLE THINK CAN HAVE ANXIETY



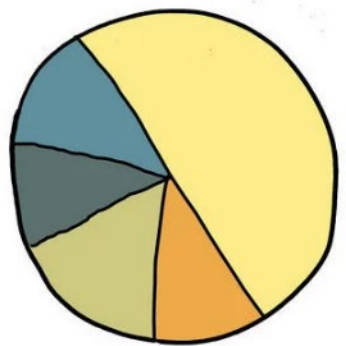
shy introverts

WHAT PEOPLE THINK ANXIETY FEELS LIKE



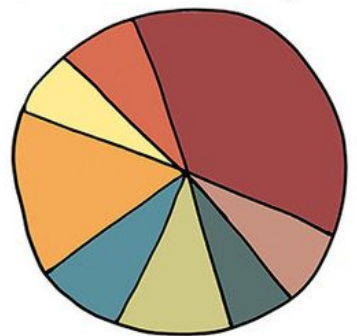
WORRYING ABOUT EVERYTHING, ALL THE TIME

WHO CAN ACTUALLY HAVE ANXIETY



introverts
extroverts
shy people
social people
ANYONE, OK?
ANYONE CAN.

WHAT ANXIETY ACTUALLY FEELS LIKE



sweating, a lot
second-guessing yourself
muscle tension
trouble sleeping
chest pain
overthinking all the things
increased heart rate
your mind and body refusing to cooperate, no matter what you know is rational

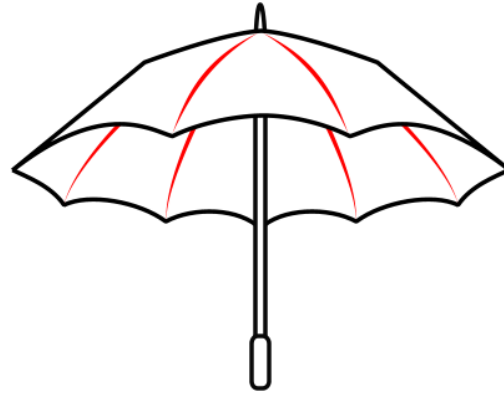
What is Anxiety?

“Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances”

- DSM-V



Anxiety Disorder



Panic Disorder

Agoraphobia

Specific
Phobia

Generalized
Anxiety
Disorder

Social Anxiety
Disorder



Generalized Anxiety Disorder

Prevalence in Canada

- 3.1%

Onset

- Prevalence of dx peaks in middle age (~30) and declines across the later years of life
- Many report that they have felt anxious and nervous all their lives

Generalized Anxiety Disorder

For a diagnosis to be made...

1. Excessive anxiety and worry that **interferes significantly with psychosocial functioning**
2. **Difficulty controlling** worry
3. Lasts **at least 6 months**
4. At least 3 associated symptoms
 - Restless
 - Feeling on edge
 - Being easily fatigued
 - Difficulty with concentration
 - Irritability
 - Insomnia
 - Muscle tension

Social Anxiety Disorder aka Social Phobia

Prevalence in Canada

- 6.7%

Onset

- Typically in childhood or early adolescence
 - Critical time period for developing social skills
- Social Anxiety Disorder rarely develops later in adulthood

Social Anxiety Disorder

- **Intense** fear of being embarrassed or evaluated negatively by others
- **Avoidance of social situations**
- Usual course is **chronic** - estimated average duration ~20 years
- Symptoms may fluctuate with stress and demands



For a diagnosis to be made...

- Symptoms must **cause significant impairments in the individual's daily routine, or in their occupational and social functioning**
- If individual <18 yrs old, symptoms must have occurred for at least 6 years

Functional Consequences of Social Phobia

- Elevated rates of school dropout
- Decreased employment
- Decreased workplace productivity
- Decreased socioeconomic status
- Decreased overall quality of life



~~“Social anxiety is the same as being introverted
or being shy”~~

Social Anxiety Disorder ≠ Shyness



Panic Disorder

Prevalence in Canada

- 12-month prevalence: 1.6%
- Lifetime prevalence: 3.7%

Onset

- Late adolescence or young adulthood
- Although rare in childhood, first occurrence of “fearful spells” is often dated retrospectively back to childhood

Panic Disorder

- Recurrent, **unexpected** panic attacks
- One month or more of:
 - Persistent concern about further attacks
 - Worry about implications
 - Significant change in behaviour



~~“I’ve had a panic attack before, therefore I have
a panic disorder”~~

Panic attack ≠ Panic disorder



Agoraphobia

- Typically a **result of panic disorder**
- Fear of situations in which escape might be difficult or embarrassing if panic-like symptoms occur
 1. Using public transportation
 2. Being in open spaces
 3. Being in enclosed places
 4. Standing in line or being in a crowd
 5. Being outside of home alone
- Feared situations are avoided or endured with dread

THE WORST FEELING IN THE WORLD IS TRYING TO HOLD BACK A PANIC ATTACK IN PUBLIC.



Specific Phobia

Prevalence

Affect 19 million adults, or 8.7% of the US population



Onset

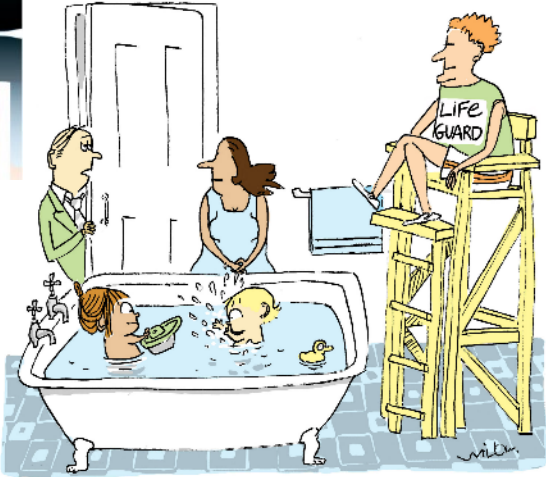
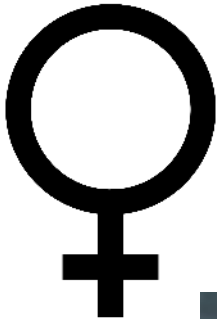
Symptoms typically begin in childhood; average age-of-onset is 7 years old

Specific Phobia

- Severe, excessive, persistent fear
- Exposure evokes fear or panic
- Avoidance
- Recognizes fear is unreasonable
- Classification:
 - Animals
 - Situational
 - Natural environment
 - Blood-Injection-Injury
 - Other



Risk Factors for Anxiety Disorders



DSM V; BMJ Best Practice 2015

You DON'T THINK YOU'RE JUST A TAD OVERPROTECTIVE.?

Some Treatment Options for Anxiety Disorders

- Antidepressants
- Anxiolytics
- Cognitive Behavioural Therapy
- Meditation, relaxation
- Exercise
- Sleep Hygiene



Bipolar Disorder

“People with bipolar disorder are not stable enough to hold positions of authority in fields like law enforcement or government”

“People with bipolar disorder are always either manic or depressed”

“Bipolar disorder is rare”



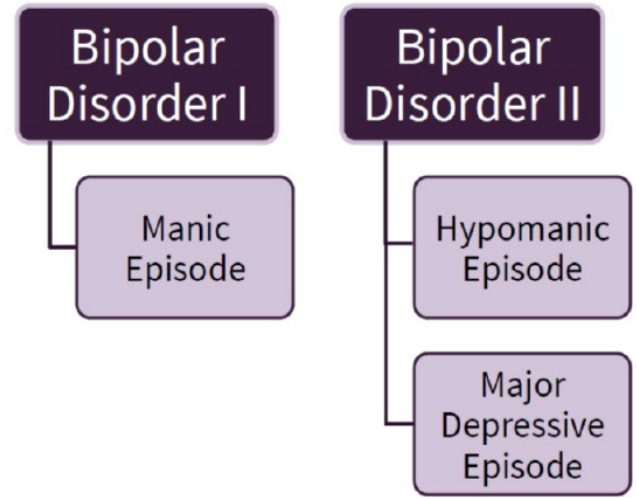
Bipolar Disorder

1. Bipolar I Disorder

2. Bipolar II Disorder

3. Cyclothymic disorder

4. Substance/Medication-Induced Bipolar and Related Disorder



Who does Bipolar Disorder Affect?

Risk Factor

- Genetic (most consistent)
- High income > low income countries

Prevalence in Canada

- Lifetime prevalence ~1% for both type I & II

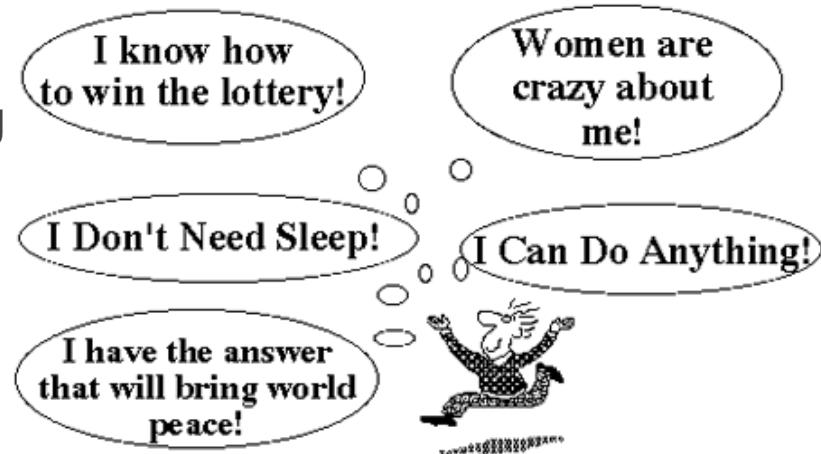
Onset

- Late teens to mid-20's

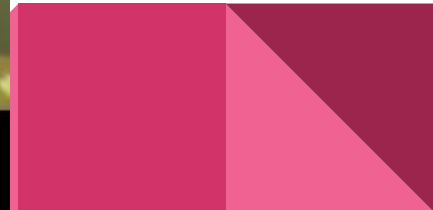
Bipolar I Disorder

According to the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-V):

- Manic episodes (feeling of grandiosity, decreased need for sleep, increased goal-directed activity, etc.)
- Depression not required
- Marked or severe impairment in functioning
- Not due to drugs or substances



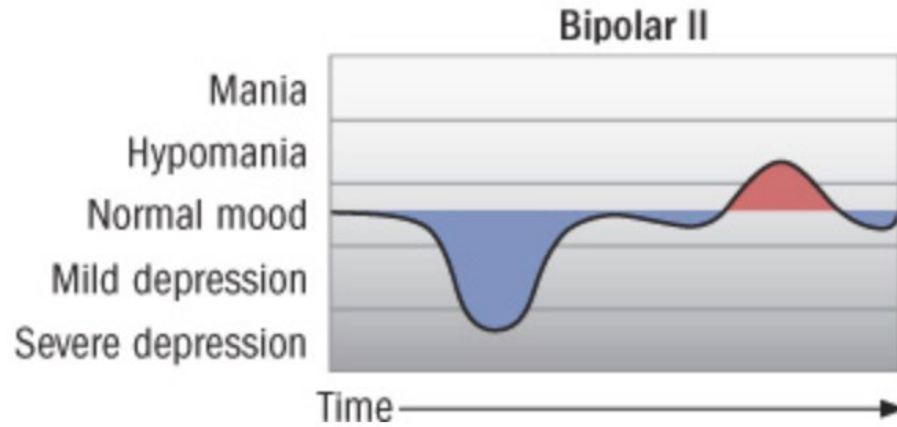
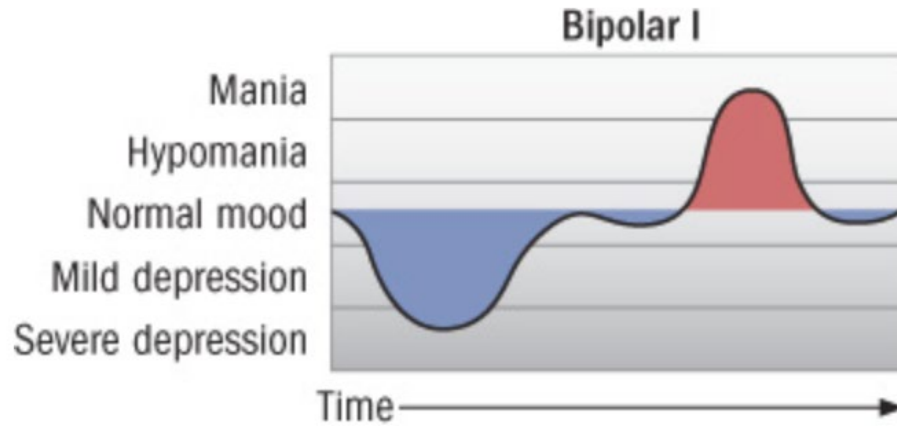
Lebo's Journey



Bipolar II Disorder

According to the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-V):

- Hypomanic episode (≥ 4 days)
 - Not marked or severe impairment in function
- Major depressive episode (≥ 2 weeks)
- Not due to drugs or substances



Treatment Options for Bipolar Disorders

It's complicated!

- Medication
 - Anxiolytic
 - Antipsychotic
 - Lithium
- Electroconvulsive Therapy (ECT)
- And more

~~“People with bipolar disorder are not stable enough to hold positions of authority in fields like law enforcement or government”~~

~~“People with bipolar disorder are always either manic or depressed”~~

~~“Bipolar disorder is rare”~~

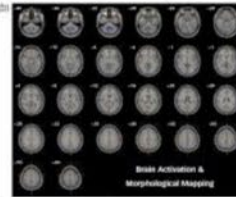
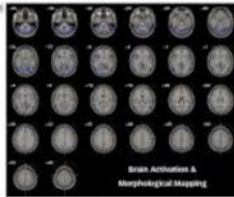
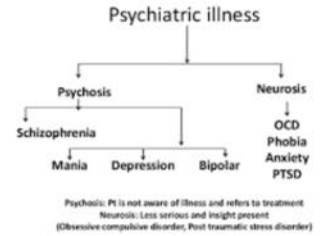


The background is a solid pink color. In the top right corner, there is a decorative graphic consisting of several overlapping geometric shapes, including triangles and squares, in various shades of pink and magenta.

Take a breather

Psychosis





What is
PSYCHOSIS?



PSYCHOSIS
 DEFINITION

Psychosis is defined as a state of derangement in which the person loses touch with reality and is unable to distinguish between what is real and what is not.

It is a symptom of a number of different mental health conditions, including schizophrenia, bipolar disorder, and major depressive disorder.

It is characterized by a loss of contact with reality, and is often accompanied by hallucinations and delusions.

It is a serious condition that requires treatment, and can be life-threatening if left untreated.



Delusions - Fixed beliefs regardless of conflicting evidence

- Ex. The belief that one is being watched or is under surveillance

Hallucinations - A perception-like experience without an external stimulus

- Ex. Auditory (hearing voices)

Disorganized thinking - Most evident in speech

- Switching between topics, unrelated answers to questions

Blunted Affect - Decreased emotional expression

Avolition - A decrease in motivation

- Ex. Neglecting personal hygiene

Classifying Psychotic Disorders

Secondary

- When the symptoms are due to a known medical condition or substance use

Primary

- When the symptoms cannot be explained by another cause (i.e. idiopathic)
 - Includes the schizophrenia spectrum

Causes of Secondary Psychosis

1. Neurological Conditions

- a. Epilepsy, tumors, infections

2. Vitamin Deficiencies

- a. B12, niacin, thiamine

3. Medications

- a. L-dopa, prednisone, anticholinergics, benzodiazepine withdrawal

4. Substance Use

- a. Hallucinogens, amphetamines, cannabis, cocaine

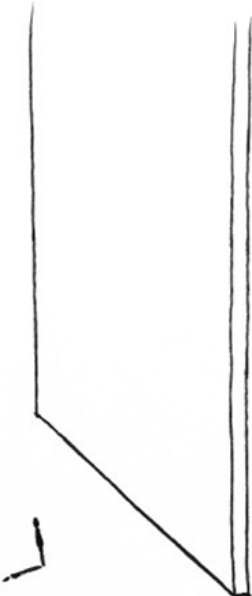


Image:

<http://sites.psu.edu/ngupta/2015/03/27/civic-issue-3-educating-about-mental-health/>

Primary Psychosis - Schizophrenia Spectrum

1. **Schizophrenia**
2. Schizophreniform Disorder
 - a. Symptom presentation equivalent to schizophrenia
3. Brief Psychotic Disorder
4. Delusional Disorder
 - a. 1 month + of delusional symptoms, no other psychotic symptoms
5. Schizotypal Personality Disorder
 - a. Below threshold for diagnosis of psychotic disorder
6. Schizoaffective Disorder
 - a. Mood and psychosis symptoms together



SOME PEOPLE
THINK I CAN
JUST GET
OVER IT.

Diagnostic and Statistical Manual of Mental Disorders, fifth edition.
Keshavan, M., & Kaneko, Y. (2013). Secondary psychoses: An update

Image: http://www.huffingtonpost.ca/entry/project-1-in-4-illustrations-mental-health-stigma_n_7598556

Diagnosis

	Brief Psychotic Disorder	Schizophreniform Disorder	Schizophrenia
Symptoms	1 +	2 +	2 +
Duration	1 day to 1 month	1 month to 6 months	At least 6 months of disturbance
Functional Impairment	May present, but not required	May present, but not required	Significant in one or more areas

All conditions are not better explained by another psychiatric/medical condition, or substance use.

Schizophrenia

“Schizophrenia is the result of a traumatic childhood, bad parenting, or poverty”

“People with schizophrenia are violent”

“Schizophrenia is a split personality”

“Schizophrenia is an untreatable illness”



Origins of “Schizophrenia”

- Eugen Bleuler proposed terms to describe the mismatch he observed between the feelings and thoughts of patients
 - “Schizo” = split
 - “Phrene” = mind

- **No relation between dissociative identity disorder (DID) and schizophrenia**



Image:
http://www.newworldencyclopedia.org/entry/Eugen_Bleuler

Schizophrenia presents in different ways.

Symptoms of schizophrenia include:

- Positive:
 - Disordered thinking, hallucinations, and delusions
- Negative:
 - Avolition and decreased emotional affect
- Cognitive
 - Attention, memory, and executive function
- Affective
 - Depression and suicide





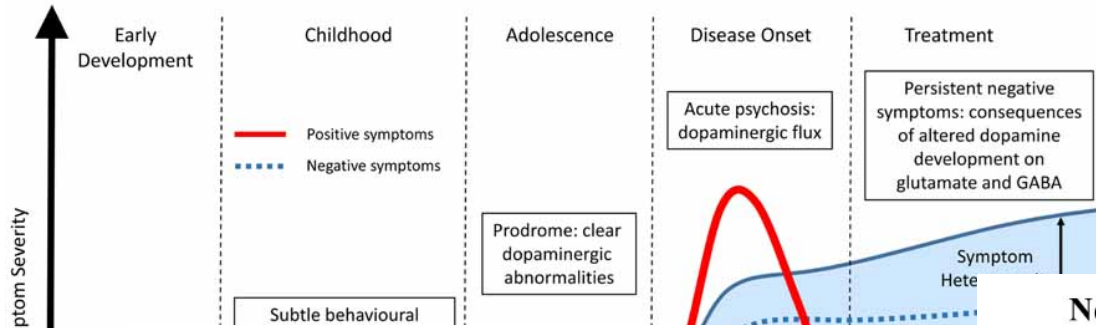
“Schizophrenia is a split personality”



“Schizophrenia is the result of a traumatic childhood, bad parenting, or poverty”



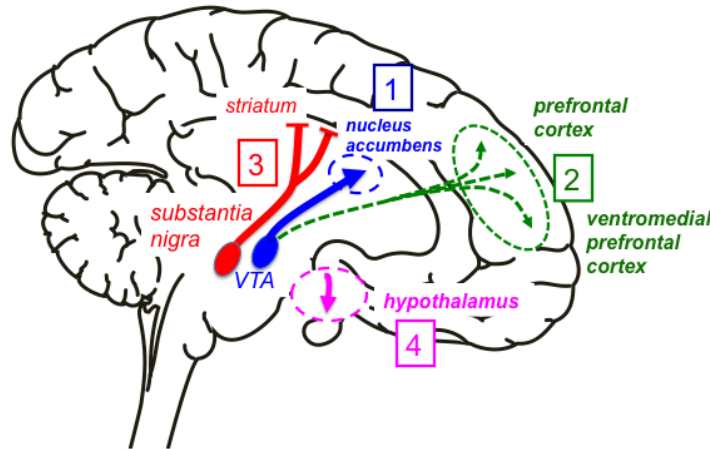
Images:
<https://www.frontiersin.org/articles/10.3389/fncel.2013.00111/full>
<http://slideplayer.com/slide/3368503/>
<https://www.pinterest.ca/pin/520658406911771301/?lp=true>



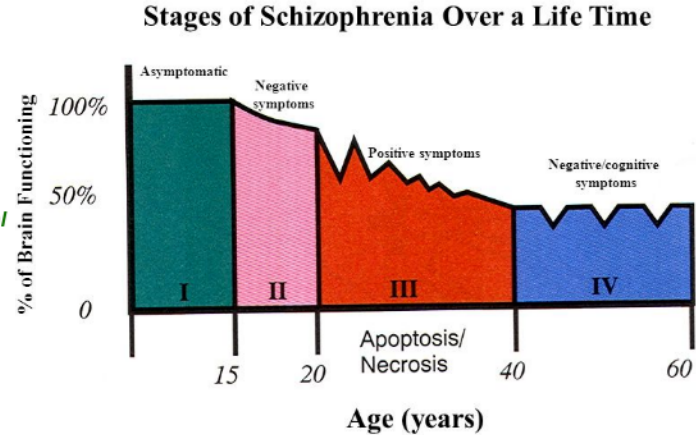
Neurodegenerative Hypothesis of Schizophrenia

(progressive loss of neuronal functions during the course of disease)

Four Dopamine Pathways & Schizophrenia



- 1) Mesolimbic (SCZ - increase in DA causes **positive symptoms**)
- 2) Mesocortical (SCZ - DA hypoactivity: **negative & cognitive & affective symptoms**)
- 3) Nigrostriatal (Drugs - EPS & TD drug side effects)
- 4) Tuberohypophyseal (Drugs - hyperprolactinemia side effects)



Increased excitatory *glutamatergic* neurotransmission

Schizophrenia is a medical disorder.

Although not completely understood, it is likely caused by a variety of factors including:

- Genetics
- Environment
 - Low socioeconomic status
 - Viral infection
- Development
 - Birth trauma
- +++

1% of the world's population develops schizophrenia.

- Can develop at any age
 - 75% between 16 - 40 years

Gupta, S., & Kulhara, P. (2010). What is schizophrenia: A neurodevelopmental or neurodegenerative disorder or a combination of both? A critical analysis

http://www.schizophrenia.ca/learn_more_about_schizophrenia.php



“Schizophrenia is the result of a traumatic childhood, bad parenting, or poverty”



“People with schizophrenia are violent”



Mental disorders do not equate to violence.

- The risk of violence is associated primarily with factors such as substance use.
 - In the absence of substance use, the prevalence of violence is no greater than among those without a mental disorder.
- People with schizophrenia are much more likely to be a victim of violence, than to perpetrate violence.
 - One study showed up to a 14X greater likelihood.

Skinner, W., O'Grady, C., Bartha, C., & Parker, C. (2004). Concurrent Substance Use and Mental Health Disorders. Toronto: Centre for Addiction and Mental Health.

Steadman, HJ. et al. (1998). Violence by People Discharged From Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods. Arch Gen Psychiatry, 55, 393-401.

http://www.schizophrenia.ca/learn_more_about_schizophrenia.php

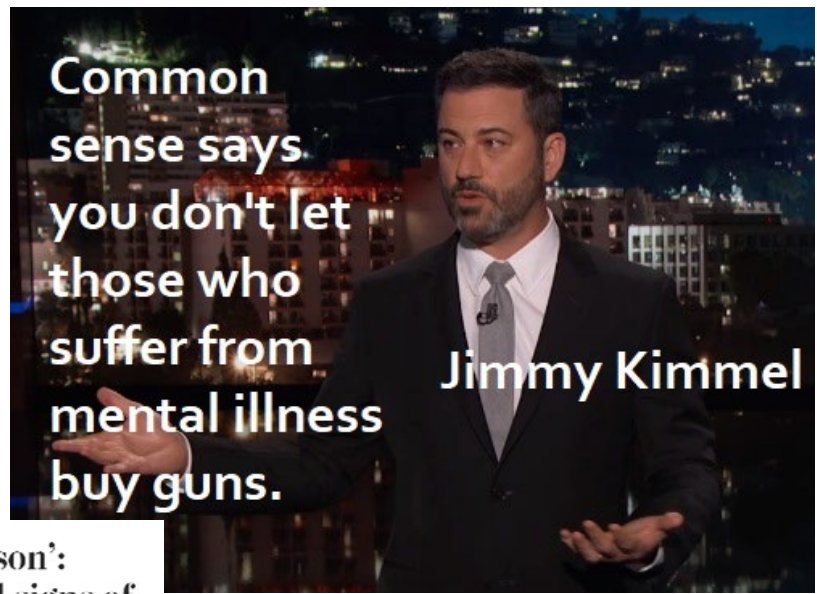
Trump says Texas church shooting
“isn’t a guns situation” but instead
“a mental health problem at the
highest level” [on.today.com/](https://www.today.com/)

Trump signs bill reversing Obama rule to ban gun purchases by mentally ill

GREGORY KORTE | USA TODAY

Updated 4:19 p.m. EST Mar. 9, 2017

<https://www.usatoday.com/story/news/politics/2017/02/28/trump-sign-bill-blocking-obama-gun-rule/98484106/>



<http://lybio.net/jimmy-kimmel-on-mass-shooting-in-las-vegas/people/>

National Security

‘He was not a stable person’: Orlando shooter showed signs of emotional trouble



The gunman who killed at least 49 people in a shooting rampage at an Orlando nightclub has been identified as 29-year-old Omar Mateen, a former U.S. Marine.

By Adam Goldman, Joby Warrick and Max Bearak June 12, 2016

https://www.washingtonpost.com/world/national-security/ex-wife-of-suspected-orlando-shooter-he-beat-me/2016/06/12/8a1963b4-30b8-11e6-8ff7-7b6c1998b7a0_story.html?utm_term=.e93b5d789182

Most people with mental illnesses, including the schizophrenia spectrum, are NOT violent.



http://www.schizophrenia.ca/learn_more_about_schizophrenia.php

Image: <https://mental-health-matters.com/the-end-of-mental-illness-stigma-is-advancing/>



“People with schizophrenia are violent”



“Schizophrenia is an untreatable illness”



Schizophrenia: Options for Care

There is no cure for schizophrenia (yet), but there are methods available to manage symptoms:

1. Medications

- a. Antipsychotics
 - i. Primarily positive symptoms

1. Psychosocial Interventions

- a. Family-based intervention
- b. Cognitive behavioural therapy
- c. Social skills training

1. Management of Side Effects



Image: <https://www.tfcscotland.org.uk/short-courses/administration-of-medication/>

https://www.uptodate.com/contents/pharmacotherapy-for-schizophrenia-acute-and-maintenance-phase-treatment?search=treatment%20of%20schizophrenia&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

http://www.schizophrenia.ca/learn_more_about_schizophrenia.php

Schizophrenia: Options for Care

Most individuals show significant improvement in their positive psychotic symptoms with antipsychotic medication,

But,

- A substantial proportion experience treatment resistant symptoms



“Schizophrenia is an untreatable illness”



But, there still is room for improvement.



Personality Disorders

Personality

What is personality?

- **A way of thinking, feeling, and behaving**
- Each of us have a unique personality that is reflective of both our genetic makeup and our life experiences.
- Develops over childhood and adolescence
- Includes a (predictable) range of flexible coping styles to meet changes in scenario, context, stressors, etc.



WHAT PERSONALITY TYPE IS YOUR CAT?



Personality Disorders

“Therapist’s nightmare”

“Manipulative”

“Attention seeking”

“Unwilling to change”

“Rigid”

“Difficult”



Personality Disorders

DSM-V:

Enduring pattern of inner experience and behaviour that deviates markedly from expectations of a person's culture.

- Exhibited across time and situations
- Causes distress to the one experiencing them and/or impacts day-to-day function (work, school, relationships, etc)
- Not due to substance use or another medical condition

*Often a diagnosis is not made in childhood or early adolescence

*6-15% of Canadian population is estimated to be affected

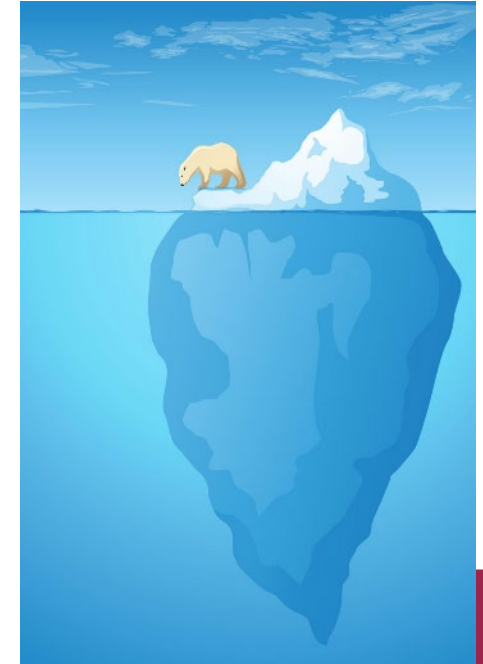
Personality Disorders: DSM-V Clusters

Cluster A:	Cluster B:	Cluster C:
-------------------	-------------------	-------------------

1. The purpose is not to put people in “boxes” but rather to try and communicate a (possibly moving and evolving) understanding / explanation of what the individual is experiencing.
2. Complexities, overlap, and comorbidities exist.

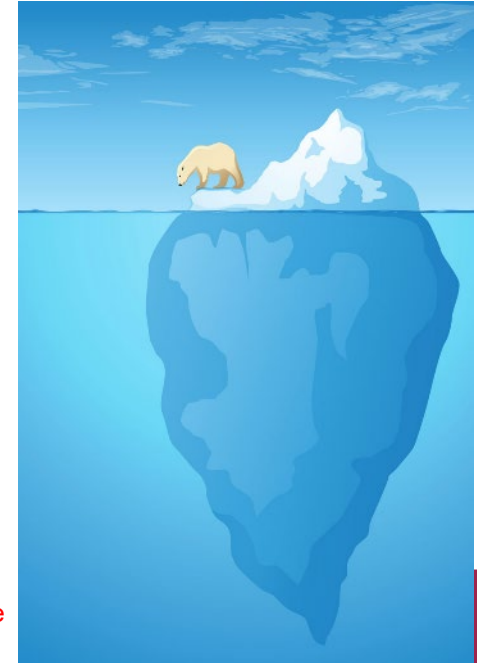
Personality Disorders: DSM-V Clusters

Cluster A: “Social avoidance” or “low sociability”	Cluster B: “Emotional and Dramatic”	Cluster C: “Cautious and Fearful”
<ul style="list-style-type: none">● Paranoid● Schizoid● Schizotypal	<ul style="list-style-type: none">● Borderline● Histrionic● Antisocial● Narcissistic	<ul style="list-style-type: none">● Avoidant● Dependent● Obsessive compulsive



Personality Disorders: DSM-V Clusters

Cluster A: “Social avoidance” or “low sociability”	Cluster B: “Emotional and Dramatic”	Cluster C: “Cautious and Fearful”
<ul style="list-style-type: none">• Paranoid• Schizoid• Schizotypal <p>Not associated with Schizophrenia</p>	<ul style="list-style-type: none">• Borderline• Histrionic• Antisocial• Narcissistic <p>Does not = Psychopathy</p>	<ul style="list-style-type: none">• Avoidant• Dependent• Obsessive compulsive <p>Not the same as Obsessive Compulsive Disorder</p>



A Close-Up on: Borderline Personality Disorder

Some of the DSM-V criteria include:

1. Significant impairments in personality functioning manifest by:

- Impairments in self functioning (a or b)
 - a. Identity
 - b. Self-direction

AND

- Impairments in interpersonal functioning (a or b)
 - a. Empathy
 - b. Intimacy

1. **Pathological personality traits in the following domains:**

- **Negative Affectivity (emotional lability, anxiousness, separation insecurity, depressivity)**
- **Disinhibition (impulsivity, risk taking)**
- **Antagonism (hostility)**

AND

- Features are stable across time
- Not better understood as normative for the individual's developmental stage or socio-cultural environment
- Not solely due to physiological effects of a substance or general medical condition
- Individual is at least 18 years



Personality Disorders: Stigma and Challenges

- Poorly understood → frustration, assumptions, and stigma
- Complex → simplifications risk further perpetuating stigma and stereotypes



<http://www.tandfonline.com/doi/full/10.1080/1177083X.2013.871303>

<https://www.emaze.com/@AFRWZQL/Psychological-Disorders-and-Therapies>

<https://www.psychologyinaction.org/psychology-in-action-1/2013/10/31/personality-disorders-in-the-media>

Personality Disorders: Stigma and Challenges

- Poorly understood → frustration, assumptions, and stigma
- Complex → simplifications risk further perpetuating stigma and stereotypes



“Therapist’s nightmare”

“Manipulative”

“Attention seeking”

“Unwilling to change”

“Rigid”

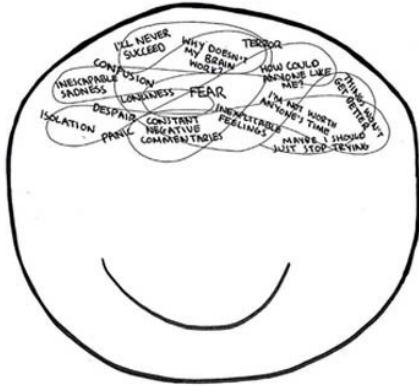
“Difficult”

<http://www.tandfonline.com/doi/full/10.1080/1177083X.2013.871303>

<https://www.emaze.com/@AFRWZQL/Psychological-Disorders-and-Therapies>

<https://www.psychologyinaction.org/psychology-in-action-1/2013/10/31/personality-disorders-in-the-media>

Personality Disorders: Re-visited

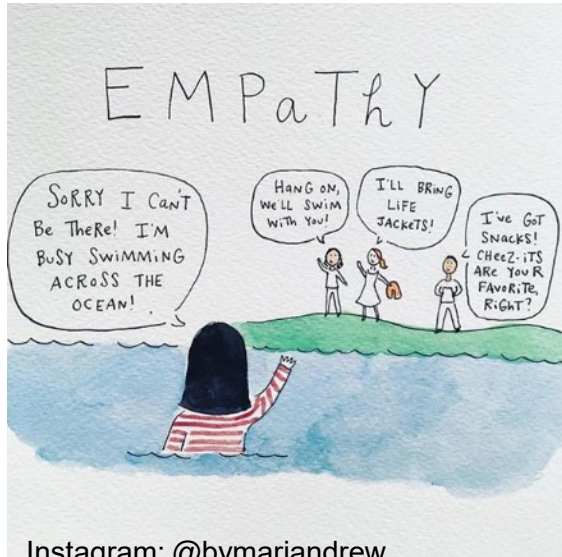


You never know what hides
behind a smile.

(...and many other things!).

- Inward and outward challenges and complications exist
- Feeling uncomfortable with themselves or with other people can be a common experience of people living with Personality Disorders.
- Misconceptions and resulting attitudes from friends, family, care providers, etc. can be damaging and isolating to the person experiencing the symptoms

Personality Disorders: Re-visited



- Inward and outward challenges and complications exist
- Feeling uncomfortable with themselves or with other people can be a common experience of people living with Personality Disorders.
- Misconceptions and resulting attitudes from friends, family, care providers, etc. can be damaging and isolating to the person experiencing the symptoms

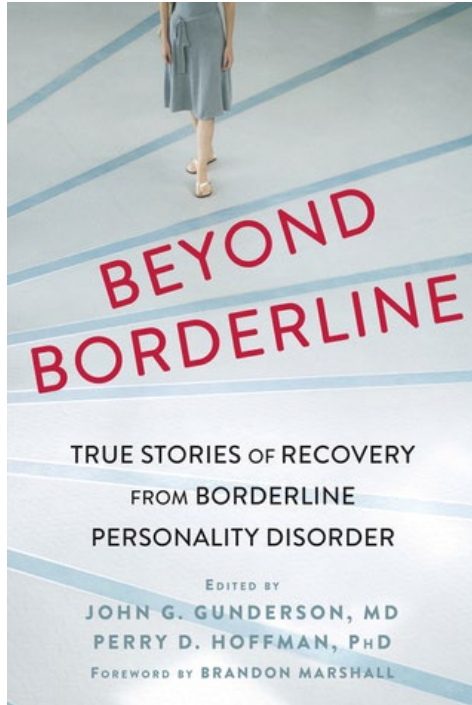
“Therapist’s nightmare” — ***“Manipulative”*** — ***“Attention seeking”***

“Unwilling to change” — ***“Rigid”*** — ***“Difficult”***

<https://www.opinionpanel.co.uk/community/wp-content/uploads/2015/01/BLAHBLAH-CROPPED.jpg>

http://www.camhx.ca/education/online_courses_webinars/mha101/personalitydisorder/Personality_Disorders_.htm

Learning from lived experience



I've lived with Borderline Personality Disorder for years. Why I'm finally talking about my diagnosis

Erica Ruth Kelly was diagnosed in her teens, but stigma has kept her quiet—even amid calls for more acceptance of mental health challenges

By Erica Ruth Kelly

“BPD tends to be a waxing and waning disorder,” Wiebe explains. “The symptoms intensify and de-intensify over time.” It’s true. Sometimes BPD feels like an ever-looming spectre.”

<https://www.goodreads.com/book/show/27214333-beyond-borderline>

<https://this.org/2017/03/27/ive-lived-with-borderline-personality-disorder-for-years-why-im-finally-talking-about-my-diagnosis/>

Personality Disorders: Options for care

Personality: an individual's unique pattern of thinking, feeling, and behaving



1. Individual Psychotherapy

- E.g. Dialectical Behaviour Therapy (e.g. for Borderline Personality Disorder)

1. Group Therapy

2. Psychoeducation

3. Role of medication

- In some cases, but not all.
- No “universal” treatment - depends on specific PD (e.g. Schizotypal vs Borderline)
- Should be combined with psychotherapy

Bateman, A., Gunderson, J., & Mulder, R. (2015). Treatment of personality disorder. *Lancet*, 385(9969), 735-743. doi:10.1016/S0140-6736(14)61394-5

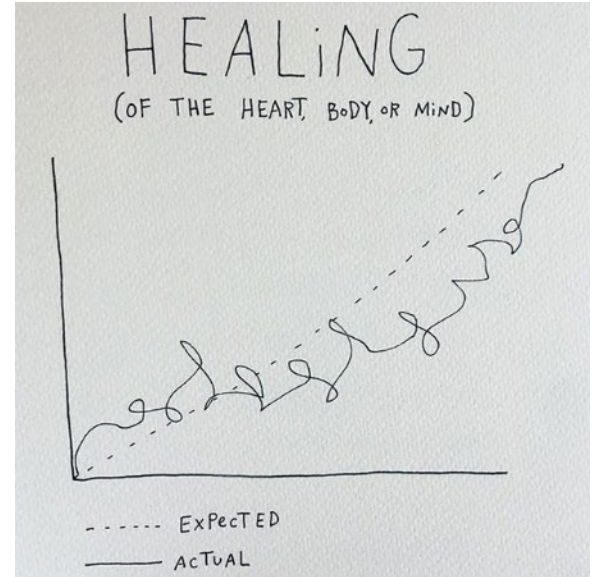
http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Personality-Disorder/Pages/default.aspx

<https://www.psychiatry.org/patients-families/personality-disorders/expert-qa>

Personality Disorders: Outcomes

Outcomes:

- Some types of Personality Disorders have been researched more than others.
 - E.g. Borderline Personality Disorder:
 - Remission and Recovery both possible with treatment
- With stressors, symptoms may come back
- Reduction of symptoms and their interference vs. complete and permanent absence



Instagram: @bymariandrew

Zanarini, M., Frankenburg, F.R., Reich, D.B. et al. (2010). Time to attainment of recovery from borderline personality disorder and stability of recovery: A 10-year prospective follow-up study. *American Journal of Psychiatry*, 167(6), 663-667.

Zanarini, M. C., Frankenburg, F. R., Reich, D. B., & Fitzmaurice, G. (2012). Attainment and stability of sustained symptomatic remission and recovery among patients with borderline personality disorder and axis II comparison subjects: A 16-year prospective follow-up study. *American Journal of Psychiatry*, 169(5), 476-483. doi:10.1176/appi.ajp.2011.11101550

The background is a solid pink color. In the top right corner, there is a decorative graphic consisting of several overlapping geometric shapes: a dark pink square, a medium pink square, and a light pink square, all arranged in a way that creates a stepped, architectural effect.

Moving Forward

5 small ways I can make a difference

1. Tell someone who doesn't know my story of mental health or substance use problems, or help others tell their story
 2. Seek direct contact by volunteering for a mental health or addictions organization, or find personal stories of recovery
 3. Think about the words I use. Do I use people-centered language like, "A person living with..." or do I say, "A schizophrenic" or, "An alcoholic?"
 4. Think about how I personally support and treat people around me who are living with a mental health or substance use problem
 5. Speak up when I see discrimination or when I see a law or policy that unfairly excludes people
-



Instagram: @bymariandrew

Mental Health Indicators

CLICK ON A FOCUS AREA BELOW TO EXPLORE THE RELATED INDICATORS



**ACCESS AND
TREATMENT**



ADULTS



CAREGIVING



**CHILDREN AND
YOUTH**



DIVERSITY



**ECONOMIC
PROSPERITY**



**HOUSING AND
HOMELESSNESS**



**POPULATION
WELLBEING**



RECOVERY



SENIORS



STIGMA



SUICIDE

THE FRIENDSHIP BENCH

#YELLOWISFORHELLO



JAN
16



Tomorrow!

Friendship Bench Unveiling Ceremony

Public · Hosted by University of Victoria Students' Society
(UVSS)

thefriendshipbench.org

Tuesday, January 16th

12PM-1PM

UVic Student Union Building

"...a permanent, physical, and year-round reminder to students to take a moment out of their day to sit, breathe, and talk (or think) about their mental health and that of their friends. It's intended to inspire peer-to-peer conversations about mental health in order to reduce the stigma and encourage more students seek help."

Resources in British Columbia

Victoria / Vancouver Island:

24-Hour Vancouver Island Crisis Line: 1-888-494-3888

- Crisis chat services from 6-10PM nightly: www.vicrisis.ca
- Crisis text number 6-10PM nightly: 1-250-800-3806

Youth (14-24): Foundry Victoria & Victoria Youth Clinic

Students: UVic Student Health Clinic

55+: Senior's Support Network (Island Community Mental Health)

Family physicians, counsellors, psychologists, friends, family...

<http://www.viha.ca/mhas/resources/>

<https://www.mentalhealthcommission.ca/English>

<http://www.bcalm.ca/faq/>

<https://cmha.bc.ca/programs-services/bounce-back/>

<http://www.islandcommunitymentalhealth.ca/programs/seniors-support-network/>

<http://www.bcmhsus.ca/about/our-unique-role/provincial-crisis-lines>

Provincial/National:

Provincial Help Lines (BCMHSUS):

- 1-800-SUICIDE
- 310Mental Health Support (310-6789)

Health Link BC

Heretohelp.bc.ca

Mental Health Commission of Canada

Canadian Association for Suicide Prevention

BCALM

Bounce Back ®

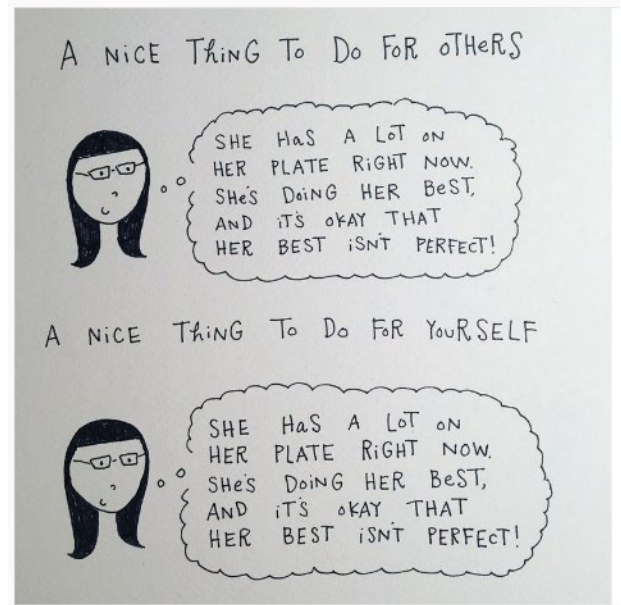
Foundry

Plan G



Mental illness is nothing to be ashamed of, but stigma and bias shame us all.

- Bill Clinton



Instagram: @bymariandrew



<https://www.youtube.com/watch?v=4dEcMsz6Bas>

References

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Washington, DC: American Psychiatric Association; 2013. Available via PsychiatryOnline at: <http://resources.library.ubc.ca/page.php?id=2127>
- Anxiety Disorders. Statistics Canada 2015. Available at: <http://www.statcan.gc.ca/pub/82-619-m/2012004/sections/sectionb-eng.htm>
- Bateman, A., Gunderson, J., & Mulder, R. (2015). Treatment of personality disorder. *Lancet*, 385(9969), 735-743. doi:10.1016/S0140-6736(14)61394-5
- Beesdo K , Knappe S , Pine DS : Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. *Psychiatr Clin North Am* 32(3):483–524, 2009
- Bipolar Disorder: A Guide for Patients and Families, 2nd ed by Francis Mark Mondimore, M.D. Johns Hopkins University Press, Baltimore, Md., 2006
- Bipolar disorder in adults. *BMJ Best Practice* 2017. Available at: <http://bestpractice.bmj.com.ezproxy.library.ubc.ca/topics/en-us/488>
- Bittner A , Egger HL , Erkanli A , et al: What do childhood anxiety disorders predict? *J Child Psychol Psychiatry* 48(12):1174–1183, 2007
- Generalized Anxiety Disorder. *BMJ Best Practice* 2017. Available at: <http://bestpractice.bmj.com.ezproxy.library.ubc.ca/topics/en-us/120>
- Goodwin RD , Faravelli C , Rosi S , et al: The epidemiology of panic disorder and agoraphobia in Europe. *Eur Neuropsychopharmacol* 15(4):435–443, 2005
- Gupta, S., & Kulhara, P. (2010). What is schizophrenia: A neurodevelopmental or neurodegenerative disorder or a combination of both? A critical analysis. *Indian Journal of Psychiatry*, 52(1), 21. doi:10.4103/0019-5545.58891
- Gustavsson A , Svensson M , Jacobi F , et al: Cost of disorders of the brain. *Eur Neuropsychopharmacol* 21(10):718–779, 2011
- Keshavan, M., & Kaneko, Y. (2013). Secondary psychoses: An update. *World Psychiatry*, 12(1), 4-15. doi:10.1002/wps.20001
- Lenzenweger, M. F., Lane, M. C., Loranger, A. W., & Kessler, R. C. (2007). DSM-IV personality disorders in the national comorbidity survey replication. *Biological Psychiatry*, 62(6), 553-564. doi:10.1016/j.biopsych.2006.09.019
- Lewis-Fernández R , Hinton DE , Laria AJ , et al: Culture and the anxiety disorders: recommendations for DSM-V. *Depress Anxiety* 27(2):212–229, 2010
- Panic disorders. *BMJ Best Practice* 2017. Available at: <http://bestpractice.bmj.com.ezproxy.library.ubc.ca/topics/en-us/121>
- Phobias. *BMJ Best Practice* 2017. Available at: <http://bestpractice.bmj.com.ezproxy.library.ubc.ca/topics/en-us/693>
- Pine DS , Klein RG : Anxiety disorders, in Rutter's Child and Adolescent Psychiatry, 5th Edition. Edited by Rutter M , Bishop D , Pine DS , et al. New York, Wiley-Blackwell, 2008, pp 628–647
- Schizophrenia Society of Canada. (2018). Learn More About Schizophrenia. Retrieved January 10, 2018, from http://www.schizophrenia.ca/learn_more_about_schizophrenia.php#13
- Skinner, W., O'Grady, C., Bartha, C., & Parker, C. (2004). Concurrent Substance Use and Mental Health Disorders. Toronto: Centre for Addiction and Mental Health.
- Social Anxiety Disorder. *BMJ Best Practice* 2017. Available at: <http://bestpractice.bmj.com.ezproxy.library.ubc.ca/topics/en-us/1120>
- Steadman, HJ. et al. (1998). Violence by People Discharged From Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods. *Arch Gen Psychiatry*, 55, 393-401.
- Kane, J., Kishimoto, T., & Correll, C. (2017, March). Evaluation and management of treatment-resistant schizophrenia. Retrieved January 10, 2018, from https://www.uptodate.com/contents/evaluation-and-management-of-treatment-resistant-schizophrenia?search=schizophrenia%20treatment&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2#H1754474114
- Stroup, T., & Marder, S. (2017, May). Pharmacotherapy for schizophrenia: Acute and maintenance phase treatment. Retrieved January 10, 2018, from https://www.uptodate.com/contents/pharmacotherapy-for-schizophrenia-acute-and-maintenance-phase-treatment?search=schizophrenia%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H1145930263

References Cont..

Wittchen HU , Jacobi F , Rehm J , et al: The size and burden of mental disorders and other disorders of the brain in Europe 2010. *Eur Neuropsychopharmacol* 21(9):655–679, 2011

Zanarini, M., Frankenburg, F.R., Reich, D.B. et al. (2010). Time to attainment of recovery from borderline personality disorder and stability of recovery: A 10-year prospective follow-up study. *American Journal of Psychiatry*, 167(6), 663-667

Zanarini, M. C., Frankenburg, F. R., Reich, D. B., & Fitzmaurice, G. (2012). Attainment and stability of sustained symptomatic remission and recovery among patients with borderline personality disorder and axis II comparison subjects: A 16-year prospective follow-up study. *American Journal of Psychiatry*, 169(5), 476-483. doi:10.1176/appi.ajp.2011.11101550

