
SECOND OPINION

Winter 2012

Robert Whitaker Visits The Yukon

Noted author Robert Whitaker shared his knowledge with Yukoners in a public lecture and a day-long workshop sponsored by Second Opinion Society and Victoria Faulkner Womens' Centre in September 2011.

Whitaker's *Anatomy of An Epidemic* was a best-seller for much of the past year, and his analysis of the world of antidepressants was enthusiastically received by his Whitehorse audience. The book received the 2010 Investigative Reporters and Editors Book Award for best investigative journalism.

Whitaker addressed a phenomenon that many researchers have noted, with regard to psychotropic drugs. Although they have been in use for about fifty years now, and their prevalence has spread rapidly throughout North American medicine, they don't seem to have achieved the effect they were originally promoted to achieve.

That is, they have not reduced the incidence of mental illness in our society. If anything, it has increased over the half-century of the pharmaceutical era.

Something was clearly wrong with the picture that North American mainstream psychiatry constantly presents us with, a vista of a pantheon of

wonder drugs, such as Prozac, Zoloft and Paxil, that rake in billions of dollars in sales annually, while affecting cures of depression, psychosis and even anxiety, if we are to believe the current medical advertising.

In his book, Whitaker talks about two puzzling findings he came across while doing his research:

"The first was by Harvard Medical School investigators, who in 1994 announced that outcomes for schizophrenia patients in the United States had worsened during the past two decades, and were now no better than they had been a century earlier.

The second was by the World Health Organization, which had twice found that schizophrenia outcomes were much better in poor countries, like India and Nigeria, than in the United States and other rich countries.

I interviewed various experts about the WHO findings, and they suggested that the poor outcomes in the United States were due to social policies and cultural values. In the poor countries, families were more supportive of those with schizophrenia, they said. Although this seemed plausible, it wasn't an altogether satisfactory explanation...I went back and read all of the scientific articles related to the WHO study on schizophrenia outcomes. It was then that I learned of this startling fact: In the poor countries, only 16 per cent of patients were regularly maintained on antipsychotic medications." (cont.)

Robert Whitaker's *Anatomy Of An Epidemic*, as well as a two-hour DVD of his Whitehorse evening presentation on antidepressants, are available from the SOS library.

During his forum Whitaker stressed that the new dawn that psychoactive drugs were supposed to have ushered in for the treatment of mental illness has failed to materialize.

He cited statistics from US Federal Drug Administration sources, for instance, from 1987 through to 2004, that showed otherwise. In thirty-six of seventy-four drug trials approved by the FDA during that period, there was no statistical evidence of any benefit for a number of the well-known antidepressants on the market.

Says Whitaker: *"With illegal and legal drugs greasing the road to bipolar illness, it is little wonder that a rare disorder in 1955 has become commonplace today. SSRIs took the country by storm in the 1990s, and from 1996 to 2004, the number of adults diagnosed with bipolar illness rose 56 per cent. At the same time, psychiatry's steady expansion of diagnostic boundaries over the past thirty-five years has helped to fuel the bipolar boom too."*

His blueprint for change is straightforward. *"We need to talk about what is truly known about the biology of mental disorders, about what the drugs actually do, and about how the drugs increase the risk that people will become chronically ill. If we could have that discussion, then change surely would follow. Our society would embrace and promote alternative forms of non-drug care. Physicians would prescribe the medications in a much*

more limited, cautious manner. In short, our societal delusion about a "psychopharmacology" revolution would at last fade away, and good science could illuminate the path to a much better future."

New Advocacy Service At SOS

SOS has been successful in its application to the Yukon government's Crime Prevention and Victim Services Trust Fund department, for a new mental health advocate half-time position. Our advocate, Diane Cimetta, will be in charge of helping people involved with the mental health system navigate their way through what can be at times a challenging and puzzling bureaucracy. In addition, the advocate will be responsible for facilitating an ongoing weekly self-help group. The group will explore healing alternatives, concentrating on the development of wellness, peer support and life-skills.

The advocate will help to deliver short-term crisis support, information, advocacy and referrals to other community agencies as needed. The emphasis will be on assistance with immediate and practical objectives, rather than long-term counseling.

The advocate will be able to support individuals with all aspects of their care, such as medical, financial, legal, social assistance, housing or employment.

Contact SOS at 667-2037 for further information on this new service.

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SOS 20th Anniversary

My Sister

You are my sister
Though never did we meet.
You came into this world
Two years before my time.
You left this place that we call earth
The same day you arrived.
Although your stay was very short
Many hearts you did affect.
You are in that world beyond
But I can think of you.

Your pony tails I could not pull
A pain in the ass I couldn't be
I was not able to bribe you
To copy my homework or do my chores
Laughing together was not to be
Nor any arguing between us
Though these things we couldn't do
There are two things may still be done
I can place flowers on your grave
And I can think of you.

When tiger lilies open up
And wind whispers through the trees
When the rain gently falls
And stars they shine so bright
When little birds their hearts do sing
And eagles float on air above
When colors meet up in the sky
A beautiful rainbow they do create
When all these things I do observe
I think of you.

When little hearts down here on earth
A helping hand they may require
I am glad our creator has you
To help them through their struggles
A little angel makes all the difference
I look forward to meeting you
When my time here is done
It is a very great honour
To have you as my sister
So until we meet, I will think of you.

Your brother, Tony Lieverse

From its humble beginnings in 1991, Second Opinion Society has indeed come a long way. Originally housed in a small office not much bigger than a broom closet on the second floor of Whitehorse's Horwood's Mall, SOS now occupies a cosy home in the city's downtown. There its drop-in centre serves as a welcoming environment where people can get together to do their laundry, access their e-mail, partake of weekly community lunches, or just gather to chat.

SOS began from the efforts of its founders Gisela Sartori and Stewart Jamieson, when they perceived that the local media had a distorted view of people who used the mental health system, and that these perceptions needed to be addressed and corrected.

An early ally of the organization was BC-based community activist Irit Shimrat. Jamieson contacted her after hearing her insightful critiques of psychiatry on the CBC Radio program *Ideas*. Shimrat was invited to the Yukon, and addressed an inaugural meeting held by SOS in late March 1991.

"Sixty people attended the public meeting that night, which was three hours long, and the discussion was very lively.", says Shimrat.

"Almost everyone agreed that the way psychiatry works right now isn't good enough, and that people need love and support more than they need medications."

SOS went on to develop a needs assessment, based on a survey it carried out, as well as input from the public meeting. People expressed the desire for a drop-in centre, as well as comprehensive crisis services. Their opinions carried weight, and later that year, the Yukon government of the day awarded SOS core funding to carry out its mandate, largely due to the efforts of the late Joyce Hayden, then Health and Social Services minister, and her ADM Gaye Hanson. That was the beginning, and SOS has scarcely looked back since that day. We appreciate the ongoing funding that we have received from YTG Health and Social Services ever since.

New Resources For Recovery At SOS

New DVDs available to watch at SOS or to loan include *Wellness Recovery Action Plan (WRAP)* by well-known US activist Mary Ellen Copeland, *Open Dialogue*, an alternative Finnish approach to healing psychosis, *Healing Homes*, an alternative Swedish model, and *Glimpses Of Light*, conversations towards effective mental health care, from the Mental Health Commission of Canada.

Wellness Recovery Action Plan originator Mary Ellen Copeland, Phd. is an American author and counselor with a first-hand knowledge of what it means to cope with mental health issues. Her own mother was diagnosed with schizophrenia, spending eight years in a state mental hospital. A dietitian by profession, she was eventually able to effect her own recovery, with the help of friends and caring family. Later, her daughter also struggled with severe manic depression and frequent hospitalizations.

From her experience and that of those she helped, Ms. Copeland has evolved a detailed, straightforward and comprehensive blueprint for self-care. Its hallmark is self-responsibility, and the 45-minute WRAP video goes a long way to starting people off on the path to self-recovery.

Key components presented in the video include developing a daily maintenance list of key activities for well-being, plans for dealing with prevention of crisis, solutions for dealing with crisis, and strategies for post-crisis survival. Mary Ellen Copeland's words of wisdom are a beacon of hope for anyone working toward their own recovery.

Open Dialogue is an examination of the mental health scene in Finland, a country that has some of the best outcomes for

recovery from schizophrenia in the Western world. There clinical teams work with patients' families and support networks, meeting frequently with them, often in non-hospital settings, until crises are resolved. Robert Whitaker is one of the resource people interviewed extensively in this revealing and caring look at medication-free recovery.

Healing Homes presents another perspective on recovery, this time from Sweden. Presented by Daniel Mackler, who also directed *Open Dialogue*, this film about A unique Swedish approach describes how the Swedish health system places people who have been failed by psychiatry with host families. Frequently in rural settings, the stays can often last for a year or two.

Families are selected for their compassion, stability and empathy, and not for any particular insight into psychiatry. Non-diagnostic care, a willingness to help people come safely off psychiatric medication, and a focus on recovery are the hallmarks of this innovative and effective approach to healing.

Glimpses Of Light addresses the challenges faced by Canadian aboriginal people for mental health awareness and recovery. This 15-minute documentary from the Mental Health Commission of Canada's First Nations, Inuit and Metis Advisory Committee goes a long way toward addressing the particular needs of this unique population, through interviews with the people themselves.

Drop by SOS to watch or borrow any of these resources.

SOS will be CLOSED

Monday, March 12 - Friday, March 16

**For our annual mid-winter break.
We will re-open Monday, March 19.**

Promoting Wellness Workshop

At the beginning of November co-founder of SOS Gisela Sartori presented a dynamic four-day professional development workshop for health and social service workers, with the theme of *Promoting Wellness: A Body/Mind/Spirit Approach To Mental Health*, with the aid of funding from the Yukon government's Professional Development Fund.

In addition to her workshop, Gisela hosted an evening presentation, *An Introduction To The Haven Model Of Personal Development*. The Haven is a prominent growth and transformation centre on Gabriola Island, off the coast of Vancouver, where Gisela has successfully facilitated scores of workshops in the past six years.

The Haven's integrative approach combines cognitive verbal techniques with breath and bodywork methods, and is used in working with individuals to promote mental and emotional health.

For her workshop, Gisela incorporated a variety of techniques used to heal and shift behavioural patterns on a deep and profound level, including group and individual work on areas such as communication, anger, boundaries, self-compassion, attunement, movement and gestalt.

In accordance with the Haven philosophy of encouraging individuals to realize their full potential by embracing the principles of self-responsibility, encompassing wholesome relationships with others and the world around them, participants were encouraged to develop skills and tools for their own ongoing self-care, which can also be used for dealing with others in emotional distress, or working with clients in charged situations.

Peer Support: Toward A National Program

Lt. Col. Stephane Grenier is the very opposite of the commonly-held stereotype of a career military officer. Enthusiastic and innovative, Grenier is the standard-bearer for the Mental Health Commission of Canada's efforts to develop a national peer support program.

A recent Commission document describes the value of peer support. "*The use of peer support is founded on the belief that people who have faced, endured, and overcome the adversity of mental health conditions can offer beneficial support, encouragement and hope to others facing similar situations and thereby speed their recovery.*"

Through our Peer Support Project, the Commission is aiming to validate the establishment of peer support as an integral part of the continuum of services offered to individuals with mental health problems and illnesses, as well as increase the availability of peer support services within workplaces."

Stephane Grenier has experienced first-hand the effects that warfare can have on mental stability. He first became aware of the value of peer support through the course of his military postings, initially in Rwanda and then in Afghanistan. By the time he had finished his hitch, he was a classic case of Post Traumatic Stress Disorder, although as yet undiagnosed. Moreover, he realized that many of his military compatriots were in the same boat.

In an interview with CBC-TV's *The Fifth Estate*, Grenier recalled initially proposing a peer support model to his superiors.

"Really, it's like bottled water. Social support happens whether we like it or not.

And I think what the government realized, what General Couture realized at the time, he says - I remember our conversation in the very early stages. He said yeah, but why should we do this? I said because the guys are doing it anyways, but they're doing it all wrong. They don't have any boundaries. So what do they do? They get drunk. They fight. They play poker with their pills... And then they go home with the wrong medication and they take the wrong pills and they don't feel too well. We need to put some boundaries to a very natural phenomena."

Grenier spoke on the initial skepticism about peer support: *"So in a lot of people's minds, I was wanting to hire blind people to help blind people cross a highway. And so I can't blame them for not lining up behind me. But I always maintain that my experience with soldiers...was that soldiers are so resilient. If you empower them, give them confidence in their abilities to do something, it's amazing what a soldier, a veteran can do. They're very, very resourceful people."*

On the civilian front, there is an assortment of agencies and NGOs throughout Canada that employ various aspects of peer support. To this point, the valuable work that they do has either largely gone unrecognized or been undervalued. An essential part of the Commission's Peer Project, which began in 2010 and will develop over the course of five years, is to develop standards of practice, put together a peer support training curriculum, and establish uniform criteria for certifying peer support workers. A planning group, composed of representatives from most provinces and territories, has met twice, in Ottawa and Toronto to iron out these important processes. It will continue to guide the work, culminating in a national peer support process that is standardized and recognized across the country.

News Briefs

A recent symposium held at Toronto's Ryerson University learned that the Canadian news media still tend to largely stigmatize people with mental health issues. A researcher from McGill outlined a study which found that almost 40% of news articles about mental illness focus on danger, violence and criminality, while only 12% take an optimistic tone. The symposium, hosted by the Mental Health Commission of Canada, was designed to get journalism students thinking about how the stories they choose to write and the words they use can promote stigma.

More than a dozen Canadians have told the Psychiatric Patient Advocate Office in Toronto within the past year that they were blocked from entering the United States, after their records of mental illness were shared with the US Department of Homeland Security. Stanley Stylianos, the office's program manager, cites the case of a Canadian citizen whom US customs officials refused permission to board a flight from Toronto to Los Angeles in the fall of 2010. She had made a suicide attempt four years earlier. Police had been called, and the incident was recorded in their notes, although there were no implications of violence or criminality. According to diplomatic cables released last year by WikiLeaks, any information entered into the national Canadian Police Information Centre (CPIC) database of 9.6 million records is accessible to American authorities.

A recent evaluation of a supported housing program for people with mental health issues in five Canadian cities came up with some interesting statistics: The cost per person of investing in supported housing comes to \$13-18,000 annually, while the cost of traditional institutional programs (psychiatric hospitals, prisons) comes to an estimated \$66-120,000 annually.