

A Mental Health Perspective Mission Statement: The purpose of this newsletter is to bring faith, hope and courage to members of the local mental health community of Kings County, Nova Scotia, as well as anyone else who is involved with a mental, emotional or psychological condition.

This non-profit consumer-led newsletter was created by the Kings County Branch of the Canadian Mental Health Association (CMHA) and made possible through donations from various organizations, including the Mental Health Foundation of Nova Scotia and private donations.



From the Editor:

This issue of *A Mental Health Perspective* examines substance addiction and its link to mental illness. Excessive marijuana, tobacco and alcohol use and compulsive gambling are often connected in some way to mental illness.

Risky Recreation: Marijuana Use reveals a strong association between use of marijuana by the young and the later onset of mental illness especially if a genetic predisposition exists in the individual user. Rick's **Smoking: Friend or Foe** is unusual because in addition to information exposing the downside of smoking, the author presents some of the positive benefits he feels it offers those suffering from schizophrenia. Tony's article, **Gambling: Beating the Odds** defines pathological gambling as a chronic and progressive form of mental illness. He provides tips on how to identify a problem gambler and how to stop gambling. **Co-concurrent disorders: Alcoholism and Depression** will be Melinda Cadarette's last article for the newsletter. Her article reveals the intricate nature of this problem and the pitfalls involved in treating alcoholism. The final article, **Life Skills Facilitator: Search for Sustainability**, details Shauna Glidden's work as a life skills facilitator in Middleton.

Many thanks to Melinda Cadarette for the two years served as a writer for the newsletter. She has a new position and, instead of writing, she will be developing and administering a reader survey to assess reader opinion of the newsletter.

The usual **Calendar of Events** is sadly absent from the back page because programs have been canceled due to lack of funding. We apologize to our clients and hope things will return to normal soon.

Heather Frenette
Editor

Risky Recreation: Marijuana Use

Sitting outside at a local sidewalk café brought, not the expected smell of exhaust from the cars cruising by on the nearby street but a smell much sweeter and faintly familiar. A glance determined the origin of the odor to be a young man, most likely a university student, sharing a joint with his buddies. He and his group seemed very comfortable with what they were doing. Or did they know what they were doing?

Eighty percent of teenagers who have had a psychotic episode have used marijuana†. Marijuana has long been known to trigger attacks of mental illness, such as bipolar (manic-depressive) psychosis and schizophrenia. A growing body of evidence now demonstrates that smoking marijuana can increase the risk of serious mental health problems. The earlier the use of the drug was begun, the more likely the user is to develop a mental illness.

The notion that marijuana triggers the disorders has been

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Smoking: Friend and Foe

The incidence of smoking is much higher amongst people with a mental illness than those without. Forty to eighty percent of people with mental illness smoke at about twice the rate of other people. Ninety percent of people with schizophrenia smoke.

There are many important reasons for quitting smoking. Premature death rates related to smoking are higher for people with mental illness than for the general population. Many deaths are due to cardiovascular and respiratory problems. Substances found in tar in cigarettes can increase the metabolism of some anti-psychotic medications thereby making them less effective. There is some evidence to suggest that smoking may increase some side effects of anti-psychotic medicines. Smoking puts a heavy financial burden on smokers with mental illness because patients are often on low income. Heavy smokers may find it difficult to participate in activities where smoking is not permitted.

People with depression are known to be less successful at quitting. If the level of depression is somehow increased, then a relapse of smoking becomes almost inevitable. The whole process of trying to quit smoking can cause an increase in depression especially if the person trying to quit is not successful.

Tobacco has some side effects that prove beneficial for people with mental illness. Nicotine increases alertness, and enhances concentration. This benefits people with schizophrenia whose illness and/or medication increases cognitive problems. Nicotine may be an antidepressant stimulating dopamine in the brain and it also helps with negative symptoms such as social withdrawal and with positive symptoms such as hallucinations. (It should be noted that negative symptoms are things that are not there and should be such as motivation and positive symptoms are things that are there that should not be such as hallucinations.). There is some evidence to suggest that smoking can reduce Parkinson's disease induced as a side effect of anti-psychotic medication.

In many people with persistent mental illness, smoking is a major part of their daily routine. People with mental illness who smoke require special treatment to stop smoking. People who are suffering from schizophrenia show increased medication effects during cessation. They don't require a higher dose of psychiatric medication, however it is necessary to keep regular track of psychiatric drug doses and their side effects during cessation. Stress management and relaxation should be incorporated into smoking cessation strategies. It is well known that nicotine alleviates depression and causes calmness and pleasure.

If you are serious about quitting smoking call Addiction Services at (902) 681-0936.

By Rick Merrill

Editor's Note: I realize saying tobacco has beneficial effects for people with mental illness may be problematic for some readers.



challenged by the belief that people who use the drug at a young age are already predisposed to mental disorders. Recent research has found that "smoking marijuana is itself a causal agent in psychiatric symptoms particularly schizophrenia."* An Australian study found that, in students between the ages of 14 and 15, daily cannabis use was associated with a fivefold increased risk of depression at the age of 20. However, there is evidence to show that occasional use of marijuana has few harmful effects overall.

Marijuana has been promoted as a cure for the nausea associated with chemotherapy as well as other medical conditions. Pressure has been placed on politicians to legalize the medical use of the drug. However, while it is clear that some medical users do find relief with marijuana, even the Canadian Cancer Society is uncertain whether benefits of its use outweigh the risks. They are apprehensive about the health risks associated with smoking the drug and have found sufficient evidence to suggest an increased risk of cancer is associated with long-term smoking of marijuana. In addition, the American Medical Association has published concerns about potential abuse if the drug is made more easily accessible and about social issues associated with a declaration that marijuana is a safe and effective medicine.

A further question in the multi-faceted discussion of marijuana use is one of addiction. Is cannabis addictive? Research done by the Centre for Addiction and Mental Health, Toronto, claims people who use cannabis regularly can develop a psychological dependence. They crave the high. The drug becomes overly important to them; they may feel they need it, and become anxious if they can't get it. Long-term frequent use can lead to physical dependence. People who develop physical dependence may experience a mild withdrawal if they suddenly stop using cannabis. Symptoms can include irritability, anxiety, upset stomach, loss of appetite, sweating and disturbed sleep. These symptoms generally last for a week or so, although sleep problems may continue longer.

That marijuana use poses a risk for people with a genetic predisposition for a mental illness is clear. Studies support the existence of a link especially for young people. Education is needed to inform users of the risks they are taking especially if the use is more than casual.

By Heather Frenette



† *Ottawa funds research to study link between pot, mental illness.* Larry Kusch. Winnipeg Free Press. <http://www.winnipegfreepress.com/local/ottawa-funds-research-to-study-link-between-pot-mental-illness-53673772.html>.

* *Cannibus Link to mental illness strengthened.* Emma Young. New Scientist. <http://www.newscientist.com/article/dn3098>

Gambling: Beating the Odds

Many people in Nova Scotia love to gamble. The majority of these people do not have a gambling problem or an addiction. Despite this, gambling is still a cause for concern. It has been estimated that six hundred thousand adults gamble each year in our province. Out of that number, it is believed that 50,000 will develop a problem and 15,000 of these gamblers will develop a major gambling problem. It is possible to be diagnosed as a clinical pathological gambler. **Pathological gambling** is considered to be a chronic and progressive form of mental illness.

SIGNS OF PROBLEM GAMBLING

You believe strategies increase the chance of winning
You keep gambling to gain back the money you lost
You go increasingly into debt as a result of gambling
You believe losing increases the chance of winning
The time you spend gambling has increased
The size of your bets has increased

SIGNS OF A SEVERE PROBLEM

You have engaged in heavy gambling for many years
You have no control over your gambling
Your whole focus in life is gambling
All your money is spent on gambling

HOW TO QUIT GAMBLING

Ask to be banned from your gambling spots
Do not drive or walk past your gambling haunts
Socialize where there are no gambling opportunities
Do not read gambling advertisements or check results
Do not talk about gambling with other gamblers
Engage in activities not related to gambling

If you need help for your gambling problem, you can call the Problem Gambling Help Line at 1-888-347-8888 24 hours a day 7 days a week. You can also receive help about gambling from a trained counselor on at Addictions Services. Another way to receive help is from other recovering gamblers at Gamblers Anonymous, a 12 Step program based on the Alcoholics Anonymous program.

References:

Does Someone You Care About Have Gambling Problems? Nova Scotia Health Promotion and Addiction Services.

How Do You Score On The Player Quiz? Nova Scotia Health Promotion and Addiction Services.

Winning Within – A Self Help Guide to Changing Gambling Behaviors. Nova Scotia Health Promotion and Protection – and Addiction Services.

Gambling addiction.medic8.

<http://www.medic8.com/healthguide/articles/gambling.html>



By Tony Legere

Co-concurrent Disorders: Alcoholism and Depression

Alcoholism and depression as a co-concurrent disorder can be a challenge to treat. About forty percent of alcoholics have had a major depressive episode in their lifetime and five to ten percent of those suffering from major depression have an alcohol problem. A study conducted at the Washington University School of Medicine in St. Louis indicated that the cause may be genetic. The dual nature of the problem makes it impossible to deal with one problem without treating the other.

Many view drinking as a form of self-medication to treat the depression. However, alcohol only worsens the problem and does not make it better. Alcohol is a depressant, relaxing the central nervous system and the part of the brain that controls the senses and moods. This can increase negative feelings and can cause the depression to worsen. As well, alcohol can decrease blood sugar levels and low blood sugar has been linked to depression and alcoholism.

A person diagnosed with both alcoholism and depression needs counseling, proper nutrition and medication. Counseling can help break the cycle of negative thinking and educate the person on how to recognize symptoms of depression and address their feelings. A nutritionist or dietitian can help the person make sure that they get proper nutrition (alcohol can cause nutrient depletion) as they cope with the illness. Medication is often needed for major depression. A person with an alcohol addiction may need to be monitored since alcohol and medication don't always mix well.

References

http://www.agingincanada.ca/alcohol_and_depression.htm

Statistics from <http://www.depression-guide.com>

Study on genetic link of alcoholism and depression from

<http://www.news-medical.net/news/2004/09/08/4628.aspx>

By Melinda Cadarette

AUTHOR'S FOOTNOTE

I regret to say that this will be my last article as I'll be at my new job for public relations and data collection for this newsletter. I've been a writer for two years and I think I've been lucky so far and I hope that the other writers will continue to do this wonderful publication.

Melinda



Nicotine Treatment Addiction Program

Addiction Services in Annapolis Valley Health is offering a program for people who smoke cigarettes, cigars, pipes or chewing tobacco and who are thinking of quitting or cutting back. Anyone in the Annapolis Valley can join the on-going open group style at any time. No pre-registration is required. For more information, contact Kris Garby at (902) 365-1715.

**Life Skills Facilitator:
Search for Sustainability**

She's part of the Kings CMHA team but she works out of an office in Middleton. She's a life skills facilitator but she is trying to organize a transportation service for people with mental illness who live off the beaten route in Middleton. She's from away but its clear her heart in is in the Valley.

Shauna Glidden, one of the newest employees at Kings CMHA, seems to be a study in contradictions but her intentions are focused on one thing: she plans to "put the face of mental health" into the Middleton community. She hopes to remove the stigma of mental illness in the area so that people will not be afraid to seek help.

Near the end of July, Shauna started her work in Middleton. She began by becoming acquainted with people who work in community development there. The organizations she visited form an extensive list. From the community mental health workers at the Soldiers Memorial Hospital to the Salvation Army Outreach to food banks, churches and the VON, to name a few, Shauna introduced herself to every available development worker in the town. She wanted to make sure that, although hers was a pilot project with an end date, the programs she established would be a sustainable asset to the Middleton community.

To date, Shauna has begun the process of establishing a weekly peer support group. Participants are referred though community services. Her plan is to have a co-facilitator who is a consumer. She is also trying to get funding for transportation which would be available to pick up consumers who live off the bus route. She has found that without bus service, that people who live on the North and South Mountains are isolated and unable to access services.

She is arranging the use of kitchen facilities as a site of a community kitchen where people can cook for themselves. Shauna also dreams of a community garden where produce for

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the kitchen can be grown.

And her hope is that, eventually, the programs she has established can run independently, maintained by a renewable source of funding.

By Heather Frenette



PROGRAMS CANCELLED

Kings Canadian Mental Health Association
Regrets to announce the cancellation of:

The Kentville Healthy Eat and Greet
The Berwick Healthy Eat and Greet
Mondays

The Kentville Lunch and Learn
Wednesdays

The Kentville Coffee Break and Board Game Time
Thursdays

This is due to lack of funding as Kings CMHA awaits the passage of the provincial budget and the ensuing release of monies.

We are sorry for any problems this may cause.



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We also like to thank Michelle Ferdinand, Joyce Nimmo, Laurel Taylor and David Veinotte for their help.



If you wish to make a comment, ask a question or give a suggestion by phone, please call (902) 679-7575.

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