

Glossary: Understanding the Language of Mental Illness

People with mental illness, their relatives, teachers and friends may hear medical professionals using words they are not familiar with. Here's a short glossary of some of the most commonly used terms...

AFFECTIVE DISORDERS OR MOOD DISORDERS: Mental illness characterized by greatly exaggerated emotional reactions and mood swings from high elation to deep depression. Commonly used terms are *bipolar disorder* (formerly called *manic depression*) and *depression*—although some people experience only mania and others only depression. These extreme mood changes are unrelated to changes in the person's environment.

COGNITIVE DEFICITS, COGNITIVE TESTING: People with schizophrenia often have specific deficits in brain functioning. The most common are deficits in "executive" functioning short-term memory, organizing, planning, prioritizing, decision-making. Reliable, objective testing is now available to pinpoint deficit areas. This helps to identify problems for the individual and put resources in place to assist with tasks of day-to-day living. Cognitive testing for people with schizophrenia also enables health authorities do more effective service planning for people with schizophrenia.

DELUSION: A fixed belief that has no basis in reality. People suffering from this type of thought disorder are often convinced they are famous, being persecuted, or are capable of extraordinary accomplishments.

DIAGNOSIS: Classification of a disease by studying its signs and symptoms. Schizophrenia is one of many possible diagnostic categories used in psychiatry.

ELECTROCONVULSIVE THERAPY (ECT): Used primarily for patients suffering from extreme depression for long periods, who are suicidal and who do not respond to medication or to changes in circumstances.

HALLUCINATION: An abnormal experience in perception. Seeing, hearing, smelling, tasting or feeling things that are not there.

INVOLUNTARY ADMISSION: The process of entering a hospital is called *admission*. *Voluntary admission* means the patient requests treatment, and is free to leave the hospital whenever he or she wishes. People who are very ill may be admitted to a mental health facility against their will, or *involuntarily*. There are two ways this can occur:

- Under medical admission certificate or renewal certificate
- Under special court order when the person has been charged or convicted with a criminal offence. In this case, they may be held in a forensic facility.

In British Columbia, before someone can be admitted involuntarily, a physician must certify that the person is:

- Suffering from a mental disorder and requiring care, protection and medical treatment in hospital
- Unable to fully understand and make an informed decision regarding treatment, care and supervision
- Likely to cause harm to self or others, or to suffer substantial mental or physical deterioration if not hospitalized.

MEDICATIONS: Medication is usually prescribed in either pill or injectable form. Several different types of medications may be used, depending on the diagnosis. Ask your doctor or pharmacist to explain the names, dosages, and functions of all medications, and to separate generic names from brand names in order to reduce confusion.

1. Antipsychotics: *Brand Names*—Modecate, Largactil, Stelazine, Haldol, Fluanxol, Pipartil, Clozaril, Risperdal, Zyprexa. Seroquel. *Generic Names*—fluphenazine, chlorpromazine, trifluoperazine, haloperidol, flupenthixol, pipotiazine, clozapine, risperidone, olanzapine, quetiapine. These reduce agitation, diminish hallucinations and destructive behaviour, and may bring about some correction of other thought disorders. Side effects include changes in the central nervous system affecting speech and movement, and reactions affecting the blood, skin, liver and eyes. Periodic monitoring of blood and liver functions is advisable.

2. Antidepressants: Relatively slow-acting drugs—but if no improvement is experienced after three weeks, they may not be effective at all. Some side effects may occur, but these are not as severe as side effects of antipsychotics.

3. Mood Normalizers: e.g., Lithium, Carbamazepine, Valproate. Used in manic and manic-depressive states to help stabilize wide mood swings that are part of the condition. Regular blood checks are necessary to ensure proper medication levels. There may be some side effects such as thirst and burning sensations.

4. Tranquilizers: Valium, Librium, Ativan, Xanax, Rivotril. Generally referred to as *benzodiazepines*. These medications can help calm agitation and anxiety.

5. Side Effect Medications: Also called *anticholinergics*. *Brand Names*—Cogentin, Kemadrin. *Generic Names*—benzotropine, procyclidine.

MENTAL HEALTH: A balanced relationship between (a) the individual; (b) his or her immediate social group - family, friends, peers, colleagues and the larger political, economic and social environment. “Mental health” includes psychological and social well-being, a sense of harmony, and environmental mastery.

MENTAL ILLNESS/ MENTAL DISORDER: Physical abnormality and/or biochemical irregularity in the brain causing substantial disorder of thought, mood, perception, orientation, or memory—grossly impairing judgment, behaviour, capacity to reason, or ability to meet the ordinary demands of life.

MENTAL HEALTH ACT: Provincial legislation for the medical care and protection of people who have a mental illness. The *Mental Health Act* also ensures the rights of patients who are involuntarily admitted to hospital, and describes advocacy and review procedures.

PARANOIA: A tendency toward unwarranted suspicions of people and situations. People with paranoia may think others are ridiculing them or plotting against them. Paranoia falls within the category of delusional thinking, which is often based on hallucinatory experience.

PSYCHOSIS: Hallucinations, delusions, and loss of contact with reality.

SCHIZOPHRENIA: Severe and sometimes chronic brain disease. Common symptoms include personality change, withdrawal, isolation, severe thought and language difficulties, hallucinations, delusions, and bizarre behaviours.

SIDE EFFECTS: Side effects occur when there is drug reaction that goes beyond or is unrelated to the drug's therapeutic effect. Some side effects are tolerable, but some are so disturbing that the medication must be stopped. Less severe side effects include dry mouth, restlessness, stiffness, and constipation. More severe side effects include blurred vision, excess salivation, involuntary body movements, nervousness, sleeplessness, tardive dyskinesia, and blood disorders. Some drugs are available to control side effects. Learning to recognize side effects is important because they are sometimes confused with symptoms of the illness. A doctor, pharmacist, or mental health professional can explain the difference between symptoms of the illness and side effects due to medication.

TARDIVE DYSKINESIA: Neurological syndrome thought to be caused by long-term use of older antipsychotics. Characterized by repetitive, involuntary, movements. May include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may appear as though the patient is playing an invisible guitar or piano.

TREATMENT: Refers to remedies or therapies designed to cure an illness or relieve symptoms. In psychiatry, treatment is often a combination of medication, education about the illness, cognitive testing and cognitive therapy, counselling (advice), and recommended activities. Together, these make up the individual's *treatment plan*.