

Exploding stigmas

You don't look mentally ill

David Murray is a big, thoughtful guy who wants to help increase people's understanding of mental illness in the workplace. He knows firsthand about the stigma attached to being diagnosed with a mental illness; about realizing some colleagues would rather not deal with him; about fearing he could lose his job if he weren't in a union – and hardest of all – that some people are afraid of him.

Murray, a Transportation Planning Analyst at TransLink, was diagnosed with bipolar affective disorder (manic depressive illness) about three years ago, much to his astonishment. Now 46, he has worked at TransLink for the past five years.

He said he'd been wound up and anxious most of his life. Then serious health problems surfaced early in 2002 when he became so deeply depressed he could hardly make it to work at TransLink's Research and Technical Services. Murray was surprised to find it so hard to come to work. "I've always liked what I do. I like my job."

Murray dragged himself to his family doctor who prescribed antidepressants. "My lifelong anxiety disappeared and I started feeling real good." He shakes his head.

Ignorance is not always bliss. Neither the doctor nor Murray realized he had bipolar illness. "At that point no one knew I had bipolar illness but it turns out antidepressants on their own are the worst thing a person with bipolar can take."

For Murray, antidepressant medication was a ticket on a vicious runaway train. "My behaviour grew erratic and I started getting higher highs. Then I became very deeply depressed."

Reeling from his roller coaster emotions, Murray went back to his

family doctor who increased his dosage of antidepressants. Not good. Fortunately, the doctor also put Murray on the waiting list to be assessed and treated at the University of British Columbia (UBC) Mood Disorders Centre.

In May 2002, before he attended the Mood Disorders Centre, Murray developed psychosis. "I thought I was talking to God. I didn't sleep for five days and wrote rambling emails to people at work. It was bad. Some of the emails I wrote were incoherent and management was pretty upset.

"I passed one manager in the hallway. The look on his face brought me back to reality real quick. My psychosis had put me in another world. What I had done wasn't normal. I couldn't believe I had written those things," he recalls.

Murray left work immediately and fell into deep despair. "It was like I had stepped off a building."

He became horribly depressed. "I hardly bathed, didn't get out of bed for seven weeks, and had suicidal thoughts."

He also experienced the searing workplace prejudices often associated with mental illness. Some people were afraid of him. "When I went back to my office to pick up some belongings after writing the erratic emails, a co-worker inquired, 'You're not going to come in here with a gun and start shooting us are you?' I was shocked. How many other people thought that about me?"

Luckily, the UBC Mood Disorders Centre saw Murray quickly. After assessment, he was surprised to be diagnosed with bipolar affective disorder. The psychiatrist told him to stop taking antidepressants immediately and stop trying to perform his job until his new medications were stabilized.

"Many people have this illness but aren't diagnosed early because they don't want to know. They fear for their jobs so they hide the fact they have mental illness. I'm the

same. I feared discrimination and was afraid I would lose my job."

Knowing he would need an advocate in the workplace, Murray called the COPE union office and Senior Union Representative Dave Park helped him arrange disability benefits— income continuance — through Great West Life. He would be off work 10 months.

By February 2003, doctors began to find the right mix of medi-

cations and he returned to work at TransLink.

"I was very concerned about returning to the workplace. I sensed my co-workers' discomfort. Previously, my behaviour had been eccentric and perplexing. Of course, people were nervous about me coming back."

Murray realized he needed the union's help in dealing with TransLink management. He says being transferred to an appropriate job with an understanding manager is why he is still at TransLink today. "I'm grateful for COPE's help."

He points out that when someone has just 'lost their mind', the union offers solid backing to help deal with

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Hoping colleagues will become less fearful about mental illness, Dave Murray talks candidly about his experience with bipolar affective disorder (manic depression).

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bosses and colleagues. "When your union believes in you, it helps you face people at work who think you're crazy or dangerous and who don't want to be anywhere near you."

Some days are easier than others though. Since his diagnosis, Murray has remained an outpatient at the UBC Mood Disorders Centre and sees a psychiatrist each month. His health remained stable until January 2005 when, for the first time since being diagnosed, he experienced a severe manic episode.

"When you are manic, whatever talent you have — like painting, composing or planning traffic—your talent increases 50 times. When my neurotransmitters are bursting, I access parts of my brain at a higher level. My talent is memory for large volumes of information...it helps me in my job," he opines.

"When you start feeling so high or manic, you stop taking your meds.

I felt amazing. When you're manic, anything goes. Anything." He laughs ruefully, "You want to have the party of a lifetime. It can be very hard on families when they hear you have been taken to the hospital by a special police unit."

Murray says that during his manic episode, he was a danger to himself. "I was totally cranked, never wanted to sleep, gave money away, spent recklessly and associated with unsavoury strangers in bars or on the street. At some point though, it hits you. What am I doing?"

Feeling ashamed he'd let everyone down, especially his immediate family, Murray went back to the psychiatrist for medication readjustment.

"One of the hardest parts of having bipolar illness is that I don't know what I'm going to be like from one day to the next. I was apparently stabilized yet look what happened—another manic episode."

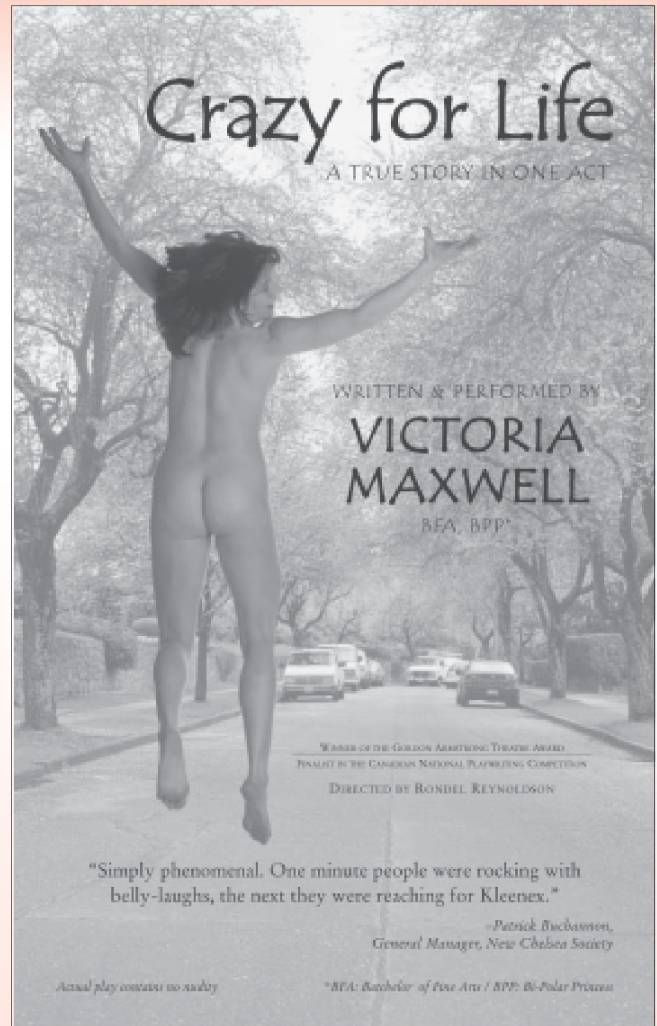
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HIDING MENTAL ILLNESS won't resolve stigma and discrimination. Being open about my illness, educating people and lobbying for appropriate health care benefits and job protection are ways I can lessen prejudice.

— Dave Murray

Facts about bipolar disorder

- People with bipolar affective disorder (manic depressive illness) are in all walks of life, from all education levels and cultures. When getting adequate medical treatment, they can be your pilot, your teacher, your manager, your priest, your plumber or your colleague.
- Mood disorders such as bipolar affective disorder are medical conditions that involve a chemical imbalance in the brain.
- Bipolar illness is incurable but it can be controlled and moderated through medications, therapy, and maintaining a healthy lifestyle. A full life is possible.
- Early recognition and treatment are important.
- No one is to blame for having such a disorder. There should be no stigma or shame attached to having an incurable illness. Bipolar disorder is considered incurable because future episodes can occur.
- One in four British Columbians has or will have a mental illness during their lifetime.
- Workplace education is important to overcome any prejudice and discrimination associated with mood disorders.



Crazy For Life, a one-act show of actor Victoria Maxwell's wild ride with bipolar disorder, is a brave, funny and compelling look at coming to terms with mental illness. The show poster (above) depicts her true experience running joyfully down the street, naked, in posh Point Grey, playing hide and seek with the Divine.



Performer, writer and mental health educator Victoria Maxwell, BFA (Bachelor of Fine Arts), BPP (Bi-polar Princess), tours internationally with her play, *Crazy for Life* that reveals glimpses of one face of psychiatric illness. After her diagnosis of bipolar affective disorder (manic depression) and psychosis, she began working with organizations to enhance workplace wellness and return-to-work practices, and understand depression. See www.victoriamaxwell.com

Confronting the stigma of mental illness

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Worst is the guilt. "My teenage daughter has been upset with me. I've hurt her. I look back at things I've done and I'm surprised I'm still married."

Murray knows he's fortunate to have a good support network, especially his wife. At his workplace, management and co-workers have been accommodating and he says the union has been very helpful with arranging his return to work. "Without COPE, I'd have been worried sick about my job security."

Reflecting on his life, Murray believes he's had this illness since he was a teenager — exhibiting erratic behaviour with extreme highs, then becoming badly depressed. Until his diagnosis with bipolar disorder three years ago, doctors mistakenly thought he simply had severe anxiety.

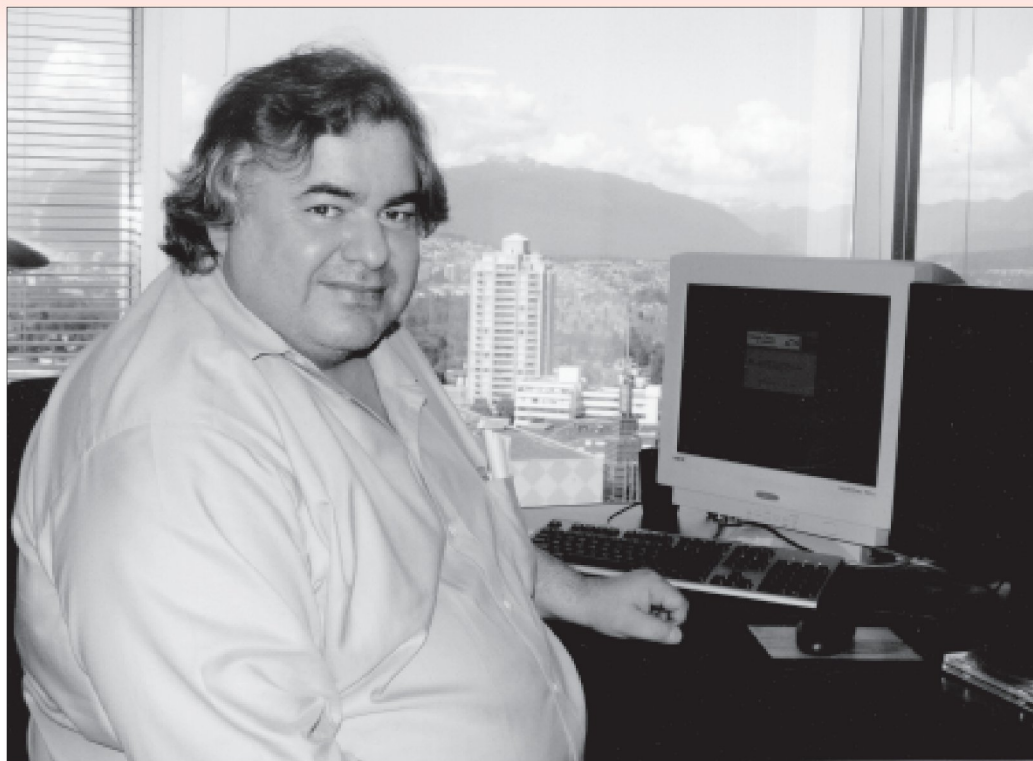
The possibility of having a mental illness can be horrifying. "At first, you think if you try harder, things will get better."

Murray says it has been hard to admit that he'll be taking pills all his life and always be an outpatient. "I'd imagined someday docs would declare me cured and I could stop all the pills. Only recently, I've accepted that's not going to happen."

Medication side effects can create their own mortification. His mood stabilizing drugs make him lethargic, gain weight and have trembling hands. "I worry people will look askance at my shaky hands and wonder if I'm alcoholic."

Being suspected of substance abuse is just one on a long list of challenges. Having a mental illness makes it hard to take a new job. "You can feel trapped because of a lack of career opportunities. That's another reason people hide their condition," he says.

"Also, people make assumptions about the mentally ill. I get the feel-



"I get the feeling some people would prefer not to deal with me." TransLink's Dave Murray wants colleagues to know that when someone with bipolar disorder is not acutely ill, they don't have any symptoms—the same as someone with asthma is normal when they don't have symptoms.

ing some people would prefer not to deal with me. They're leery. Those are big problems in the workplace."

Murray has suggestions for COPE members relating with a colleague who is battling mental illness. "Treat me the same as anyone else at work." When someone with bipolar disorder is not acutely ill, they don't have any symptoms—the same way someone with asthma is normal when they don't have symptoms.

"If colleagues see I'm being unbelievably productive at work, talking fast, wanting to do 10 projects simultaneously, I could be starting to become sick. Don't dump more work on me because such abnormal productivity probably means I'm becoming manic."

Another suggestion is that colleagues not go overboard in an attempt to be sympathetic. "I guess they overcompensate, telling me I don't look mentally ill or talking to me about how little understanding other workers have, and telling me all the problems people with mental illnesses face. I already know that."

Murray wishes TransLink medical benefits could improve. "If it weren't for my wife's health plan, we couldn't afford to see a registered psychologist for marriage counseling. Our extended health plan at TransLink doesn't cover it."

He sighs. "People with bipolar disorder have a high divorce rate, high suicide rate and lower life expectancy."

In speaking with *COPE 378 News*, Murray hopes to foster more awareness in the workplace. He believes that when people are better educated and aware, they'll be less fearful of those with mental illnesses. "I'm never dangerous to anyone but myself."

Union Counselling Program by CLC

The Union Counselling Program is prevention-based and helps union members who are having problems in the workplace. United Way provides training for Union Counsellors to help them help their colleagues deal with personal problems and refer them to programs in their community that can provide direct support.

The Union Counsellor is a link between the worker with a problem and the needed social services in the community.

These Counsellors are specially trained through the Canadian Labour Congress (CLC) Union Counsellor course and volunteer to do this special job in their local union. They refer members to the appropriate services in the community.

For more information, see the Mood Disorders Association of B.C. website at www.mdabc.ca or the UBC Mood Disorders Centre at www.psychiatry.ubc.ca/mood