

The Silent Patient

Hello I am the silent patient; a patient that has decided that there needs to be a voice. A piercing voice to inform society that the silence has to stop. This article is based on a true personal journey through the Mental Health System. This article is not about statistics, nor is it about neurotransmitters, serotonin or dopamine levels. I will leave those details up to the experts. I am not a doctor, a nurse or a therapist. I am the patient. My name is Sarah and I have a condition called “Bipolar Disorder.” I was diagnosed at the tender age of 23. When this happened I could not accept this verdict. I sought out second opinions. Two more Psychiatrists would render the same diagnosis.

For the first 13 years my condition was controlled by just one antidepressant. I experienced bouts of intense sadness and bouts of over-confident mania, but I lead a functional, vital life. In those 13 years I never considered myself sick or disabled in any manner. Although I was seeing my Psychiatrist on a monthly basis, there was nothing eventful to discuss. My condition remained well managed and most of the time invisible. I was never hospitalized, nor did I ever entertain any kind of suicidal thoughts. I was a thriving young woman, filled with ambition and purpose. I loved and embraced life. I was also employed in the Health Field in a very prominent hospital in Toronto for over eight years.

Then suddenly, in the latter part of December 2001, I started to lose weight at a very rapid rate. I felt profound sadness, accompanied by attacks of high anxiety. Without warning a deep depression hit me like a blunt object at the age of 36. Insomnia appeared. It came uninvited and stayed without permission. I immediately recognized the symptoms. I cautiously knew that a spell of depression was swiftly manifesting itself.

I scheduled an appointment to see my Psychiatrist without delay. My doctor explained that my current medication was no longer working to my benefit. We had to find a new medical treatment. I dreaded the change, the side

effects that I would have to endure. It would take a long six week time span to ensure that the medication would aid my chemical imbalance.

I agreed to try and proceeded through three separate antidepressants before achieving the right one. With each antidepressant I tolerated trembling hands, dry mouth, cold sweats, anxiety, weight gain, weight loss. The more serious side effects; lack of concentration, memory impairment, mental confusion were even more debilitating. One antidepressant would sedate me, another would cause me to go into a state of euphoria. The side effects seemed endless. This is the only method in mental illness, trial and error. Of course in this 3 month period I could not go to work. I formally requested a three month leave of absence for medical reasons.

In those 3 months I experienced confusion, crying spells, fear, anxiety. I lost interest in everything that was once dear to me. I felt withdrawn from my family and friends. I wanted to spend time alone. I did not listen to music. I couldn't concentrate to read. I certainly did not go out anywhere in public. To shower and get ready for the day became a daily chore. I had no energy, no joy. I felt as if I was fading away, becoming a ghost of myself. During the medication changes I was lifeless.

Somehow I had fully surrendered to the disease. Gradually dark thoughts started to emerge. The thought of harming myself frightened me, and yet it followed me like a seducing shadow. I was at a loss. Why was I thinking about ending my life? I would often remind myself that I am an intelligent person with good values and yet I believed and felt deeply that the light of my spirit was slowly being distinguished.

In the early stages of this depressed state I took all the suffering in stride. I knew the avenue of antidepressants and the assortment of side-effects, but the suicidal thoughts lingered. This was a new enemy. It was powerful, cunning, and most of all undetectable. The depression progressed rapidly spinning me downward into a pit of misery. I experienced intermittent crying spells for no obvious reasons. My appetite remained absent. Old man worry set in with obsessing thoughts.

In mid February my anxiety and fear sky rocketed, and then amazingly by the end of March I started to feel better. I began to feel my energy rise up. I looked forwarded to getting up, showering and dressing up for the day.

I could read and actually retain the information. I found myself making plans with friends and feeling like that vital spirit called Sarah. I had stopped being the victim. I was alive and singing. I was back in the saddle and believed that the depression was behind me. At this turning point I was ready and willing to return to work.

I returned to work prematurely. My doctor strongly suggested I wait a little longer, but I was excited about getting back to the office, back to my life, back to being a part of society. I want to laugh with my work colleagues about weekend events. I just wanted to be busy and productive. The productive part was very important to me because it elevated my self confidence, little did I know what awaited.

Within one week of work out of the blue I was advised that my position was being phased out. I was offered a package. This was devastating news. How could this happen? Did the doctors I had worked for recognize the symptoms? Did they see me as a liability instead of an asset? I became particularly worried about my financial situation.

When I met with my Chief of Staff, his last words were “you need to become more advanced in your computer skills.” This comment was particularly confusing. I had been promoted twice in the time I had worked there. All of my performance reviews had been commendable. During this final goodbye, I was shocked. I wanted so much to speak up, to defend myself, my record of employment and commitment. I was silent. Without words.

The abandoned pile of cardboard boxes in my office represented 8 years of work. Taking one last look at them, I left.

Most importantly I was deeply afraid that this unforeseen development would thrust me into a downward spiral back into the blackness. It did.

I suffered alone and silently, expressing disappointment only within myself. I started devolving into an unfathomable depressed state. Within a few troubled weeks I lost interest in everything and everyone but most of all in myself.

My family members expressed their concern and searched in vain for ways to support me. They were helpless in their attempts. The disease was in full force. The medication had stopped working once more, and for the first time in my life I landed in the emergency room.

I was crying with such anguish. I could not understand the depths of my despair. I could actually feel myself losing touch with reality. My mind was shutting down all on its own. I was hostage. My precious spirit that once glowed so brightly had burned out. I felt only darkness and deceit. The authority figure on my podium was self loathing. It seemed endless. I began to believe all the negative, dark thoughts. There wasn't room for anything else. My mind was like a roaring engine that would never stop. The disease consumed me.

It seemed that I saw myself from a distance, a young woman who was once on solid ground now in the grips of quick sand. My mental compass was spinning out of control.

When I arrived at the emergency room at a nearby hospital I went to the desk to be registered. I had to be accompanied by my mother. I could not do anything on my own. I was like a child lost in an amusement park, feeling only fear. Everything around me felt far away. I sat there in a terrible state of torment, uncertainty. I knew that I looked gaunt. My appearance, once so pristine, was snuffed out by lack of self worth. I no longer cared. I was living inside my brain. My head was full of pessimistic thoughts that just kept repeating themselves over and over again.

In emergencies everywhere those who are mortally wounded, in the greatest danger of death, are treated first. We all accept this. But the hours I was made to wait were a nightmare for me. I was in new territory, fighting down the fear and terror. After waiting 7 hours the nurse finally called out my name.

She brought me into an empty room but for a stretcher. My Mom would have to stand. Without a word the nurse left. This wasn't a regular treatment room. I was trembling badly. I kept thinking how did I end up here?

Some time much later, the same nurse reappeared. She spoke to me briefly in a detached manner asking me why I had chosen to come to the hospital. My initial thought was is she blind? But instead I went through the list of the symptoms that had driven me there.

She took notes, took my blood pressure and advised me that a social worker would come and speak to me next. I was trembling so badly that I could barely hold out my arm for the blood pressure cup. It puzzled me that the nurse could be so indifferent.

Minutes later the social worker arrived. She shut the door and spoke to me directly. Her eye contact was unwavering. She asked me all the right questions and held my hand as she assessed my condition. In this short moment of time I felt her compassion, an unadulterated kindness. She informed me that there would be a bit of a wait for the psychiatrist since he was on call. I thanked her and remained in the room for another hour.

The psychiatrist finally arrived and read the notes that were previously taken. He suggested a new medication, but thought it would be best for me to be admitted so that I could be monitored by the nursing staff while trying this new medication. I agreed to be admitted. The doctor spent less than 6 minutes with me in that tiny room. I had waited 7 hours for a 6 minute assessment.

Even though this had been my introduction, like most patients, I put all my trust into the medical system and began my journey to the Psychiatric Ward. I hugged my mother tightly, somehow I knew I was not going to like what lay ahead.

I was escorted by a porter. We took the elevator to the basement. We never spoke. As we approached the Psychiatric Ward the porter slipped her I.D. card through the magnetic device. The door opened. As I walked through the door it locked loudly behind me. I turned around, overwhelmed by panic. I was actually locked up in a hospital ward.

This being my very first time ever in hospital, every little aspect of the ward was noticeable. The walls were painted in a dreary bluish grey. The carpet was dark and dirty. The floor had an appalling odor to it.

I arrived at the nurses' station which was entirely enclosed in plexiglas, protection from the more aggressive patients I imagined. A nurse was awaiting my arrival. She introduced herself and took me to a large meeting room. I knew this is where the nurses and doctors would have their morning rounds. My name was already on the board along with my attending nurse.

Inside the meeting room I was asked a series of questions starting with my home address and finishing with my troublesome symptoms. This meeting lasted about 10 minutes. It was nearly midnight. I was exhausted.

The ward had little lighting and I was guided to the supply room where I was given a hospital gown. All my personal possessions were taken by the nurse and placed in a garbage bag with a white label bearing my name. She threw it, in passing, into a storage room filled with other white tagged garbage bags. There was no organization, just bags piled on top of one another. It was a sobering moment.

The nurse escorted me to the only available room. Thankfully, it was a private room in the corner of the ward. She gave me my medication and I slipped under the covers. The bed was cold. I was still trembling, but it was fright not the temperature of the room. I laid there on my back staring at the ceiling. I hated this place. I could hear yelling and crying on the other side of the ward, this only added to my anxiety. I had changed my mind. I did not want to stay in this hospital.

But I knew I had to stay, at least until morning. Throughout the night a nurse visited on the hour, every hour, with a flashlight to check that each patient was in bed. I understood the safety issue, but instead of feeling comforted, it felt intrusive.

Morning came and I was awakened by loud voices. I could see other patients walking by. It was 8:00 a.m. The patients were all headed to the dining area. I got out of bed and walked down the hall. Now, it was broad daylight and I could see the hospital ward clearly. It was gloomy, no art on the walls, no flowers in the patients' rooms, no sign of a bright color anywhere. The patients' rooms were stripped. A bed, a night table, a table for food trays, dull colored curtains and an empty washroom. It was all cold, empty and drab.

Highly medicated patients walked like lost cattle up and down the lifeless halls of the Psychiatric Ward. Let me add that I understand that glass cannot be on the ward because some patients are very ill and may use this to harm themselves. But there are alternatives. Why not use the wall as a canvas and invite artists or patients to paint something bright and positive on it. Flowers could be in every patient's room in plastic containers.

When I reached the dining area some of the patients were aggressively going through other patient's food trays. They would take milk or coffee or whatever they desired. Although each tray was clearly marked with the patient's name, every food tray was ransacked daily; breakfast, lunch and dinner. I noted that some of the other patients were very ill and were not acting this way intentionally. But I could not help thinking, why can't a nurse be here just to give the trays out so that all the patients could receive their proper meals. This would take 5 minutes of time and lend a small amount of dignity to our mealtimes.

My tray had been handled by some mysterious patient. I took the tray and headed back to my room. The tension was mounting. I wanted to leave as soon as my attending doctor appeared in the ward.

After breakfast I walked down the hall to a living room area. There is an adjacent door that allowed patients access to an outside garden. Here patients go to smoke, to take a little air, to sit in the sun at the right time of day. There were cigarette butts everywhere. The garden of flowers was pathetic, like an inner city concrete jungle. Patients who were highly agitated would often make a mess here.

I could not help feeling that I did not belong in this mental ward. Yes I was experiencing a severe bout of depression, but the environment around me just added to my sorrow. Besides the medication, all the patients were obsessed with caffeine and nicotine. This seemed to be rampant among 90% of the patients. Some very ill patients would pick up already used cigarette butts from the ground and smoke them. Every patient would ask another patient for cigarettes. It seemed to be a continuous ritual. I am a smoker and I was shocked by this behavior.

Please note that some of these patients are very sick, and they are not aware of their actions. One of the reasons the patients do smoke so much is because there is nothing else to do. There are no activities to stimulate the patient in a positive manner.

Why not have a movie room scheduled for one hour a day? A movie that excludes any kind of violence or nudity, something simple like "The Little House on the Prairie." A musical. A comedy. I even thought a small library of inoffensive books would be beneficial. Would this not be helpful to divert the patients' mind from repetitious thinking?

Again I understand some patients are so severely sick they cannot read, but some patients like me would welcome a good book to read. Puzzles were available in the living room area; however there were large pieces missing and some were even torn.

There was a telephone in the living room adjacent to the garden. When the telephone rang any random patient would pick it up and yell for the requested patient to come to the phone. Some patients spent too much time on the phone. There should be a specified time limit for patients making outside calls or receiving calls. Some very medicated patients were on the phone with no one on the line. No one seemed to care. It just went unnoticed.

The television room was another sore spot. The television was set in a Plexiglas box too. The remote control belonged to whichever patient desired it. Sometimes the volume was up so high, channels being turned at an unthinkable speed and yet there was no monitoring in this room. There was another telephone in this room which most of the time was occupied by some patient. Often there were conflicts between the high volume of the television and the patient who was trying to have a conversation on the phone. Again there was no intervention from the staff. The patients would argue until one would give in.

Showers and rooms with bath-tubs had no locks. As a woman trying to take a bath or shower, with male patients walking up and down the hallways, I found this almost impossible to deal with. Some of the male patients at this time were very agitated. I didn't feel safe. I spoke to my nurse and she said that they could not have locks on the doors due to patients who may lock themselves in. That was that.

I took my soap and shampoo and secretly grabbed a wheel chair to put underneath the inside of the door knob of the bathroom. I could not bare the showers. The water was intermittent and most of the time ice cold.

I was caught securing the bathroom door with a wheel chair and I was reprimanded. But I really did not care what the nurse said; I needed my own privacy to bathe. I remember feeling disappointed that another woman would be so unsympathetic to my concerns. I did see some nurses standing outside the door for a female patient bathing, but the majority of the time they were just too busy.

First of all I don't think male and female patients should be in the same ward. It is dangerous. I do recall a male patient following me around the ward for hours. Finally I approached the nurse's station, informed my nurse and pointed out the patient. Her response "he is heavily medicated and he really is harmless." The word "What" was ringing in my head? I thought is that reply suppose to comfort me? I don't think that the nurse understood the gravity of my distress; perhaps she was just too busy, too overworked. In truth, even some of the nurses had lost their perspective. The patient matters, not just the medication and not just the daily reports.

Patients who are suffering severe Psychosis should also be kept separate from patients who are suffering debilitating depression. To the depressed patient seeing a patient in a state of Psychosis is frightening and only adds to the despair of the depression.

There are so many little positive things that can be adjusted in any Psychiatric Ward; it should not be seen as merely a confinement or holding tank for medicated mentally ill patients. There should be more counseling, education, support groups, proper staff monitoring of inappropriate or violent behavior. Not all the patients are psychotic, but some do require special attention.

Another thing that struck me as terribly odd in the Psychiatric Ward, out of all the other wards in the entire hospital, the psychiatric patients have to make and change their own bedding. This is simply ridiculous. If you are admitted to the Psychiatric ward you are already seriously ill.

During my stay at the ward I witnessed patients who were living in their own minds, heavily medicated, receiving Electric Shock Treatments. The first thing to go when a patient is severely ill is their hygiene, not all patients, but some. Does the hospital staff really believe that the mental patient has the capacity to understand that his or her bed sheets needs to be changed?

It's a farce, when the nurses themselves experienced intense conversations trying to motivate their patients to bathe, to comb their hair, to brush their teeth. Yet it's the only ward where the patient is responsible for changing their own bedding. I found this all so incomprehensible. I think it's safe for me to say "yes mentally ill patients are treated differently", and it's not positive. I think because the mental patient is not seen as having a physical disability it's believed that they should change their own bedding.

There is no doubt in my mind that the Mental Health System needs more funding, but it also needs more humanity and respect. Yes I am a patient, but I am a person first, an individual, the condition is second. The disorder is a disease. It is not who I am.

It is the hospital's responsibility to deliver care, humanity, compassion and respect for all patients. These aspects should be part of the healing process. Unfortunately within my own personal experience these precious acts of consideration were often missing. Some nurses were caring; other nurses sadly were putting in the day.

Mental illness has no mercy, it has no age, and it has no specific culture, it attacks anyone at anytime.

I believe the hospital staff, the doctors, the community, the families and friends alongside the government officials of our society have to be aware that there is an essential need for very serious changes required within the Mental Health System.

Mental Illness is an insidious and debilitating disease. It is taxing; for those who suffer with it, for those loved ones who support the person who is ill, and for those medical caregivers who have chosen to work in this field. We need more support, in dollars, doctors and nurses. We need more awareness in the public at large. Depression is permeating so many layers of our country. It is foolhardy to ignore this very real call to arms from the battlefield.

Mental illness is not seen as a physical illness, it is indeed a physical illness of the brain. Here we are in the year 2008 and still Mental Illness bears a stigma, it's not talked about, sometimes not even acknowledged. I lead a double life in order to survive and not be judged by some that I am sick in the head and capable of harm.

I believe it is my duty to try to enlighten the public so that they may become more educated, more sympathetic and less afraid.

I also believe that there is a high percentage of the public that are not fully aware of the signs and the seriousness of mental disorders. They are often fearful and mistakenly make harsh judgments.

I personally believe that Mental illness is one of the least respected areas of disease on the planet. Let me make it clear that my Bipolar condition has nothing to do with my level of intelligence.

“Bipolar Disorder” or the older medical term “Manic Depressive Disorder” is a radical mood disorder causing the person to become extremely sad, or overly excited. The disorder can be managed with medication, a healthy diet and exercise, but to date there is no cure. I have to add that the patient has to be self aware, educated and recognize the symptoms before havoc develops. Family support and support groups are essential for a patient to get better. There are degrees of Bipolar Disorder. Some patients with this mood disorder hear voices and suffer hallucinations. I have been fortunate in this regard. I have experienced neither one.

No matter what the affliction we are all human beings.

I changed my Psychiatrist on my first visit to the hospital. I wanted to be his permanent patient, but he explained he was not accepting any more people. I was determined and finally he said yes. This doctor and I are traveling upward together. He is not only an excellent psychiatrist, he truly cares for his patients and listens which is so important. My dear doctor even encouraged me to write this article. He too believes that patients have to speak up in order for changes to be made within the system.

I am no longer the silent patient. I am as you might have guessed also not Sarah. Due to the stigma that exists with Mental illness my doctor urged me to write under a pseudonym. He fears going public would mar my chances for renewed employment in the future. I cannot reveal my true identity. Imagine, it's the Twenty First Century and still Mental Illness remains unspoken and somehow connected to shame.

This is my individual experience but I am not only speaking out for myself, but for the thousands of people who have had to walk a journey similar to mine, for those who have a loved one in the grips of these illnesses, and finally for the individual who will be diagnosed tomorrow.

Today's afflictions indeed can become tomorrow's horizon.

No more Silence....